Thesis submitted for the award of PhD at Lancaster University

Green Care in Agriculture: A Visual Ethnographic Study Exploring the Therapeutic Landscape Experiences of People with Intellectual Disabilities Engaged in Care Farming Activities.

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Declaration

This thesis is all my own work and has not been submitted in substantially the same form towards the award of a degree or other qualificatory work. This PhD has been funded by the Economic and Social Research Council.

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<u>Abstract</u>

The use of agricultural landscapes to create interventions to improve health and wellbeing (care farming) is increasingly being advocated as a viable alternative to more traditional forms of health and social care. Yet the views and experiences of people with intellectual disabilities (the UK care farm industry's main service user) have rarely been sought. Given the current lack of evidence, this study aims to fill this gap through an in-depth exploration of the wellbeing effects of care farming for people with intellectual disabilities. Theoretically, this thesis is situated within the field(s) of social and health geography. Specifically, it draws together recent work on therapeutic landscapes, non-representational theory and disability geographies to build a conceptual framework, through which to explore the material, embodied, relational and inter-subjective elements that foreground people's therapeutic landscape encounters. Using a range of qualitative methods of data collection (including photography and film) this research draws on empirical findings from seven ethnographic case studies. Three substantive chapters examine the experiences of people with intellectual disabilities engaged in care farming activities for health and wellbeing. The first describes participants' embodied engagements with various features of the care farm environment and ways in which these served to facilitate or hinder the formation of a therapeutic landscape experience. The second explores the wider impact that these kinds of encounters had on the everyday lives of participants. The third chapter examines in more detail the place experiences described in the previous two chapters, and the extent to which these experiences may facilitate feelings of belonging (both at the care farm and within the wider community). This, I argue, is an important wellbeing outcome of care farming for people with intellectual disabilities. In drawing together the arguments presented throughout, I argue that this thesis contributes to the field of therapeutic landscapes by drawing attention to the transformative power of the therapeutic encounter, as well as the broader socio-spatial

environments in which people live and ways in which these can limit that power. This thesis also contributes to disability scholarship by moving beyond purely discursive accounts of disability centred on meaning and identity, to consider actual visceral experience, as this relates to health and impairment.

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To my daughter Beatrix – born half way through the PhD, for giving me new perspective on life and the drive to carry on.

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Chapter 1. Introduction

I first became interested in the relationship between the natural environment and wellbeing during my time as a lecturer for an agricultural college in rural East Sussex. At that time the college offered an entry level 'rural pathways' programme for people with learning difficulties and/or disabilities, who were interested in practical and rural activities or developing their social or educational skills. It became clear to me then that not everyone has equal access to the natural environment, and those who might benefit the most from spending time outdoors are often least likely to do so, leading to health and other inequalities. It was these observations that made me want understand more about the benefits that people derive from engaging in outdoor-based activities, and I have been researching the effects of natural environments on human health ever since.

Indeed, it is now widely understood that engaging with nature is beneficial for human health and wellbeing (Kaplan and Kaplan, 1989; Pretty *et al.*, 2007; Barton and Rogerson, 2017). In the UK, this is reflected in public health policy and practice, which seeks to support health through encouraging better access to green spaces and natural environments (Allen and Balfour, 2014). For example, the Natural England White Paper 'The Natural Choice: securing the value of nature' (HM Government, 2011) sets out the need to strengthen the connection between people and nature, and acknowledges that currently, not everyone has the opportunity to spend time in the natural environment.

Yet despite recent efforts to encourage marginalised groups to access outdoor environments for physical and mental health benefits, people with intellectual disabilities remain largely absent from this agenda. There is a tendency at both a national and local level to focus on the physical barriers that prevent people with physical disabilities from accessing green spaces (Shackell and Walter, 2012). Yet people with intellectual disabilities are typically excluded from enjoying local parks, gardens or woodlands due to not just physical, but also social and attitudinal barriers. Whilst some of these barriers result from poor design and management, many are linked to more complex issues. These include low expectations of what will be available to people, insufficient access to information, oppressive social norms and risk averse attitudes (Price and Stoneham, 2001; Nind, 2008; Benzon, 2016).

One recent development aimed at tackling some of the health and social inequalities faced by people with intellectual disabilities that is gaining popularity in the UK, is green care in agriculture or 'care farming'. Care farming is defined as the use of commercial farms or agricultural landscapes to provide health (both physical and mental) social or educational benefits through farming (Hine, Peacock, & Pretty, 2008). In the UK, care farms are often formally tied to local social services, where farmers are paid to provide a service to clients (delivered in partnership with health and social care providers) alongside their commercial farming activities. People attending a care farming programme generally follow a facilitated or structured programme on a regular basis, where the service is usually commissioned by health or social care or through the use of personal budgets and direct payments. All care farms seek to offer a balance of 'farming' and 'care', where the latter is typically delivered through therapeutic contact with farm livestock, food growing and/or horticultural activities (Hine et al, 2008). Care farming is therefore situated within a broader 'green care' movement, a collective term for activities that utilise plants, animals and landscapes to create interventions to improve health and wellbeing (Bragg *et al.*, 2016).

Whilst there are some notable exceptions, dominant theoretical frameworks for understanding the health and wellbeing benefits of green care activities, like care farming, are drawn from environmental psychology. Research within this field typically seeks to investigate the relationship between the natural environment and wellbeing through the use of quantitative (and occasionally mixed-method) approaches. This may, therefore, explain the prevalence of Randomised Controlled Trial (RCT), questionnaire and structured interview methods used in research on the health and wellbeing benefits of care farming. However, this particular theoretical and methodological approach poses two specific challenges when researching the experiences of people with intellectual disabilities engaged in these kinds of activities.

Firstly, the methods deployed in existing studies on the health and wellbeing benefits of care farming (e.g. standardised interviews and surveys) have not been sufficiently adapted to meet the needs of people with intellectual disabilities. Given this, there has been very little research to date that has offered an in-depth exploration of the health and wellbeing effects of care farming for this particular group. This poses a very specific problem. Indeed, care farming is

increasingly being advocated as a viable alternative to more traditional forms of health and social care, and over 90% of care farms in the UK are currently providing services for people with intellectual disabilities (Care Farming UK, 2017). Yet the views and experiences of people with intellectual disabilities (the UK care farm industry's main service user) have rarely been sought. This reflects a more general tendency to exclude people with intellectual disabilities from participating in research about their own lives (Chappell, 2000; Abell *et al.*, 2007; Burford and Jahoda, 2012).

Second, in focussing on only those aspects of experience that can be converted to quantifiable terms, existing studies have missed something important concerning people's health experiences. Specifically, the embodied, relational and contextual nature of the relationship that exists between people and place. This reflects a broader problem within the literature, namely a dearth of studies that have adequately captured the lived and embodied experiences of people engaged in green care interventions for health and wellbeing.

Drawing on the health geography literature, therapeutic landscapes and key strands on non-representational theory, this thesis aims to take an alternative theoretical approach through which to explore the therapeutic landscape experiences of people with intellectual disabilities engaged in care farming activities. The specific objectives of the research were to:

- Examine the experiences of people with intellectual disabilities engaged in care farming activities, from the point of view of individuals as active and embodied participants;
- Explore how participants' embodied engagement with various features of the care farm environment facilitate or inhibit the formation of a therapeutic landscape experience;
- Explore the ways in which these different forms of socio-environmental engagement may impact (positively or negatively) on people's wider networks of social, material and spatially situated relationships; and
- Consider the extent to which care farming activities destabilise or disrupt habituated practices and socio-spatial positions and relations to produce positive wellbeing outcomes.

Following this introductory chapter, chapter two provides an in-depth literature review of existing empirical evidence pertaining to the physical, mental and social wellbeing benefits of care farming for a range of people. This chapter illustrates a need for more research on the effects of care farming for people with intellectual disabilities. As I argue in subsequent chapters, this required the development of an alternative theoretical and methodological approach through which to gain a more comprehensive understanding of participants' lived and embodied experiences of care farming.

Chapter three sets out the theoretical perspectives that shaped the approach of the research, and through which the fieldwork material has been interpreted. Specifically, this chapter draws together recent work on therapeutic landscapes, non-representational theory and disability geographies to build a conceptual framework, through which to explore the material, embodied, relational and inter-subjective elements that foreground people's therapeutic landscape encounters.

Chapter four introduces the research methodology adopted for this study, including study design, the recruitment and sampling strategy and the data collection and analysis process. The discussion emphasises how the visual methods used in this ethnographic study enabled me to access first-hand the views, experiences and actions of people with intellectual disabilities engaged in care farming activities.

Chapter five is the first of the empirical chapters and explores participants' embodied engagements with various features of the care farm environment and ways in which these served to facilitate or hinder the formation of a therapeutic landscape experience. Specifically, I examine how people engaged in care farming activities experience and talk about landscape. I argue that all the different ways in which participants interact with various features of the farm landscape and the sense experiences that arise as a result, help participants to develop an embodied connection to the farm and the people that share it. In this way, participants' landscape experiences serve to create a strong or 'authentic' sense of place, a sense that evolved over time as participants continue to engage with features of their environment.

Chapter six examines the sense of place concept in more detail and the wider impact that these kinds of encounters had on the everyday lives of participants. I begin by outlining the different journeys undergone by two participants, during their first year of attending a care farm. The word 'journey' is used here to communicate the importance of movement between places and to capture the transfer of affectual energies that may play a part in jolting individuals to think and feel differently. Drawing on these individual journeys as examples, but interpreted through the analysis of all seven case studies overall, this chapter examines the transformative potential of the various affective atmospheres, described in chapter five. Specifically, I consider the extent to which care farming activities may be considered therapeutic, (implying wider or longer-term benefits) or merely ameliorating (thus making a difficult situation temporarily better).

Chapter seven is the final empirical chapter and explores in more detail the place experiences described in chapters five and six and the extent to which these experiences may facilitate feelings of belonging (both at the care farm and within the wider community). This, I argue, is an important wellbeing outcome of care farming for people with intellectual disabilities. Beyond the immediate supportive relationships found within marginal spaces (such as the home, school or day centres) the process of creative belonging involves bridging connections with local community members and allies in ways that may widen a person's support networks. To this end, I suggest that care farms can provide 'safe havens' (Power and Bartlett, 2015, p. 1) of care and support in an everyday environment, but within which people with intellectual disabilities can begin to experience more active forms of citizenship and belonging.

In chapter eight the empirical, theoretical and methodological contributions of my research are discussed, drawing together the arguments presented in the preceding three chapters. In my concluding chapter, I briefly summarise my research findings and implications for policy and practice, and make recommendations for future research.

Chapter 2. Care farming services for people with intellectual disabilities: a review of the empirical evidence.

2.1. Introduction

In this chapter I review the existing empirical evidence pertaining to the physical, mental and social wellbeing benefits of care farming for people with intellectual disabilities. To give context to this discussion, I begin by giving an overview of the different models used to label and conceptualise disability, and how these help us to think through some of the challenges experienced by people with intellectual disabilities in particular. Section 2.3 examines the health and social inequalities experienced by people with intellectual disabilities and the barriers (both historical and contemporary) that prevent them from accessing various health, social and community goods and services. Whilst less is known about the benefits of care farming for people with intellectual disabilities, there is a substantial body of evidence which suggests that engaging with nature and/or animals can have a positive impact on the lives of a range of services users, such as those with mental health problems, people with dementia or those suffering from drug or alcohol addiction. In section 2.4 the potential of care farming to reduce the health and social inequalities experienced by people with intellectual disabilities is, therefore, examined in relation to existing evidence on the impacts of nature-based interventions for a range of people.

2.2. Intellectual disability: understanding labels

In the UK and elsewhere labels like 'learning disability', 'intellectual disability' or 'learning difficulty' are used by various health, education and social care services to establish eligibility for people who require (and would like) additional support and services to meet their needs (Holland, 2011). To this end, it has been convenient for health, social care and education professionals to attach the label of learning disability for the purposes of planning, budget allocation and data collection (Holland, 2011). Labels and terminologies have changed somewhat over the last 200 years, where terms like 'idiot' 'feeble minded' or 'imbecile' were frequently used throughout the 19th and early 20th centuries. Indeed, it was only following the formation of the National Health Service (NHS) that the term 'mental handicap' was first used. The more familiar terminology of learning disabilities started to be used in the early

1990s following the publication of the NHS and Community Care Act (Holland, 2011). Many people with learning disabilities prefer the term learning difficulties, which was first used by People First, an independent advocacy organisation. The two terms are interchangeable when used in the context of health and social care for adults in the UK. However, in the UK educational system the term 'learning difficulty' also includes people who have 'specific learning difficulties' (e.g. dyslexia) but who do not have a significant general impairment in intelligence (Emerson and Heslop, 2010). An increasing number of international organisations and countries (for example, the USA and Canada) use the label 'intellectual disability', where this term should be considered as interchangeable with the UK term 'learning disability' (Emerson and Heslop, 2010; Holland, 2011).

In this study I use the term 'intellectual disability' to label some of the people who took part in my research. For the purposes of clarity, this enabled me to distinguish between participants who utilised care farm services for therapeutic gain and other participants whose views I sought, including farm staff, support workers and family members. At the same time, I would like to acknowledge here that the people with an intellectual disability who took part in this study are not a homogenous group of people and may be described in many other ways (e.g. friend, community member, son, farm worker, partner, co-researcher). Such labels therefore describe only one aspect of a person's identity.

Whilst the label of intellectual disability can be useful in certain contexts, it also reflects a tendency within health, educational and social systems and services to adopt a medical model of disability. This model characterises the health and social inequalities experienced by people with disabilities as the result of long standing 'impairments' located within individuals (Mckenzie, 2013). This is demonstrated by a general tendency to focus on disease or impairment, which is perceived as a deficit or abnormality (Goodley, 2001a). For example, intellectual disability is typically characterised by the medical and psychology professions as a 'significant limitation both in intellectual functioning and in adaptive behaviour as expressed in conceptual, social, and practical adaptive skills' (AAIDD, 2010) where a significant limitation in intellectual functioning is operationalised as 'an IQ score that is approximately two standard deviations below the mean (typically 70-75)' (AAIDD, 2010). The medical model has therefore been widely criticised by disability scholars and activists for focusing on what is

'wrong' with a person rather than what a person wants or needs (Goodley, 2014). This has created low expectations and leads people with intellectual disabilities to loose independence, choice and control over their own lives (Hatton and Emerson, 2014).

By contrast, the social model of disability aims to deconstruct the notion that the disadvantages associated with disability labels are wholly natural in their cause, arguing instead that disability is fundamentally a social, political and relational phenomenon (Goodley, 2016). The social model therefore makes a conceptual distinction between impairments, which limit an individual's ability to function (such as an illness, injury or long term medical condition) and disability that encompasses the various social, physical and cultural barriers that exclude people with impairments from participating in society (Emerson & Hatton, 2014). The social model is, therefore, an explicitly politically motivated stance which calls for the eradication of the economic, social and cultural barriers which hinder people with disabilities from experiencing a good quality of life (Barnes, 2012).

Whilst the social model is able to overcome some of the challenges levied against a more medicalised approach to the treatment and classification of intellectual disability, it has been argued that there are some fundamental problems with the way in which this model has been developed in relation to this particular group. Most notable is that the impetus for change to the way in which disability is perceived, has largely been driven by the physically disabled community (Hall & Kearns, 2001). As such, there has been a tendency to focus on oppressive societal norms and values that discriminate against physical disabilities whilst mental disabilities have largely been ignored. What is more, it is often assumed that the social model of disability speaks for 'all' disabled people and yet the experiences of people with intellectual disabilities are rarely included in discussions on the meaning of impairment (Chappell, 2000). Given this, it has been argued that 'the explanatory power of the social model is weakened by its lack of recognition of intellectual difference' (Hall & Kearns, 2001, p. 242).

Others have also cautioned that in focusing on the need for political change, the social model fails to acknowledge the reality of people's physical and mental impairments and how these might impact on individual health and wellbeing (Thomas, 2007; Stalker, 2012). Indeed, the effect of a binary distinction between impairment and disability within the social model has

an effect of conceding 'the body to medicine and understanding impairment in terms of medical discourse' (Hughes and Paterson, 1997, p. 348). This reflects a need to do away with dualisms and recognise firstly, that the physical and mental state of the body 'its fleshy reality' (Hall, 2000, p. 223) is central to an individual's experience of health and impairment and secondly, that this physicality is not purely biological, but in fact a complex interaction between society and biology (Macpherson, 2010).

In view of this, various attempts have been made to reconcile the medical and social models of disability. Perhaps the most influential is the bio-psychosocial model adopted by the World Health Organisation, which conceptualises disability as a complex interplay between bodily functions and structures and environmental factors (World Health Organisation, 2001; Hatton and Emerson, 2014). On this view, disability occurs when people with physical and/or mental impairments are confronted by social conditions (such as negative attitudes or practices), which hinder an individual's ability to participate in society in meaningful ways (Emerson & Hatton, 2014). According to the bio-psychosocial model, intellectual disability is not a social construct, nor is it the direct result of a physical abnormality or health condition. Rather it should be understood as a socially determined outcome, produced through the intermingling of a variety of biological, cultural and environmental factors. Whilst proponents of this model are, therefore, keen to acknowledge the role of the environment in creating disabling conditions, they also concede that an individual's impairment is not socially determined and exists prior to an individual's interaction with their environment (Goodley, 2001b; Imrie, 2004). Recent human geographical work on body-landscape relations has also sought to conceptualise disability in these terms, and form the basis of my own theoretical approach to research on disability in this thesis (see chapter 3).

2.3. People with intellectual disabilities: health and social inequalities

People with intellectual disabilities are more likely to have poorer physical and mental health than the general population and are often exposed to social or economic conditions that produce negative health outcomes (Alborz et al., 2003; Campbell & Fedeyko, 2001; Disability Rights Commision, 2006; Hall, 2007; Hatton & Emerson, 2014; Taylor & Knapp, 2013).

This may, in part, be explained by that fact that people with intellectual disabilities are more likely to have secondary disabilities and other health problems than the rest of the population (Moseley *et al.*, 2011). However a significant proportion of the difference in health between people with an intellectual disability and the general population cannot be explained by an underlying condition and are to do with the way in which people with intellectual disabilities are treated by health, mental health and social care services, as well as lifestyle factors (Emerson and Baines, 2010; Emerson *et al.*, 2011; Holy and Sharp, 2014). This is compounded by the fact that people with intellectual disabilities often possess complex needs and abilities that make them reliant on others for their care and support (Power, 2013; Hatton and Emerson, 2014).

Whilst the care of people with intellectual disabilities has, historically, resided with the family or the local community, the institutionalisation of care for people with intellectual disabilities was to become more prominent at the turn of the 20th century, motivated as it was by the common and eugenic belief that the incarceration of the 'mentally defective' in purpose built institutions should be actively encouraged (Mitchell and Synder, 2000). Indeed, charitable organisations of the time, such as the eugenics education society and the central association of mental welfare were to have an influential role in the development of specific legislation, such as the 1913 and 1938 Mental Deficiency Acts, which legitimised the institutionalisation of 'mental defectives' (Walmsley, Atkinson and Rolph, 1999; Mitchell and Synder, 2000).

According to Power (2010) the process of de-institutionalisation during the 1950s and 60s arose amidst growing concerns relating to the cost of maintaining such large scale institutions, their restrictive nature and reports of unhealthy living conditions and abuse of patients. This was accompanied by an increased awareness that the detention of patients in hospitals with little or no contact with the wider community was detrimental to people's health and wellbeing, and a shift in emphasis from institutional to community based care (Gilbert, 1961). This apparent shift in the delivery of health care services were paralleled by changes to policy and legislation, as evidenced by the 1950 Mental Health Act, which repealed the Mental Deficiency Acts 1913 and 1938. This also paved the way for the expansion of community care services for people with intellectual disabilities, including training and occupation centres,

social centres and clubs, home visiting services and residential homes and hostels (Wright and Digby, 1996; Power and Bartlett, 2015).

The last 20 years have seen many developments in care, treatment and rights for people with intellectual disabilities as illustrated by an increased effort to involve people with intellectual disabilities in decisions made about their care and support as well as other aspects of their lives. From a policy perspective, such attempts are manifest in an agenda of increased choice and personalisation in the form of personalised budgets and self-managed support (Young and Chesson, 2006; Finlay, Antaki and Walton, 2008). For example, one of the government's key commitments in the 2010 Coalition Agreement was 'the greater roll out of personalised budgets to give people and their carers more control and purchasing power' (Sanderson and Lewis, 2011, p. 16) alongside more personalised services, commissioned by people with intellectual disabilities which would allow more choice and independence (Andrew Power, 2013). This commitment subsequently became a statutory requirement for all Local Authorities in England and Wales, through the Care Act 2014 (Power and Bartlett, 2016).

Despite this dominant policy context, research suggests that people with intellectual disabilities continue to receive inadequate access to health and social care services (Heslop *et al.*, 2013). For example, whilst people with intellectual disabilities are more likely to suffer from a range of physical health conditions than the general population, people with intellectual disabilities do not access primary health care services as frequently as would be expected (Kerr, Fraser and Felce, 1996; Hatton and Emerson, 2014). This is, in part, due to the fact that people with intellectual disabilities may encounter a number of barriers when trying to access these services. These include a lack of accessible transport links (Heslop et al, 2013) a range of communication challenges (Beange and Bauman, 1991; Kerr, Fraser and Felce, 1996; Kerr, 2004) and lack of specialist training (Lennox, Diggens and Ugoni, 1997). Other research indicates that people with profound intellectual disabilities and more complex needs have significantly lower levels of choice with regards to their daily care (Burton-Smith, Morgan and Davidson, 2005; Taylor and Knapp, 2013). Similarly, people with intellectual disabilities continue to receive less effective treatment for their mental health and emotional problems (Hall, 2007; Hatton and Emerson, 2014). Indeed, whilst there has been a range of policy initiatives and legislation that seeks to prioritise better access to psychological

therapies for socially excluded groups, people with intellectual disabilities continue to experience unequal access to appropriate and effective mental health services. According to Taylor & Knapp (Taylor and Knapp, 2013) this is due to a lack of knowledge and awareness of the mental health needs of people with intellectual disabilities there is a continued reluctance to provide specialist psychological interventions to people with intellectual disabilities and a lack of good quality evidence to guide best practice.

Health and social care services for people with intellectual disabilities are becoming increasingly decentralised and recent years have seen a gradual shift away from conventional services such as residential settings and day services to more 'normalised' or everyday spaces, such as, the home, employment and other public or community spaces (Power and Bartlett, 2015; Power and Hall, 2017). By encouraging people with intellectual disabilities towards more self-managed forms of support in 'real' communities it is therefore hoped that some of the barriers to participating in wider society may be overcome (Power, 2010). Whilst the personalisation agenda has been a welcome move for many people with intellectual disabilities, it comes at a time where local authorities are facing significant cuts to public spending. In some cases, this has meant that people are receiving a personal budget that no lon ger covers the cost of the services they previously used and can also limit their options in terms of accessing other services that may benefit them (Duffy, 2013; Power and Hall, 2017). This has the undesired consequence of forcing people with intellectual disabilities to retreat from everyday places and environments and seek solace in more hidden spaces of acceptance where they are not subject to open exclusion and discrimination (Power, 2013). In this way, many people with intellectual disabilities are very aware of how their differences are perceived and that their inclusion in society is only ever partial at best (Hall, 2004).

2.4. The health and wellbeing benefits of care farming

2.4.1. Care farming: an overview

The continued exclusion of people with intellectual disabilities from mainstream society is no more apparent than if one attends to their participation (or lack thereof) in outdoor public spaces and activities (Mathers, 2008). It is widely understood that access to public green spaces can make an enormous contribution to people's quality of life and wellbeing (Kaplan

and Kaplan, 1989; Pretty *et al.*, 2007; Barton and Rogerson, 2017). Yet despite recent efforts to encourage marginalised groups to access outdoor environments for physical and mental health benefits, people with intellectual disabilities remain largely absent from this agenda. Green care initiatives, like care farming, are therefore situated within recent attempts to provide people with intellectual disabilities with safe and inclusive access to outdoor environments.

The notion that the outdoors (and outdoor based activities) can produce specific therapeutic benefits for different groups is not new. Throughout history, prisons, hospitals and even monasteries have advocated the use of outdoor spaces for health (Ellings, 2011). Prisons, for example, have historically maintained prison farms to provide meaningful work and physical exercise to inmates (Sempik & Aldridge, 2006). Similarly, hospital gardens dating back to the middle ages were perceived to provide an important 'outdoor therapeutic experience' to patients, with many hospitals and monasteries traditionally incorporating open courtyards and designed gardens to provide outdoor shelter and aesthetic enjoyment for their patients (Sempik and Aldridge, 2006; Hine, Peacock and Pretty, 2008). Bloor (1988) locates the earliest 'green care programme' in Geel, Flanders dating back to the 13th century. Here 'mentally distressed pilgrims' stayed in a therapeutic village where they were cared for by residents. In the UK, the Victorian era was associated with the building of large new asylums for the mentally ill and disabled. Typical Victorian asylums often included outside open grounds for leisure and sometimes had a farm estate or market garden which produced food for the inhabitants and a surplus to sell (Ellings, 2011; Philo, 2012). Importantly, patients were expected to work on these estates as it was considered that engaging patients in meaningful work provided an important source of physical and mental stimulation (Digby, 1984; Philo, 2004). As approaches to the care and treatment of mentally ill patients changed and the hospital system was restructured and modernised during the late 60s and 70s, hospital farms were gradually closed (Sempik, Hine and Wilcox, 2010). Indeed, there were growing concerns that the previous system relied too much on the labour of their patients, and was in many cases exploitative rather than therapeutic (Sempik, Hine and Wilcox, 2010).

In recent years however, interest in the relationship between outdoor environments and human health has grown once more. Indeed, the past 20 years have seen a burgeoning of

green care initiatives, which seek to offer a range of health and social care services to vulnerable populations through contact with nature. Such interventions include, horticultural practices (social and therapeutic) animal assisted activities, eco-therapy, wilderness experiences, forest schools, facilitated green exercise programmes as well as care farming (Hine, Peacock and Pretty, 2008; Sempik, Hine and Wilcox, 2010).

Care farming is therefore situated within a broader 'green care' movement, a collective term for activities that utilise plants, animals and landscapes to create interventions to improve health and wellbeing (Bragg *et al.*, 2016). Green care interventions may therefore be distinguished from what Bragg and Atkins (2016) describe as 'casual' encounters with nature (e.g. walking or running in nature, gardening at home or conservation activities). They also differ from nature-based projects designed to encourage individuals to become more active, have more social contact, or eat more healthily (e.g. community gardening, green exercise programmes or community farming). Indeed, whilst green care interventions and nature-based projects both take place within natural spaces (e.g. farms, gardens, woodlands) and facilitate many of the same activities, the latter are generally designed for the wider population (or specific groups within the wider population) rather than as part of a treatment group or care package (see Figure 2.1). Green care therefore encompasses the various nature-based interventions that are commissioned for individuals with a defined health or social need, as part of their care. People attending a green care intervention may follow a facilitated or structured programme on a regular basis.

There is inevitably some overlap between these so-called interventions and nature-based projects. For example, green care providers may also offer nature-based activities for the general population, alongside interventions (and vice versa). Similarly, people from the general population who attend nature-based projects for health and wellbeing may also be vulnerable or 'unwell', but do not attend the project as part of their care package (Bragg and Atkins, 2016).

Everyday life – *General population*	Health promotion – Nature-based activities *General population*	Green Care – Nature-based therapy or treatment intervention *People with a defined need*

Experiencing nature

View from window (at home or work)	Restorative landscapes and gardens	
Green exercise (e.g. walking, running cycling in nature etc.)	Green exercise initiatives (e.g. Walking for Health)	Green exercise (as a treatment intervention) Nature therapy; Wilderness therapy

Interacting with nature

Gardening/Horticulture (at home or work)	Social and Therapeutic Horticulture (STH) Community food growing Community gardening	Social and Therapeutic Horticulture (STH) Community food growing (as a treatment intervention) Horticultural Therapy (HT)
Forestry, environmental conservation (at work or at home)	Environmental conservation groups	Environmental conservation (as a treatment intervention) Ecotherapy
Farming	Community farming; city farms; one-off care farm visits	Care Farming
Human Animal Interactions Animal-based recreation (e.g. dog walking, horse riding etc.)	Animal Assisted Activities (AAA)	Animal Assisted Therapy (AAT)

Source: Adapted from Haubenhofer, Bragg et al., 2010; Sempik and Bragg, 2013; Bragg 2014

Figure 2.1 The different context in which an individual may engage in nature (source: Bragg and Atkins, 2018)

Whilst all green care programmes seek to offer some form of 'care' or therapeutic benefit, the mode of delivery and the form this takes varies considerably. Animal Assisted Therapy (AAT), for example, tends to use specific animals selected for particular behaviour traits (e.g. calmness) to achieve pre-defined goals for specific client groups (Nimer and Lundahl, 2007). By contrast, many care farms that utilise therapeutic contact with farm livestock seek to offer more general therapeutic benefits for people with a variety of needs and abilities. However, some care farms do offer AAT in addition to more generalised contact with farm animals. Similarly, the role of the therapist in 'green care' varies depending on client needs and the setting in which the intervention takes place. For example, in horticultural therapy, a trained therapist works very closely with the client to achieve clinically defined goals. These may include the development of particular motor functions, work skills or psychological wellbeing through the use of horticulture. By contrast, care farming is a much more diverse activity and the role of the therapist is generally separate from that of the farm worker, although the therapist may, as part of the programme, be engaged in farming work alongside clients (Bragg and Atkins, 2016; Hassink et al, 2007; Sempik & Aldridge, 2006). Many care farms enable clients to participate in the growing of crops, salads or vegetables with an aim to improve wellbeing in a more generalised way, whilst others may offer more structured horticultural therapy sessions in addition or instead (Hine et al., 2008; Leck, 2013; Sempik and Aldridge, 2006).

Green care on farms is relatively well established in many parts of Europe. Care farming appears to be most widely practiced in Norway, the Netherlands, Italy and the Flanders region of Belgium (Leck, 2013). Care farming services are also being offered in other parts of the world, for example, care farms for young people with intellectual disabilities have recently been established in Taiwan and China (Leck, 2013; Bragg and Atkins, 2016). Similarly, there are farms in parts of Eastern Europe that offer sheltered accommodation and work for vulnerable young people (Leck, 2013).

In the UK, the term 'care farming' gained official recognition in 2005, and is a direct translation of the phrase used to describe this activity in the Netherlands. According to Care Farming UK (a national charity that promotes care farming) there are approximately 250 care farms currently in operation in the UK (Care Farming UK, 2017). The size of UK care farm settings

ranges from 0.3 hectares (ha) to 650 (ha) with the average farm size being around 50 (ha) (Hine et al, 2008). Types of care farms vary from the traditional or commercial farm, to the smallholding or city farm where the majority of care farms generally have a variety of livestock, with the most popular livestock types being sheep (80%), laying hens (68%) and pigs (65%) (Haubenhofer *et al.*, 2010; Care Farming UK, 2017). A number of farms linked with institutions or charitable organisations have more unusual animals on their holdings including alpacas, llamas, marmosets, and emu (Hine, Peacock and Pretty, 2008). The services provided by care farms are varied, but overall the most common are the development of basic skills and work skills, social skills, with some offering some form of accredited training or education. Other services include, AAT, horticultural therapy and rehabilitation (Haubenhofer *et al.*, 2010).

The majority of care farms in England provide services for people with intellectual disabilities (93%), autism spectrum disorders (84%), mental ill-health (75%) and young people who are at risk (64%) (Care Farming UK, 2017). According to a recent report (Natural England, 2016) there are two main routes to commissioning care farm services though health and social care. The first is through commissioning bodies (Local Authorities and Clinical Commissioning Groups) for small scale or individual contracts. The second is through individual service users with personalised health or social care budgets. Other referral routes include, community mental health teams and education services, together with clients who are self-referred, referred by family or from 'other' sources (Hine et al, 2008; Bragg and Atkins, 2016). Funding for care farms therefore varies extensively, and care farms access client fees originating from personal budgets, from local authority social services, self-generated funds and charitable trust donations.

2.4.2. Physical health and wellbeing

As with other green care interventions, care farming engages service users in a range of activities with the potential to improve or enhance physical health and wellbeing. Indeed, activities undertaken on care farms, such as feeding and caring for animals, planting and growing food or general maintenance, require more physical effort than activities offered at regular day care centres and can, therefore, stimulate participants to stay active which helps

to maintain their physical condition. On the other hand, participants engaged in care farming activities rarely describe the work undertaken as being overly exerting, partly because they are able to work at their own pace, but also because they are participating in activities which they enjoy and do not, therefore, consider it exercise (Ellings, 2011; Hassink, Grin and Hulsink, 2013). This is supported by other research which suggests that outdoor based activities have the potential to increase the frequency and intensity of physical exercise due to the enjoyable nature of the activities undertaken which can, in turn, provide a positive distraction from the actual exercise itself (Hartig *et al.*, 2014).

Not only is care farming able to provide a positive distraction from the fact that one is exercising, it also has the potential to help participants overcome personal issues by giving new direction and focus. For example, Ellings and Hassink's (2008) study on the benefits of care farming for people with a history of alcohol or drug abuse, found that participants enjoyed engaging in physical work because it enabled them to focus on something else other than their addiction, and helped them overcome the physical effects of alcohol or drug withdrawal. Similarly, clients with mental health issues describe care farming as an immensely satisfying and rewarding activity and enjoyed the sense of bodily fatigue that follows a day's physical work, helping them to feel less anxious or depressed (Hassink, Grin and Hulsink, 2013; Granerud and Erikkson, 2017).

Working on a care farm and the opportunities this provides for growing your own food, as well as cooking and eating together has also been shown to improve the appetites of people with an addiction history, by encouraging them to build up a normal eating regime (Elings and Hassink, 2008). Similarly, research by De Bruin (2010) reveals that older dementia patients who participate in day care on a care farm have a higher intake of energy carbohydrates and fluid than their peers in a regular day care centre. This is particularly important for people experiencing dementia, since many run the risk of being underfed and experience undesirable weight loss (de Bruin *et al.*, 2010).

2.4.3. Social and psychological wellbeing

As with other green care initiatives, care farming is characterised by the belief that contact with the outdoors confers numerous psychological and social benefits. This is supported by a

growing body of evidence which suggests that exposure to outdoor environments can have a beneficial impact on psychological wellbeing (Ulrich, 1984; Kaplan and Kaplan, 1989; Pretty *et al.*, 2005; Pretty *et al.*, 2007). This may incorporate a variety of different outdoor settings, from open countryside and woodlands to urban parks and gardens or street trees.

Whilst there is a growing body of evidence on the psychological benefits of green care programmes, such as social and therapeutic horticulture or eco-therapy, less is known about the psychological benefits of green care on farms. There is, however, a burgeoning European evidence base, which suggests that care farming activities can produce positive psychological outcomes for a range of people. This includes several Randomised Controlled Trials (RCTs) which purport to show reduced signs of anti-social behaviour in young people with behavioural problems (Hassink, Grin and Hulsink, 2013) and a reduction in the use of addictive substances, alongside a reduction in the use of relevant care services, for those suffering from drug or alcohol addiction) (Ellings, 2011). Other RCT studies have identified significant improvements in self-efficacy and coping ability and reduced depression levels for psychiatric patients in the treatment group (Berget *et al.*, 2011). Whilst others have observed reduced symptoms of anxiety and depression in schizophrenic participants (Kam and Siu, 2010) and in adults experiencing clinical depression (Pedersen, Martinsen, *et al.*, 2011) following an intensive care farming programme.

In the UK, researchers at the University of Essex have conducted several evaluations on the mental health benefits of care farming for a range of clients, including people with mental health needs, those who are unemployed, homeless or vulnerably housed, disaffected young people, those recovering from drug or alcohol misuse, older people and ex-offenders. In these studies, quantitative data were collated using self-completion questionnaire surveys administered immediately before and after participants spent time on the care farm, where the results found an overall improvement in self-esteem and improvements in the Profile of Mood States (POMS) questionnaire on four mood measures, anger, depression, tension and fatigue (Hine, Peacock and Pretty, 2008; Bragg, 2013; Bragg *et al.*, 2016), as well as a significant increase in participant social engagement and support (Bragg, 2013).

Despite a growing evidence base, there is very little research to date which has offered an in-depth exploration of the health and wellbeing effects of care farming for people with intellectual disabilities. This is striking, not least because people with intellectual disabilities are the predominant users of care farms in the UK (Care Farming UK, 2017). This apparent gap in the current evidence base may partially be explained by the fact that the cognitive and verbal skills possessed by people with intellectual disabilities cannot always be accommodated by conventional research methods. For example, the standardised quantitative survey used in Hine et al's (2008) study to measure the physical and mental health benefits of care farming was deemed unsuitable for completion by participants with intellectual disabilities and, as a result, the views and experiences of care farming for these people were not included in the research (Hine et al, 2008; 2012).

More recently, doctoral research on the impacts of care farming in the UK conducted at the University of Worcester aimed to offer a more comprehensive analysis of the wellbeing effects of care farming activities and included the views of people with intellectual disabilities in the research (Leck, 2013). Findings from this research suggested a positive correlation between participation in care farming activities and subjective happiness, life satisfaction and general mental wellbeing for a range of service users, where people with intellectual disabilities were found to score highest in terms of happiness and life satisfaction (Leck, 2013). However, the methods deployed in this study were not sufficiently adapted to meet the needs of participants with intellectual disabilities and were, therefore, unable to collect a sufficient level of comparable data for this sample group. For example, the self-completion questionnaire survey employed by Leck (2013) had to be substantially shortened, due to the fact that participants with intellectual disabilities were unable to conceptualise many of the questionnaire elements. Similarly, qualitative interviews with participants with intellectual disabilities were deemed to be overly brief due to the fact that some of these participants did not always communicate verbally and were only able or willing to provide very brief responses.

The methodological challenges experienced by Leck (2013) and Hine et al (2008) have encouraged others working in this field to adapt their methods in order to gain a more comprehensive understanding of the experiences of people with intellectual disabilities

engaged in green care programmes. For example, a study on the benefits of social and therapeutic horticulture (STH) employed photographic participation and elicitation techniques as a way of including people with intellectual disabilities more effectively in the research process (Aldridge, 2007). In employing these methods, this study concluded that the benefits of STH for people with intellectual disabilities resided in the ability of such projects to promote feelings of social inclusion and develop confidence and self-esteem (Sempik, Aldridge, and Becker, 2005). Sempik et al's (2005) study is the first in-depth study ever conducted on the benefits of STH for people with intellectual disabilities and has, therefore, provided a valuable insight into the views and experiences of people with intellectual disabilities enrolled on green care initiatives, which have been relatively unexplored in the literature.

The suggestion that food growing and/or horticultural activities can promote feelings of self-esteem does, however, appear to be supported by research on the benefits of care farming for other socially excluded groups. Indeed, part of the success of care farming as a form of rehabilitation appears to lie in its ability to promote self-esteem through participation in meaningful and productive work. For example, Elings and Hassink's (2008) research involving focus group interviews with people with an addiction history found that food growing activities provided a positive distraction from their drug addiction and enabled them to participate in activities that were perceived to be meaningful and/or useful, thereby enhancing participants' sense of self-worth and self-respect. Similarly, research with clients with psychiatric problems founds that participants enjoyed engaging in work that gave them immediate goals which could be realised, and resulted in an increase in their self-confidence and sense of achievement (Hassink *et al.*, 2010; Ellings, 2011).

This is further supported by other studies examining the benefits of social and therapeutic horticulture, which suggests that participation in these kinds of meaningful or worthwhile activities have the ability to enhance self-esteem and to increase feelings of value and self-worth thereby giving participants a new sense of optimism about their future (Stuart, 2005; Kingsley, Townsend and Henderson-Wilson, 2009). It has also been suggested that participation in STH activities offers individuals a means through which to express themselves

in positive ways, thereby 'evoking certain changes in attitudes about personal success and individual perceptions of job preparedness' (McGuinn and Relf, 2001, p. 467).

As with STH or community gardening projects, the development of social networks and associated psychological benefits has been identified as an important outcome for participants engaged in care farming activities. For example, Hassink et al's (2010) study on the benefits of care farming for psychiatric patients found that participants placed great value on the care farm as a community of supportiveness and acceptance. Indeed, participation in care farming has been shown to facilitate close social bonds with other clients, the farmer and farmer's family and other members of staff (Ellings, 2011). Similarly, the perceived equality of the relationship between client and co-workers serves to emphasise the potential and qualities of clients thus facilitating feelings of trust and solidarity (Ketelaars, Baars and Kroon 2001). For many people who utilise care farm services, just being accepted and respected for who they are and being part of a social group can have an overwhelming impact on their overall wellbeing, where this sense of 'belonging' and of being included was perceived to constitute a very positive experience for a range of clients (Elings and Hassink, 2008; Hine, Peacock and Pretty, 2008; Granerud and Erikkson, 2017).

Whilst it is possible to draw a number of parallels between the benefits obtained from community gardening or STH activities, and the benefits obtained from care farming, there are some important differences that must be acknowledged in this context. Most notable, is the fact that horticultural projects do not usually focus on commercial production activities whereas many care farms are primarily focused on food production at a commercial level. Indeed it is often the noticeable absence of a care or 'institutional' element and the presence of a working farm with the farmer, farmer's family and staff that is cited as a key constituent of successful social rehabilitation for participants (Hegarty, 2014; Iancu, 2013; Granerud and Eriksson, 2014; Hassink et al., 2010; Hine et al., 2008). For example, Ellings' (2011) study on care farming in the Netherlands, observed that the meaningful nature of the work participated in (and the sense of satisfaction that ensued) and the role of the farmer as 'employer' were perceived to constitute key benefits of care farming for people experience mental health issues. Health geographers such as Hall (2007, 2012b) and Parr (2008) have sought to explain the significance of participation in meaningful work and/or activities which

are viewed as culturally a 'good thing', in terms of their ability to convey to the wider community that socially excluded or marginalised groups are capable of making a valuable contribution to society. In doing so, it is argued that it may be possible for marginalised individuals to feel less distanced from the society that excludes them; such that a true sense of belonging within one's local community may be found. On the other hand, participation in these sorts of activities may also serve to reinforce existing stereotypes of what people with intellectual disabilities can and want to do. Given this, careful attention needs to be paid to the ways in which participation in care farming activities can facilitate and/or hinder social inclusion, both within these more segregated spaces of acceptance and the wider community.

2.4.4. The use of animals on care farms

Another key characteristic of care farming that distinguishes it from other green care initiatives, such as STH, is the use of farm animals to achieve specific health, social and/or educational goals. However, the therapeutic benefits of contact with livestock have rarely been considered in the literature. This section, therefore, draws on a range of evidence that suggests that contact with animals can be beneficial to human health and wellbeing.

A long standing body of evidence suggests that contact with animals can have certain psychological benefits, such as the potential to reduce levels of anxiety and depression (Folse, Mindler, Avcock, & Santana, 1994; Garrity, Stallones, Marx, & Johnstone, 1989; Hoffman et al., 2009; Scouter & Miller, 2007; Seigel, 1990) and enhance feelings of autonomy, competence and self-esteem (Beck & Katcher, 1984; De Guzman, Cucueco, & Cucueco, 2009; Kidd, 1985; Levinson, 1972; Bensel, 1985; Tribet, Bouchariat, & Myslinski, 2008).

In addition to the benefits of pet ownership, animals have also been used in interventions for therapeutic gain. This is termed Animal Assisted Therapy (AAT) and commonly involves interactions between a client and a trained animal, facilitated by a professional practitioner (Nimer and Lundhall, 2007). AAT programmes can vary significantly in terms of the animal used (e.g. dog, cat or horse) the setting in which it is delivered (e.g. residential care home, hospital or community based setting) as well as the length of the intervention and format of delivery (i.e. group or individual delivery) (Chandler, 2005).

AAT has been employed in a variety of health care settings and is applied to a wide variety of clinical problems (Chandler, 2005). AAT has also been used in mental health settings to tackle a wide range of psychiatric problems as well as specific behavioural and/or emotional difficulties (Redefer and Goodman, 1989; Havener, 2001). Here an individual may be encouraged to interact with a companion animal, either through talking to or petting it, which can in turn reduce anxiety, enhance social behaviours as well as develop a variety of skills (Chandler, 2005).

It has been argued that the use of animals in therapeutic interventions is beneficial because people have a natural tendency to affiliate with animals. Indeed, animals are said to provide a warm and safe environment that can be very therapeutic and enable clients to feel comfortable and more likely, therefore, to be receptive to services offered by the treatment provider (Nimer & Lundahl, 2007). A quantitative meta-analysis of studies that have examined the therapeutic benefits of AAT for vulnerable groups supports the general conclusion that animals can be beneficial to the healing process (Nimer & Lundahl, 2007). Indeed, improvements in behavioural outcomes and medical wellbeing were observed across a range of studies on the effectiveness of AAT as a therapeutic intervention. However, whilst there is now a body of evidence to support the claim that AAT is effective in achieving specific therapeutic outcomes, less is known about the extent to which participant or treatment characteristics influence the effectiveness of such interventions, or the impact that they have on people's lives more broadly (Nimer & Lundahl, 2007). What is more, there is a dearth of research that addresses the causal mechanisms that underlie humans' apparent disposition to respond positively to animals in a therapeutic setting. Similarly, considerations of how a prior history of positive associations with animals impacts on research findings is rarely offered.

Whilst there is a range of research that suggests that companion animals, such as dogs and cats, can have certain therapeutic benefits, there is less research that has examined the benefits of using farm animals in AAT. However, several studies have been carried out which do suggest that AAT with farm animals can benefit health and wellbeing. These studies indicate that working with animals (such as cows, pigs and sheep) on care farms can enhance wellbeing by engaging participants in a variety of social interactions (Mallon, 1994). Indeed,

farm animals have been found to facilitate social contact among human participants in ways that promote wellbeing and initiate a change in service users' identity from 'care recipient to care giver enhancing self-confidence and self-image, reframing them as capable' (Gorman, 2017b, p. 326). Other intervention studies have found that working with farm animals can enhance the working abilities of psychiatric patients, where improved working ability was positively correlated with lower anxiety and higher self-efficacy (Berget, 2008).

A study on farmers' perceptions and attitudes on the benefits of farming activities for vulnerable groups, found that farm animals were considered to constitute a key health benefit of being in a farm environment (Berget, 2006). Farmers also observed that care farming as a therapeutic intervention is most effective when a bond is formed between the client and the animal, where the farmer is perceived to play an important role in developing this relationship. Indeed, the farmer is seen as an expert in animal husbandry and to have a different role to play in care farming than that of the therapist. What is more, farm animals are generally perceived as open and honest in their interactions with humans, offering clients a safe environment that can, in turn, bring about a breakthrough in behaviour.

2.5. Concluding remarks

Care farms seek to offer people safe and inclusive access to agricultural landscapes for physical, psychological and social wellbeing. To this end, care farming incorporates a number of elements designed for therapeutic benefit. Most notable is contact with nature (and associated therapeutic horticultural and/or food growing activities) and contact with animals.

However, there is very little research to date, which has offered an in-depth exploration of the health and wellbeing effects of care farming for people with intellectual disabilities, despite the fact that people with intellectual disabilities are the most common service user group to access care farm services in the UK. This apparent gap in the current evidence base may partially be explained by the fact that the cognitive and verbal skills possessed by people with intellectual disabilities cannot always be accommodated by quantitative or social survey research methods. Indeed, it is suggested that the methods deployed in existing studies on the health and wellbeing benefits of care farming were not sufficiently adapted to meet the needs of participants with intellectual disabilities and are therefore unlikely to provide the

depth of information required to gain a more comprehensive understanding of their experiences of care farming.

In view of these methodological challenges, research on the benefits of social and therapeutic horticulture (STH) employed the use of photographic participation and elicitation techniques as a way of including people more effectively in the research process (Sempik et al, 2007). This work provides a unique and valuable insight into the views and experiences of people with intellectual disabilities enrolled on green care initiatives, which until now have been relatively unexplored in the literature. Whilst it is possible to draw a number of parallels between the benefits obtained from community gardening or therapeutic horticultural activities and the benefits obtained from care farming, the latter may be distinguished from other green care initiatives in two important ways. The first concerns the fact that horticultural projects do not usually focus on commercial production activities whereas many care farms are primarily focused on food production at a commercial level. Indeed it is often the noticeable absence of a care or 'institutional' element and the presence of a working farm with the farmer, farmer's family and staff that is cited as a key constituent of successful social rehabilitation for participants. By participating in normal farming activities, it is suggested that service users are able to demonstrate their ability to participate in meaningful and socially valued work and may, therefore, begin to experience a greater sense of belonging within their local community. This may be especially important for people with intellectual disabilities who typically experience a whole range of social, cultural and economic barriers that prevent them from participating in society in meaningful ways. The second characteristic of care farming that distinguishes it from other green care initiatives, such as STH, is the use of farm animals to achieve specific health, social and/or educational goals. Yet the therapeutic benefits of contact with livestock have rarely been considered in the literature and there is very little guidance on how farm animals should be used in therapeutic interventions with people with intellectual disabilities, or what characteristics and behaviours of farm animals make for an effective therapeutic intervention in this context.

In sum, this chapter illustrates a need for more research on the effects of care farming for people with intellectual disabilities. As I shall argue in chapters three and four, this required the development of an alternative theoretical and methodological approach through which

to gain a more comprehensive understanding of participants' lived and embodied experiences of care farming.

Chapter 3. Theoretical Framework(s): Landscape, Wellbeing, Bodies.

3.1. Introduction

In this chapter, I review existing theoretical frameworks for understanding the health and wellbeing benefits of care farming. Dominant theoretical models utilised in empirical research on the benefits of care farming are drawn from environmental psychology. Adherence to the positivist paradigm implicit within these approaches may, therefore, explain the prevalence of quantitative and survey design methods within this field. However, the methods deployed in these studies have thus far failed to sufficiently meet the needs of people with intellectual disabilities. What is more, in focusing on only those aspects of experience that can be converted to quantifiable terms, I argue that this approach misses something important concerning people's landscape experiences. Specifically, the embodied, relational and contextual nature of the relationship that exists between people and place. Drawing on the health geography literature, therapeutic landscapes and key strands of non-representational theory this chapter, therefore, sets out an alternative theoretical approach through which to explore the experiences of people with intellectual disabilities, engaged in care farming activities.

3.2. Environmental perception and human health

Although significant work has been undertaken in other disciplines, perhaps the most intensive research into the healing or restorative properties of the natural environment has been in the field of environmental psychology. These 'restoration perspectives' have been dominated by Kaplan and Kaplan's (Kaplan and Kaplan, 1989) attention restoration theory and Ulrich's (1984) psychological stress reduction framework. According to Kaplan's and Kaplan's (1989) Attention Restoration Theory (ART), directed attention is the cognitive mechanism that is restored by interactions with nature. First proposed by William James (1982) the attentional capacities of individuals are separated into two components: involuntary attention where attention is captured by inherently intriguing or important stimuli; and voluntary or directed attention, where attention is directed by cognitive control processes. According to ART, interacting with environments rich with inherently fascinating stimuli, such as natural environments, invoke involuntary attention modestly allowing

directed attention mechanisms a chance to replenish (Van de Berg et al, 2003). In a similar vein, Ulrich's psycho-evolutionary model argues that natural environments can enable recovery from any form of stress and not just from attentional fatigue in virtue of their ability to trigger positive emotional responses as the result of an innate adaptive mechanism (Ulrich, 1979).

In explorations of the therapeutic potential of 'natural' landscapes, environmental psychologists draw empirical support from a range of studies that purport to show how natural environments elicit stronger restorative effects than urban environments. The most common methodological approach adopted in these studies involves taking measurements of self-reported mood states and physiological indicators such as blood pressure and stress hormone levels, whilst presenting participants with photographs of rural and urban scenes in a laboratory setting (Herzog & Boseley, 2002; Korpella, Klemettila, & Hietanen, 2002; Laumann, Garling, & Stomark, 2003; Pretty et al., 2007; Pretty, Peacock, Sellens, & Griffin, 2005; Van de Berg et al., 2003).

However, this approach to understanding the therapeutic potential of certain environments has been criticised for being in the grip of what John Dewey described as the 'Kodak fixation' (Heft, 2010). According to Dewey, environmental psychologists typically assume that experiencing landscape involves the individual adopting the passive and detached stance of spectator, in much the same way as when viewing a photograph (Dewey, 1908; Heft, 2010). Indeed, the extensive research literature on environmental perception adopts (with rare exceptions) a 'spectator' mode of experiencing landscape (Heft, 2010). On this view, our experiences of nature and our experiences of photographs of nature are considered qualitatively one and the same, as evidenced by the use of photographs to ascertain the nature of environmental preference and its impact on wellbeing (Herzog and Bosley, 1992; Herzog, Chen and Primeau, 2002; van den Berg, Koole and van der Wulp, 2003; Pretty *et al.*, 2005).

Yet experiencing landscape as a two-dimensional image, and experiencing landscape first-hand and dynamically, are very different. Sontag (1977) explores this difference in some detail in her work 'On Photography', observing that the feelings invoked when viewing photographs are qualitatively dissimilar from those that accompany first-hand or unmediated experiences

of the subjects of those representations. What is more, the properties of landscape that have been examined most often in the environmental perception literature typically include concepts such as complexity, coherence and legibility as well as the presence of natural as opposed to man-made features (Heft, 1996). Yet such properties are not properties of landscape, properly conceived. Rather, these are socially constructed concepts that we abstract from landscape in order to give meaning to our perceptual experiences. In this way, such properties are in fact 'once removed' from actual experience, since in order to assess a landscape with respect to these properties, it is necessary to stand back from the activity of perceiving and adopt what may be described as a 'detached viewpoint'. Accordingly, much of the environmental perception research since the 1950's has devoted considerable attention to trying to unravel the causal chain that exists between occurrences in the physical environment and corresponding optical stimulation and neurological processes that constitute our experiences of the world (Heft, 1996; 2010).

Much of the research within the field of environmental psychology may therefore be said to adhere to a positivist worldview. A common assumption that revolves around these kinds of approaches is the notion that there is an inner psychological realm, an objective domain of the material environment, that may be accessed through asking questions and observing behaviour and then measuring or interpreting the outcomes (Bechtel, 2002). Research within environmental psychology has, therefore often sought to investigate the relationship between environmental perception and wellbeing through the use of quantitative methods, and focus on the environmental preferences of individuals to determine universal characteristics of potentially therapeutic environments.

Whilst there are some notable exceptions (e.g. Gorman, 2017) theoretical frameworks for understanding the health and wellbeing benefits of green care activities, like care farming, are dominated by theories drawn from environmental psychology. For example, researchers at the University of Essex have used Kaplan and Kaplan's Attention Restoration Theory to hypothesise that there may be synergistic psychological benefits in adopting physical activities whilst at the same time being exposed to nature (Pretty et al, 2005). This has been termed 'green exercise' by Pretty et al (2005) and refers to physical activities undertaken whilst exposed to natural environments (Pretty et al, 2005). Similarly, Bragg (2014) a leading

author on care farming activities in the UK argues that the therapeutic application of green exercise may be effective at promoting the psychological wellbeing of vulnerable or socially excluded groups. Doctoral research on the impact of care farming in the UK also utilised various theories within environmental psychology (i.e. Attention Restoration Theory, Biophilia Hypothesis and Psycho-Evolutionary Stress Reduction Theory) to devise a theoretical framework through which to explore the health and wellbeing benefits of care farming (Leck, 2013).

Adherence to the positivist paradigm implicit within these approaches may, therefore, explain the prevalence of quantitative and survey design methods in research on the health and wellbeing benefits of care farming (see chapter 2). As I argued in chapter two, the methods deployed in these studies do not always meet the needs of people with intellectual disabilities. What is more, in focusing on only those aspects of experience that can be converted to quantifiable terms, I argue that this approach misses something important concerning people's landscape experiences. Specifically, the embodied, relational and contextual nature of the relationship that exists between people and place. To this end, I advocate an alternative theoretical approach for understanding the wellbeing benefits of care farming activities, which I outline in more detail in the sections below.

3.3. The therapeutic landscape concept

Whilst environmental psychologists have tended to produce rather simplistic or binary interpretations of people-place interactions, research within the field of health geography adopts a much broader understanding of the relationship between health and place. Such approaches seek to draw out the complex and contextual nature of this relationship and are, therefore, not only concerned with the physical or perceptible properties of landscape but on what all the senses notice, how these multi-sensory experiences are interpreted and on the way in which a perceiver's history of engagement with their environment guides future experiences and behaviour (Doughty, 2013; Gastaldo, Andrews, & Khanlou, 2004; Gesler, 1992; Milligan, Bingley, & Gatrell, 2005a; Milligan, Gatrell, & Bingley, 2004; Wilson, 2003).

Within this frame, health geographers are keen to distinguish between space and place. Space denotes the physical characteristics of an area as well as its specific physical location (Eyles

and Williams, 2008). By contrast places are said to exist when people attribute meaning to a particular physical space or location (Tuan, 1977; Eyles and Williams, 2008). The introduction of place as a key geographical concept has, therefore, transformed the way in which we understand the relationship between the environment and health. Places are no longer viewed as passive or inert backdrops to human health related outcomes and behaviours, but are considered to be active agents in the co-construction of health giving environments (Kearns & Moon, 2002a).

A place centred approach to health therefore moves beyond a biomedical interpretation of disease as a simple causal relationship between the condition and the individual, and looks at the broader context through which specific health conditions arise (Eyles and Williams, 2008). Adopting this framework encourages geographers to think carefully about how and why certain environments facilitate healing, what makes certain other places associative of poor health and the way in which people's attachments to places influences wellbeing (DeMiglo and Williams, 2008). Here the concept of place and its relationship to health focuses on the meanings people attach to specific locales and the sense of place associated with these (Eyles, 1985; Curtis, 2004).

In recent years, the therapeutic landscape concept has emerged as a dominant framework for organising ideas about people's experience of place and how these experiences impact on health and wellbeing (DeMiglo and Williams, 2008). First introduced by Wil Gesler (1992) this approach to health geography adopts explicitly socio-cultural frameworks for understanding the complex intermingling of physical, social and symbolic processes that determine a place's potential to positively or negatively affect health (Gesler, 1992). On this view, understanding the role of place in promoting the health of populations involves attending to the way in which various environmental, societal and individual factors work together in certain natural or built environments to produce positive social and psychological outcomes (Jones & Moon, 1993; Kearns & Gesler, 1998b; Kearns, 1993b). Studies of therapeutic landscapes within the field of health geography have, therefore, tended to focus on qualitative explorations of the processes through which therapeutic places are co-constructed and emphasise the dynamic, fluid and relational aspects of health within a variety of settings (Andrews and Moon, 2005).

Whilst Gesler's research has tended to focus on unique landscapes with a reputation for healing (e.g. pilgrimage sites) the therapeutic landscape concept is being adapted in other ways to explain the therapeutic qualities of our everyday landscapes, such as the home (Williams, 2002) the garden (Milligan, Bingley, & Gatrell, 2005), local urban landscapes (Gastaldo, Andrews and Khanlou, 2004), public cafés (Warner, Talbot and Bennison, 2015) and libraries (Brewster, 2014). Indeed, according to Milligan et al (Milligan, Bingley and Gatrell, 2005b) whilst much of the literature points to the use of famous events or places (such as baths, spas or national parks) in the healing and recovery process, the therapeutic landscape concept can also be used to explain the more general health and wellbeing effects of our ordinary place experiences.

There is also a growing body of research that has utilised the therapeutic landscape concept to explore the place experiences of marginalised populations. This includes recent research on migrant constructions of a sense of place (Chakrabarti, 2010; El-Bialy and Mulay, 2015; Agyekum and Newbold, 2016) as well as the consequences of colonisation and dispossession for indigenous peoples (Panelli and Tipa, 2007; Gone, 2008; Pain and Smith, 2010). Other research focuses on the therapeutic potential of various 'health promoting' sites for different populations, among them children's health camps (Dunkley, 2009; Kearns & Collins, 2000), gardens and/or community spaces for older people (Milligan, Bingley and Gatrell, 2005b) community based alcohol recovery programmes (Wilton and Deverteuil, 2006), respite centres (Conradson, 2005), home for home-based care givers (Williams, 2002) and the experiences of rural dwelling stroke survivors (Meijering *et al.*, 2016). Finally, a number of applications have also taken as their focus different health care settings such as hospital environments (Gesler, Bell, Curtis, Hubbard, & Francis, 2004; Gesler & Curtis, 2007); psychiatric wards (Curtis *et al.*, 2009; Muir-Cochrane *et al.*, 2013; Collins, Avey and Lekkas, 2016); hospice day care for the terminally ill (Moore *et al.*, 2013); long term care facilities (Andrews, 2004) as well as more informal spaces of care in the wider community, such as community pharmacies or activity clubs (Glover and Parry, 2009; Parry and Glover, 2010; Butterfield and Martin, 2016).

When reflecting on the evolution of the therapeutic landscape concept, some key thinkers in this field have observed that there is a tendency to situate the therapeutic landscape as an

effect of the landscape itself (Conradson, 2005; Doughty, 2013; Willis, 2009). As Conradson (2005) highlights however, this perspective can lead to the assumption that the mere physical presence within a given landscape will automatically result in a positive therapeutic outcome (Conradson, 2005). And yet individuals clearly experience different environments in different ways (Williams, 2007). As Milligan and Bingley (2007) observe in their study on the potential restorative impact of woodland on young adults, commonly held 'healthy' natural environments such as forests are not always experienced positively. This is not to deny that some landscapes have attributes that a significant number of individuals experience as therapeutic, but it does suggest that positive experiences are not in any sense pre-determined outcomes (Conradson, 2005). These insights suggest that the therapeutic power of different spaces are not constant or stable, but influenced by a variety of individual, material and wider socio-political factors and relations, such as media attitudes to particular space types (Milligan and Bingley, 2007), the weather and changing seasons (Collins and Kearns, 2007) or a person's emotional state at the time of the experience (Laws, 2009).

On this view, landscapes do not possess inherent features with the capacity to enhance or restore wellbeing; rather therapeutic properties are relational properties that reside in people's interactions with features of their environment. Importantly however, an exploration of the therapeutic potential of a particular environmental setting must take into account not only the specific forms of engagement that take place within that setting but also the wider network of socio-environmental relations within which an individual is embedded (Conradson, 2005). Indeed, in order to gain an understanding of the potential significance of particular instances of self-landscape encounter it is necessary to obtain some sense of the wider context through which these types of engagement are made intelligible.

In support of this view, Willis (2009) argues that the assumption that there are inherent attributes of certain places that makes them therapeutic has tended to result in the conceptual (and often physical) separation of healing places from the ordinary places and spaces where we spend most of our time. The majority of studies in this field have focused almost exclusively on the wellbeing benefits of specific 'health giving' sites, with very little attention being paid to what happens once participants return to their 'ordinary places' (Willis, 2009). As Willis (2009) highlights, this makes it very difficult to ascertain the longer-

term benefits of these kinds of interventions and calls into question the extent to which so-called therapeutic landscapes are truly therapeutic, thereby inferring a longer-term impact on health and wellbeing; or merely palliative, implying an immediate but only temporary effect.

Of course, most therapeutic landscape experiences do involve the temporary movement away from an everyday domestic location. Given this, it must be conceded that the physiological or emotional effects of this relocation are, in part, attributable to an individual becoming engaged in a different set of place relations (Conradson, 2005). However, this should be acknowledged within the context of an individual's on-going connections with people and events in other places and times. This approach to research on therapeutic landscapes therefore requires the researcher to observe the broader set of place relations within which an individual is imbricated and to look at longer segments of people's lives than is usual in the field.

From recent theoretical debates within cultural geography, it has been suggested that post-phenomenological approaches, like non-representational theory, can be aligned with critical therapeutic landscapes research (Foley, 2011, 2014; Doughty, 2013; Andrews, Chen and Myers, 2014; Gorman, 2017b). These observations encourage health geographers to focus on the relational, affective and multi-sensory experiences of health in place and ways in which these place experiences are actively performed, moment-to-moment. In the following section, I begin by giving an overview of non-representational theory and its treatment in the geographic literature. I then move on to consider how non-representational theorisations on landscape, wellbeing and the body can contribute to research on therapeutic landscapes.

3.4. Non-Representational theory: a brief overview

Non-representational theory has emerged since the mid 1990s in a series of papers and book chapters written by Thrift (see Thrift, 1996, 1997a, 1999, 2007) and others (Dewsbury, 2000, 2003, Harrison, 2000, 2007, 2008, McCormack, 2003, 2005, Wylie, 2002, 2005b, 2006; see also, McCormack, 2002; Lorimer, 2005; Anderson and Harrison, 2006; Laurier and Philo, 2006). In its broadest articulation, non-representational theory signifies an 'interest in the geography of what happens and…the bare bones of actual occasions' (Thrift, 2007 pp.2). It is

important to note here that non-representational theory is not one unified theory but a general style of thinking that values practice (Simpson, 2010). Non-representational theory therefore draws inspiration from a range of disciplines and social theorists, including post-structuralism, feminist theory and phenomenology.

A common theme that connects the plurality of non-representational theories is the observation that much of what happens in everyday life remains unrepresented by social constructivist methods of inquiry, and their focus on interpretive searches for meaning (Dewsbury *et al.*, 2002). Non-representational theory therefore rejects the notion that there is an external world 'out there' awaiting representation, arguing instead that we come to understand the world through active engagement with it 'as an on-going and performative achievement' (Andrews, Chen and Myers, 2014, p. 214). The term 'non-representational' is perhaps given its fullest theoretical development by Nigel Thrift (1997b, 1999, 2000, 2003), observing how the representational sphere of cultural meanings, text, image and symbol has been allowed to take precedence over 'lived experience and materiality' (Thrift, 1997, p. 4).

However, this has led a number of authors (e.g. Cresswell, 2002; Nash, 1996) to criticise non-representational theory for its seemingly exclusive focus with 'a realm of bodily habits, tics, routines and reflexes lying outside of both conscious thought and the shared social world of codes, norms and conventions' (Wylie, 2007, p. 164). In response to such criticism, Lorimer (2005) argues that non-representational theory is not anti-representation and introduces the alternative term 'more-than-representational' in order to capture non-representational theory's commitment to developing 'new approaches to body *and* society, culture *and* nature, thought *and* action, representation *and* practice' (Wylie, 2007, p. 164). Indeed, as Dewsbury et al (2002) argue, the act of representation (e.g. writing, speaking or painting) becomes itself a form of embodied practice and performance. As a consequence, therefore:

> *"The focus falls on how life takes shape and gains expression in shared experiences, everyday routines, fleeting encounters, embodied movements, precognitive triggers, practical skills, affective intensities, enduring urges, unexceptional interactions and sensuous dispositions. Attention to these kinds of expression, it is contended, offers an*

escape from the established academic habit of striving to uncover meanings and values that apparently await our discovery, interpretation, judgement and ultimate representation".

(Lorimer, 2005, p. 84)

Non-representational theory is therefore very much concerned with the lived body and bodily practice and performance. In this way, phenomenological notions of embodiment, particularly those advocated by Merleau-Ponty, have made an important contribution to non-representational thinking (e.g. Cloke & Jones, 2001; Cresswell, 2003; Wylie, 2002, 2005). However non-representational theory has also been significantly influenced by vitalist ontologies, drawing upon the work of Giles Deleuze and Felix Guiattari (Deluze, 1988, 1992, 1994; Massumi, 2002). Such writings have sought to escape phenomenological perspectives on subjectivity, which they argue have led to a very human centred view of the world. By contrast vitalist philosophies advocate a radically non-subjective account of the life, one which seeks to avoid a dualism of 'subjects versus objects' focusing rather on the pre-personal affects and 'on the energies and liveliness of humans doing things with objects' (Andrews, Chen, & Myers, 2014, p. 212). This emphasis on the material relatedness of the body denotes non-representational theory's desire to 'get in touch with the full range of registers of thought by stressing affect and sensation' (Thrift, 2007, p. 12).

The concept of affect has subsequently received significant attention within non-representational theory and is defined as 'a pre-personal capacity for bodies to be affected by, and in turn, affect other bodies' (Cadman, 2009, p. 1). These observations draw attention to the mobile energies and intensities that arise from the interactions between things, from atoms and molecules to human bodies and non-human objects (Anderson & Harrison, 2006; Anderson, 2006, 2009). Whilst affect initially arises as a purely physical interaction that occurs within assemblages of bodies and things, these can then give rise to less than fully conscious experiences that precede full cognition (e.g. thoughts and emotions) and which are manifest as 'vague but intense atmospheres or vibes which impact on an individual's capacity for engagement and involvement' (Andrews, Chen and Myers, 2014, p. 214). Importantly, it is argued that affect can be felt by individuals either positively or negatively and can, therefore,

significantly impact on an individuals' capacity to engage with other bodies and things. For example, Deleuze (1988) likens negative affect to being poisoned, insofar as negative affect like poison 'weighs an individual down' and reduces their capacity to act (Andrews, Chen and Myers, 2014). Conversely, positive or joy affect has the potential to sustain and energise individuals thereby enhancing or increasing their capacity to operate (Simpson, 2014).

Non-representational theories generally utilise the concept of affect rather than emotion, which is more prevalent in the field of emotional geographies (Davidson, Bondi and Smith, 2005). Indeed, whilst non-representational theories have tended to focus on affective encounters (which by definition precede any nameable emotional state) emotional geographers generally focus on personal narratives and individual experience (Bondi, 2005). The distinction made here between affect and emotion is not always so clearly articulated in the literature however, and works from both perspectives often use these terms interchangeably (Bondi, 2005; Doughty, 2011). This may, in part, be explained by the fact that nameable emotional states (such as love, hate, anger or jealously) are essentially embodied expressions of affective encounters and reflect the various ways in which affections are felt and experienced as personal. An inevitable slippage to the personal when analysing affect therefore reflects the 'constant feeding back and forward between registers…as affects register in bodies, are processed by those bodies and, in the course of that processing, loop forward and backwards through memory and embodied histories that lead to the production of the on-going movement of experience' (Dawney, 2011, p. 601). In my own work, whilst I acknowledge a conceptual distinction between affect and emotion, I also recognise that affects (physical interactions between bodies) then feeling of those affects (sensations) then cognitive processing of those sensations (thoughts and emotions) are inextricably intertwined from the perspective of the experiencing subject.

3.5 Non-representational landscapes

Non-representational theory signifies a substantive shift from studies of representations of landscape to studies that focus on how social life takes shape through various embodied performances and performativities. On this rendering, landscapes are not static backdrops or objects for interpretation but 'fluid and animating processes in a constant state of becoming'

(Wateron, 2014, p. 10). Non-representational theory therefore very much foregrounds the lived body and bodily practice and performance and acknowledges that our understanding of the world is lived, embodied and tangled up with how we do things (Macpherson, 2010; Doughty, 2011). This sense of movement is articulated by Wylie (2006) through the use of the word 'landscaping' or 'spacing' in an attempt to foreground notions of practice and process in the on-going shaping of self, body and landscape (Wylie, 2006). On this rendering, landscape is conceived as a fluid, dynamic and evolving process that demands a move away from rigid conceptualisations of places as either therapeutic or non-therapeutic (Gorman, 2017b). To this end, careful consideration needs to be given to the kinds of relationships that exist between people and their environment that may result in a therapeutic experience. Indeed, the term landscape is not necessarily synonymous with space or place, since landscape is something that emerges out of the on-going relations that exist between self and world (Doughty, 2012). Examinations of our therapeutic landscape experiences may, therefore, need to reconsider the use of the landscape term. To this end, the term 'therapeutic geographies' or 'therapeutic spaces' (Foley and Kistemann, 2015) is perhaps better placed to account for 'the range of spaces, places and localities which might be enrolled in the relational healing experience' (Davidson and Parr, 2007, p. 57). Such developments may, therefore, enable those working in the field to circumvent a so-called 'bumper sticker' approach (Andrews, 2004) to therapeutic landscapes, reflected through a tendency to label particular places as either therapeutic or non-therapeutic (Gorman, 2017b).

3.6 Framing wellbeing: a non-representational approach

The landscape concept has received significant attention in the therapeutic landscapes literature. However, the concept of wellbeing, which is arguably equally important for any study on the relationship between health and place, has received rather less scrutiny (Andrews, Chen, & Myers, 2014; Pain & Smith, 2010). Indeed, whilst there has been significant engagement with the concept of wellbeing within health geography over the past 20 years, studies on therapeutic landscapes which utilise this concept tend to assume its meaning is self-evident and attempts to gain a deeper understanding of wellbeing beyond its popular or everyday usage are rarely sought. This section begins by giving a brief overview of the wellbeing concept and its treatment within the field of health geography. Drawing on recent

insights from non-representational theory, I also consider the spatial contexts and configurations through which wellbeing emerges and the implications this has for how we conceptualise the therapeutic potential of specific places.

Research and policy approaches to wellbeing typically deal with this rather abstract and complex concept by breaking it down into constitutive dimensions, in what has been called a 'components' based approach (Atkinson, 2013). Such approaches tend to focus on the constituent factors which determine wellbeing, identifying a mix of objective and/or subjective elements (Clark, n.d.; Nussbaum, 2000; Stiglitz, Sen, & Fitoussi, 2009), whilst others focus on the components of personal subjective wellbeing, typically differentiated by hedonic (Layard, 2005; Seligman, 2011) and eudemonic or 'human flourishing' principles (Ryff, 1989; Veenhoven, 2000). According to Atkinson (2013) these different ways of conceptualising wellbeing share a common assumption that wellbeing is a quality that inheres to the individual, conceived as a sort of commodity that may be individually acquired or achieved. This, in turn, has significant implications in terms of policy 'as it drives interventions in terms of what can be done to enhance individual-directed acquisition of the components of wellbeing' (Atkinson, 2013a, p. 139).

By contrast, research within the field of health geography signifies a move away from a components based approach to wellbeing to a more nuanced approach which takes into account the range of social and spatial contexts within which positive (and negative) health and wellbeing outcomes are realised (Hall and Kearns, 2001; Fleuret and Atkinson, 2007). This burgeoning interest in socio-spatial contexts, individual experiences and non-medically centred notions of health has resulted in a wide range of studies which have focused on relational and place based notions of wellbeing (Nussbaum 2000; Puttnam 2001; Wilkinson and Marmot 2003; Smyth 2005; Conradson, 2005). Yet place-based notions of wellbeing have rarely featured in government policy and practice and current approaches to health and health care have tended to focus on the individual and health related behaviours (Atkinson, 2013b). This calls for a non-medicalized approach to wellbeing, one that fully accounts for the emotional lives of individuals, their embodied experiences and relational capabilities. On this view, wellbeing is conceptualised as an embodied individual and collective position which can be realised within a variety of social and spatial contexts where 'emotional and material needs

are satisfied, social relations are present, self-confidence and self-valuing are strengthened and skills and capabilities are realised' (Nussbaum, 1999, p.24).

Fleuret and Atkinson (2007) set out a model of 'spaces of wellbeing' that attempts to capture the complex configuration of socio-spatial positions and relations which constitute wellbeing. On their view, wellbeing does not comprise a set of entities which may be individually acquired or achieved, but is conceptualised as a complex assemblage of relations between people and places 'that are dependent on the mobilisation of resources within different social and spatial contexts' (Atkinson, 2013. p.141). Framing wellbeing as relational and emplaced therefore demands a move away from approaches which are concerned with enhancing resources for individual acquisition towards attending to the social, material and spatially situated relationships through which individual and collective wellbeing are affected (Kearns and Moon, 2002; Atkinson, 2013b).

In re-focusing attention on to the spatial contexts, constitutions and configurations through which wellbeing emerges, health geographers have arguably gone some way in taking the wellbeing concept forward. However it is argued by Andrews et al (2014) that health geographers could go further to 'think about the specificity of such spatial contexts, constitutions and configurations and how these are actively performed' (Andrews et al, 2014, p. 210. See also, Anderson & Harrison, 2010).

This approach to health geography does not conceive of wellbeing as a state of life, nor as something that can be individually acquired or achieved. Rather wellbeing is thought to emerge as an affective environment, the physical interactions between bodies and then feeling of those interactions, as they occur in the moment. These are what Andrews et al (2014) describes as the 'basic ingredients' of wellbeing, the coming together of human and non-human bodies as a series of powerful sensory happenings.

This particular approach to wellbeing therefore encourages health geographers to focus on the different relationships that are enacted within different spaces and the various subjects and objects that comprise therapeutic assemblages. Such developments therefore seek to circumvent health geography's on-going commitment to a broadly 'representational' or social constructivist paradigm, and corresponding attempts to discover the representations,

meanings, attachments and identities associated with specific localities (Andrews et al., 2014; Andrews & Moon, 2005; Kearns & Collins, 2000; Parr, 2002; Parr, 2004). Indeed, whilst these endeavours have done much to demonstrate the importance of place for health, they tend to overlook the processes of change and disruption that 'lead to the formation of specific therapeutic geographies and the opening up and closing down of therapeutic possibilities' (Gorman, 2017b, p. 318).

Whilst Andrews focuses on the more immediate aspects of wellbeing, I argue however that attention must also be given to the disruptive power of such affective atmospheres, if wellbeing is to become a stable and measurable outcome over the longer term (Atkinson, 2013b). This requires researchers working in the field to think critically about the way in which affect works antagonistically to disrupt our habituated practices, modes of perception and everyday routines and to 'try to capture the transfer of affectual energies that may play a part in jolting individuals to see and feel differently' (Patterson, 2005b, p. 165). This involves an examination of the transformative potential of certain affective environments and how these may facilitate the destabilisation or disruption of habituated practices and open up new relational assemblages to produce positive wellbeing outcomes over the longer term. For, it is 'the transformative power of the therapeutic encounter that is at the heart of what we seek to understand' (Doughty, 2012, p. 37).

3.7 Non-Representational bodies: human and non-human

In this section, consideration is given to non-representational theorisations on the body, both human and non-human, and how these might help me to think through some of the other issues that are important for this thesis. Namely, disability and disabled people's experience of health and impairment; and the role of animals in the co-construction of healthy places.

3.7.1. The human body

Philosophers from the Ancient Greeks to the postmodernists have sought to define and understand the body, however there has been little agreement about the meaning of the term or even what a body is (Nast and Pile, 1998). Indeed, it is argued that the meaning of the word body has tended to be assumed as self-evident (Pile and Thrift, 1995). Yet there are

many different ways in which we use our bodies and the term encompasses a 'bewildering variety of meanings: it is equivocal, often ambiguous, sometimes evasive and always contested by those who attempt to understand more fully its meaning' (Pile and Thrift, 1995, p.6).

Over the last few decades the body has become an important topic for social theory (Foucault, 1980; Featherstone, 1983; Turner, 1992; Shilling, 1993) and social scientists (including geographers) have drawn on a number of different theoretical approaches, including psychoanalysis, phenomenology and post-structuralism, in order to elucidate the body concept. Post-structuralist theory is, perhaps, one of the most common approaches in geography used to understand what it is to have a body. On this approach the body is conceived as a surface to be 'etched' (Longhurst, 2010) by cultural and social processes (Turner, 1992) or discourses (Foucault, 1980). For example, Foucault's (1980) social constructivist theory argues that the body is socially constructed through discourses that are based on shared understandings, discursive practices and social norms. In this way the body is thought of as textual in essence, as 'parchment for society's discourses' (Longhurst, 2010). Social constructivist interpretations of the body tend, therefore, to emphasise the regulatory or oppressive aspects of body production. Given this, whilst such approaches give an insight into how the body is shaped by socially constructed discourses and practices, they say rather less about what it is to live as embodied being (Shilling, 2000). Indeed, post-structuralist theorising on the body has been heavily criticised for portraying bodies as 'fleshless linguistic territories' (Longhurst, 2010) where the capacities of individuals, their weight, age, gender or skin colour are not given due recognition (Longhurst, 1997; Longhurst, 1995). What is more, focusing on bodies as social or theoretical entities only serves to reinforce hegemonic bodily practices and politics and does little to further feminist, socialist, anti-racist or disability political agendas (Longhurst, 2010).

As a partial response to such concerns, Rose (1995) observes that there has been an increased interest in the corporeal in geography, as demonstrated by a proliferation of studies which have sought to understand how human beings experience and live in the world as embodied beings. Such studies draw on the work of phenomenological thinkers such as Merleau-Ponty (1962), and seek to discover how we experience the world through our bodies arguing that

subjectivity begins and ends with the physical body. More recently, non-representational theorists have begun to develop this project further. This signifies a move beyond studies that focus on individual subjectivity in embodied experience, to studies that focus on how our bodies take shape through their interactions with other bodies and things (Macpherson, 2010). On this formulation of embodiment, bodies are not individually bounded entities, but become describable as they move through and interact with the world (Latour, 2004). To have a body is, therefore, 'to learn to be affected, moved, put in to motion by other entities, humans or non-humans' (Latour, 2004, p.206). As Macpherson (2010) observes, our physical body is not fixed and constantly in process such that our sense of embodiment is dependent on 'how our bodies are put to use' (Macpherson, 2010, p. 9).

Recent work by disability geographers has also sought to conceptualise the disabled body in these terms (e.g. Imrie, 2003; Imrie and Edwards, 2007; Macpherson, 2010; Stephens, Ruddick and Mckeever, 2015; Hall and Wilton, 2016). Drawing comparisons with the social model of disabled experience (Oliver, 1983), Macpherson (2010) argues that non-representational understandings of embodiment reveal how people's experiences of disability are realised as they move through and engage with particular landscapes or settings. This so-called relational materialist approach to disability studies therefore directs attention to the ways in which subjective experiences of both disability and non-disability emerge through shifting relations with other bodies, objects and spaces (Hall & Wilton, 2016). In this way, the disabled body 'becomes more and more describable as the body comes into contact with and is potentially disabled by particular landscapes and social environments' (Macpherson, 2010, p.4). These approaches therefore emphasise the incomplete process of human 'becoming' and the various networks and assemblages that shape subjective experiences of disability (Hall & Wilton, 2016).

As with the social model, non-representational approaches to the body and disability are, therefore, keen to understand disability as a process rather than something that is biologically determined. At the same time, non-representational theorists argue that the social model's almost exclusive focus on representation and identity has resulted in a neglect of the diverse and difficult materialities of the lived impaired body (Hall & Wilton, 2016). Yet the physical and mental state of the body 'its fleshy reality' is central to an individual's experience of

health and impairment (Hall, 2000). Given this, recent work on disability has sought to elucidate an embodied geography of the body that recognises, firstly, the importance of the physicality of the body, 'the blood, brain and bone' (Hall, 2000, p. 12) and secondly, the idea that this physicality is not purely biological, but in fact a complex interaction between society and biology (Macpherson, 2010). Such an understanding may, therefore, go some way in re-focusing attention onto people's lived experiences of disability, whilst at the same time acknowledging the different ways in which an individual's material relations with other bodies and things serves to produce and reproduce the disabled body (Hall & Wilton, 2016).

3.7.2. Non-human bodies: introducing animal geographies.

Animals other than humans have received significant attention in the geographical literature (Emel, Wilbert and Wolch, 2002) as demonstrated by two distinct approaches to the discipline, zoogeography and cultural geography.

Zoogeography (or now more commonly referred to as biogeography) is typically affiliated with the physical or natural sciences and denotes the scientific study of animal life, their geographical distribution on the earth and patterns of spatial co-variation between animals and their environments (Wilbert, 2000). Zoogeographers have, therefore, been concerned with the evolution of species and how animals adapt to different ecosystems (Whatmore, 2006). By the latter half of the 20th century however, animal geography was to take a 'cultural turn', manifest by a proliferation of studies that focused on the way in which human cultures have influenced, and are influenced by, their environment (Emel, Wilbert and Wolch, 2002; Whatmore, 2006). This 'second wave' of animal geography addressed issues around animal domestication and ways in which farming practices influenced landscape change (Sauer, 1952) and the interactions between animals and human cultures (Bennett, 1960).

In the 1990s, the emergence of new research in social theory and cultural studies led to a renewed interest in human-animal relations that went beyond a conceptualisation of animals as 'mere signifiers of human endeavour and meaning' (Wolch and Emel, 1995, p. 633). This new wave of animal geography was, therefore, keen 'to explore the complex nexus of spatial relations between people and animals' (Philo and Wolch, 1998, p. 110). Particular attention was given to the way in which animals influence culture and how our socially constructed

conceptions of animals shape identities, both personal and collective (Anderson, 1997). Work in this field has included studies that have examined the way in which pet ownership shapes familial relations within the home through 'boundary negotiations, close interaction, cohabitation and engagement' (Andrew, 2008: 552). Other studies have focused on the way in which wild animals, such as dolphins, are represented in ecotourism (Besio, Johnston and Longhurst, 2008) on the inclusion or exclusion of certain types of animals from urban places (Griffiths, Poulter and Sibley, 2000) and on the social and aesthetic ideals that underpin the wildlife conservation movement in the UK (Lorrimer, 2008).

New cultural geography therefore argues for the role of animal subjectivity and agency in the making of places. Indeed, as Johnston (2008) writes:

> "*taking the nonhuman seriously needs to be more than a matter of recognition of the ways in which animals affect the lives of human beings, it requires the very cry of the nonhuman to be heard.*" (Johnston, 2008: 636)

This forces animal geographers to reassess what it means to be a subject and what forms of intelligence or cognition count (Panelli, 2009). To this end, there has been a sustained interest within non-representational theory on non-human agency and subjectivity (Thrift, 2008). On a non-representational approach, 'the bounds between subject and the object become less easily drawn' (Thrift, 1996a, p. 2), thus cutting across the socially constructed divide placed between the human and non-human. On this view, issues of relationality, embodiment and performance (as opposed to individual cognition or personal experience) are thought to foreground subjectivity and the agency of things (Hitchings, 2003; Cloke, 2004; Fox, 2006; Whatmore, 2006).

This conception of subjectivity makes non-humans relevant actors in social life not only because they help to shape, and are shaped by, human social cultural practices and norms but also because they are able to actively inform or 'act back' into these practices and norms (Whatmore, 2006). A relational ontology such as this has implications for how we conceive of the relationship between humans and non-humans, and challenges notions of human supremacy or autonomy (Emel, Wilbert and Wolch, 2002; Whatmore, 2002).

Whilst hitherto relatively unexplored in the literature, I think this also has implications for how we conceive of the relationship between animals and human health. Indeed, the animals-as-therapy literature has a tendency to frame the animal-client relationship as somewhat passive and one-directional and assumes that mere physical contact with an animal is sufficient for therapeutic gain. Such an approach therefore fails to adequately interrogate the material and embodied nature of the interactions between humans and non-humans in animal assisted therapeutic interventions. To this end, recent work on therapeutic landscapes and animal geographies has begun to interrogate the more-than-human dimensions of therapeutic spaces in community-supported agriculture and care farms (Gorman, 2017b). Such explorations therefore draw attention to non-human animals and their role as co-constituents and co-participants of therapeutic spaces.

3.8 Concluding remarks

Having explored those theoretical literatures that are deemed relevant to the thesis, the question still remains, what does all this mean for a study on the therapeutic landscape experiences of people with intellectual disabilities engaged in care farming activities?

Drawing on the therapeutic landscapes literature, this chapter has argued for an alternative theoretical approach through which to explore the experiences of people with intellectual disabilities engaged in care farming activities. One that focuses on the relational, embodied, and contextual nature of the relationship that exists between people and place. Non-representational theory spurs this debate further forward by considering the various assemblages of bodies (both human and non-human) and things that can affect a space 'becoming therapeutic' (Gorman, 2017b p. 318). Such observations encourage health geographers to focus on the relational, affective and multi-sensory experiences of health and wellbeing in place, and ways in which these place experiences are enacted over time.

Framing wellbeing as relational and emplaced also draws attention to the social, material and spatially situated relationships through which individual and collective wellbeing are affected. In an exploration of the therapeutic landscape experiences of people with intellectual disabilities engaged in care farming activities, this requires an examination of the contexts and networks within which people with intellectual disabilities live and the ways in which

therapeutic interventions, like care farming, may facilitate the destabilisation or disruption of habituated practices and open up new relational assemblages to produce positive wellbeing outcomes. Related to this, is a need to gain a deeper understanding of participants' lived experience of disability; how this is enacted in different places and settings and ways in which these experiences facilitate or hinder wellbeing. To this end, I argue for a non-representational inspired approach to the body and disability. One that recognises the importance of the physicality of the body in the experience of health and impairment, but which also gives due recognition to the environmental, social and cultural barriers that are the root cause of marginalisation and social exclusion.

As I shall demonstrate in the next chapter, this particular theoretical approach requires the use of innovative and creative methods. In doing so, it was my aim in this thesis to capture those more-than-representational aspects of lived experience, including embodied and situated practices as well as bodily movement and exchange that are so often lost in text and talk based approaches to social research.

Chapter 4. Researching therapeutic landscapes: a visual ethnographic methodology

4.1. Introduction

Drawing on theoretical developments within cultural geography and the health geography literature, I have argued for an approach to research on therapeutic landscapes that enables me to think through the material, embodied, relational and inter-subjective elements that foreground people's therapeutic landscape encounters. In a study on the wellbeing effects of care farming, this necessitated a detailed exploration of participants' embodied engagements with various features of the care farm environment and ways in which these served to facilitate or hinder the formation of a therapeutic landscape experience. In order to ascertain the effects of care farming on people's wider lives, I also sought to examine if and how these different forms of socio-environmental engagement impact (positively or negatively) on participants' networks of social, material and spatially situated relationships. Contrary to much of the research on therapeutic landscapes, this required me to observe the broader set of place relations within which participants were imbricated and to look at longer segments of people's lives than is usual in the field.

In attempting to achieve the aims of the thesis, this research adopted an in-depth, qualitative, ethnographic approach in order to access first-hand the views, experiences and actions of people with intellectual disabilities engaged in care farming activities. This chapter begins by outlining my methodological approach for this study and rationale for the different methods used. Sections 4.3 to 4.5 provide a detailed overview of the study design, including the recruitment and sampling strategy and the data collection and analysis process. In sections 4.6 and 4.7 consideration is given to ethical issues and steps taken to ensure validity and reliability in the study. In the final section I critically reflect on the added value of using video in ethnographic research with people with learning disabilities, and how well this method worked in practice.

4.2. Researching therapeutic landscapes: an ethnographic methodology

The last 20 years has seen a shift from medical geography's focus on disease ecology to a more place-centred approach which looks at the broader context through which specific

health conditions arise (Eyles and Williams, 2008). This has brought about a wider engagement with qualitative methods of inquiry that emphasise the culturally constructed and experiential aspects of health as this relates to a variety of settings. To this end, ethnographic approaches are particularly well suited to exploring the processes and meanings that underlie people's health beliefs and practices (Doughty, 2013). This includes studies that have used ethnographic methodologies to generate qualitative data on local residents' self-reported place experiences, which are then 'mapped' against statistical data using Geographic Information Systems (GIS) (Dennis *et al.*, 2009; Powell, 2010; Clark, 2011) as well as ethnographic explorations of black and minority ethnic groups' perceptions of health in their local communities (e.g. Schulz & Lempert, 2004; Burbank, 2011). Other studies have used ethnographic methods to focus more explicitly on people's embodied and sensory experiences of health and impairment as this relates to place (Brown, 2017, Doughty, 2013; Lammer, 2014; Pink, 2007; Sunderland, Bristed, Gudes, Boddy, & Da Silva, 2012).

A recent theoretical interest in embodied experience, practice and performance as well as post-structural approaches to knowledge production leaves ethnographic approaches, such as participatory or observational methods, especially well placed for this kind of research (Doughty, 2013). This is particularly relevant for geographic research, where sense of place may often be revealed, not only though the meanings and 'symbolic markers' that people attach to specific localities, but also through the 'practices, reactions, cursory comments and facial expressions' (ibid p.553) that are constitutive of our place experiences. To this end, there have been some innovative methodological developments within the sub-discipline of cultural geography, specifically the use of visual methods, which aim to capture the various skills, embodied practices and human-nonhuman interactions that so often escape 'text and talk based' approaches (Lorimer, 2010, p. 242).

For this study a range of qualitative ethnographic methods was used to gather information on the views, experiences and actions of people with intellectual disabilities engaged in care farming activities. This included the use of visual methods, such as photography and film, alongside more 'traditional' ethnographic methods including, participant observation and qualitative interviewing. In the remainder of this section, I shall provide an overview of the various methods that were employed in this ethnographic study and rationale for their usage.

4.2.1. An ethnographic case study approach

This study adopted an ethnographic case study approach through which to understand the experiences of people with intellectual disabilities engaged in care farming activities. Case study research is defined as an empirical inquiry that investigates a contemporary phenomenon within its real-life context, when the boundaries and context are not clearly evident, and in which multiple sources of evidence are used (Yin, 1984, p. 23). In this study, participants with intellectual disabilities were viewed as the cases or 'unit of analysis' (Cousin, 2005, p. 421) where this approach sought to facilitate the exploration of a phenomenon within its context. In adopting this particular methodological approach, it was therefore possible to explore the experiences of people with intellectual disabilities engaged in care farming activities in extensive detail using a variety of ethnographic methods of data collection, which I outline in more detail below.

4.2.2. Video Ethnography

Video ethnography involves an approach to ethnographic research that engages with audio-visual media and methods throughout the process of fieldwork, analysis and presentation (Pink, 2001). Within the field of anthropology, there has been a tendency to assume that ethnographic video should form an objective and unedited visual depiction of a particular society or cultural practice as 'part of a project of recording objective reality' (Pink, 2001, p. 105). However, as Pink (2001) and others (e.g. Dipesh, 2015, Garrett, 2010; Knoblauch & Schnettler, 2012; Knoblauch, Schnettler, Raab, Soeffner, & Luckmann, 2006; Rose, 2001) have argued, whilst this may prove useful for certain kinds of social research, it relies on the assumption that there is an objective reality 'out there' waiting to be observed and recorded. This implies that by collating audio-visual data we may be able to extract objective information about our participants. Yet just because something is visible does not necessarily make it true (Pink, 2001). Rather than conceiving of audio-visual data as a means of recording reality on videotape it is better, therefore, to think of this kind of method as a useful means of representing 'those aspects of experience that are visible' (Pink, 2001, p. 51). Moreover, it is important to recognise that these visible elements of experience will be given different meanings as different people use their own subjective knowledge to interpret them. This

particular epistemological perspective was to significantly inform my own methodological approach and the way in which I chose to record, analyse and represent the audio-visual data collated during the fieldwork phase of this study.

Observing and video recording human experience and behaviour is an established technique in ethnographic research, and video is advocated as a useful ethnographic tool because of its ability to capture aspects of lived experiences that may otherwise be lost during observational field noting (O'Reilly, 2012). This is because video has the potential to generate an 'ethnographic awareness of largely unspoken processes' (Grasseni 2004, 12) such as facial expressions, gestures, voice intonations and other bodily movements, all of which have important communicational value. In this way, camera aided participant observation can provide a way of retaining some of the material context and detail of the practices under scrutiny and encourages the researcher to explore issues around multi-sensuality, the body and performance. Given this, audio-visual data can provide a valuable supplement to field observations for geographers interested in the more-than-representational aspects of experience, as moving images offer a 'means of witnessing various forms of knowledge, skill and embodied practice that can escape text and talk-based approaches' (Lorimer, 2010, p. 242).

In view of these observations, it was intended that this research method would provide a means through which to preserve some of the visual, aural, sensual and embodied aspects of experience, which may otherwise have been lost during observational field noting. Indeed, whilst video is essentially an audio-visual medium it has been argued that video, especially good quality and high definition footage, has the potential to evoke olfactory and tactile sensory perceptions as well (Garrett, 2015). In this way, whilst 'video does not quite bridge the gap in to becoming embodied experience (yet) it is the medium which most likely conjures a multi-sensual facsimile of experience' (Garrett, 2010, p. 220).

Researchers working in the field of disability studies have also advocated the use of video in participatory research (e.g. Ignagni and Church, 2008; Manning, 2010; Cain, Jennings and Poxon, 2013; Sitter, 2015). Whilst there are only a handful of studies that have utilised this approach in research with people with intellectual disabilities (e.g. Sitter 2015; Burford and

Jahoda 2012; Rojas and Sanahuja 2012) it is argued that video can be an extremely useful methodological tool. This is because video is able to capture non-verbal methods of expression, such as body language, facial expressions, voice intonations and physical interactions, which have important communicational value (Rojas and Sanahuja, 2012b). In this way, it has been suggested that video has the potential to make visible the perspectives of people with intellectual disabilities who may prefer to use non-verbal forms of communication.

4.2.2. Photographic Participation

Among the more common visual methods used in participatory research with people with intellectual disabilities are photographic participation and elicitation techniques (e.g. Aldridge, 2007; Booth & Booth, 2003; Mathers, 2008). These methods have been used as a way for participants to document their own lives and the people, places, interactions or events that are important to them. In this way, the use of photographic participation methods have been argued to shift the balance of power by offering people with intellectual disabilities more control over how they represent themselves and how they depict their situation (Booth & Booth, 2003).

Contrary to scientific-realist approaches to visual research that utilise photographs as a method for 'scientific' documentation, contemporary visual ethnographers adopt a more reflexive approach, one that views photographs as subjective framings of the places and persons that hold meaning for participants. In this way, it is argued that photographs can help to evoke the multi-sensory and affective dimensions of places 'as experienced through the subjectivity of the research participant' (Pink, 2011, p. 265), and interpreted through a mutual collaborative engagement between the researcher and participant.

Enabling people to document their own lives through photographs can also enable researchers to capture important aspects of people's life worlds where it may be ethically and/or organisationally problematic for the researcher to be physically present (see section 4.6.) The use of photographic participation techniques in my own research therefore enabled me access to a whole range of places that may facilitate (or hinder) wellbeing, including participants' homes, friends' or families' homes, as well as places of work and leisure.

The use of photographic participation methods also reflects a commitment to the tenets of inclusivity and collaborative research. Indeed, it was my aim in this study to ensure that people with intellectual disabilities were treated as active participants and were involved in the process of doing research in meaningful ways. By giving participants the means to document their own lives it was intended that this would offer individuals more choice and control over how they chose to represent themselves.

4.2.3. Observant participation

Participant observation in ethnographic research is typically defined as time spent 'within a particular group or community setting for an extended period of time, making observations about people's behaviour and actions and listening to what is said' (Bryman, 2004, p. 361). To this extent, it could be argued that most social research adopts some form of participant observation as part of its remit as it attempts to access the social group, event or phenomenon that is being investigated (Hammersley and Atkinson, 2007). From this point of view, participant observation is not a particular research technique but a mode of being-in-the-world characteristic of researchers.

Following Thrift (2000) and others (e.g. Dewsbury, 2009; Pratchett, 2012; Simpson, 2010) I use the term observant participation, rather than participant observation in order to draw attention to the 'serious empirical involvement' required for this kind of endeavour (Dewsbury, 2009, p. 67). Such an approach consists of 'talking, witnessing, sensing and listening to the more experiential and felt qualities of performing and performances' (Morton, 2005, p. 668). Indeed, it has been argued that whilst the body has become an important object of study, 'it is not yet something through which the research is often done' (Crang, 2005, p. 232). This treats the body as a legitimate source of experiential knowledge and encourages the researcher to use his or body in the field as a recording machine (Simpson, 2010). To this end, the act of participation in whatever practice or experience being investigated becomes, in-of-itself, an important means through which to understand the 'co-fabrication' of worldly phenomena (Dewsbury, 2009). Dewsbury cautions however that 'this is not an argument for losing ourselves in the activity and deterritorialising ourselves completely from our academic remit' (2009, p.326). Indeed, rather than immersing ourselves so completely in the

phenomena being studied that we in-fact become the phenomena, the aim is to adopt a witnessing stance that is 'orientated towards being in tune to the vitality of the world as it unfolds' (Dewsbury, 2003, p. 1923). In my own research, this method of observation therefore entailed a detailed description of, and reflection upon, embodied and emotional experiences, inter-subjective and material exchanges and human (and non-human) interactions as they unfolded in real-time space.

4.2.4. Qualitative Interviews

Qualitative interviews are the most common form of data collection in qualitative research (Mason, 2002) and constituted a significant source of data for this study. Despite significant variations, it is argued that all qualitative interviewing has certain core features in common:

1. The interactional exchange of dialogue (between two or more participants, in face-to-face or other contexts.

2. A thematic, topic-centred biographical or narrative approach where the researcher has topics, themes or issues that they want to cover, but with a fluid and flexible structure.

3. A perspective regarding knowledge as situated and contextual, requiring the researcher to ensure the relevant contexts are brought into focus so that situated knowledge can be produced.

(Adapted from Mason, 2002, p. 62)

Whilst unstructured or semi-structured interviews are an established method in qualitative research, researchers who use this method with people with intellectual disabilities are often faced with certain challenges. These are to do with the fact that researchers may fail to elicit the depth of response that is typical of qualitative research (Lewis and Porter, 2004). This may often be linked to issues around low self-esteem, unequal power dynamics or barriers to communication (Clarke *et al.*, 2005). The challenge therefore, becomes how researchers elicit qualitatively rich data without having to rely on other people to articulate the views, perspectives and experiences of people with intellectual disabilities.

The use of photographs in qualitative interviews, otherwise known as photo interviewing, or photo-elicitation, has become an increasingly popular methodological technique for accessing the views, experiences and beliefs of populations who might otherwise be excluded from participating in research interviews (Aldridge, 2007; Wiles *et al.*, 2008). Whilst the use of video as an elicitation technique in qualitative interviews is far less common, this method has been utilised in several studies to generate participants' accounts of an event, gain insight into a particular point of view or learn more about the practices and meanings that relate to a particular setting (Forman, & Fetters, 2011; Henry & Fetters, 2012). To date however, there have been no studies (to my knowledge) that have utilised video in this way during a study with people with intellectual disabilities. In adapting this method to suit the needs of the people who took part in this study, it was therefore my aim to engage participants more fully in the interview process, and to elicit a greater depth of response from those who may find verbal communication challenging.

It has also been suggested that the use of video elicitation techniques also provides a useful way for researchers to cross reference and/or validate their own interpretations of the video data (Henry and Fetters 2012). This was important for the methodological approach adopted in this study, which recognised that there was no 'correct' way to interpret the audio-visual data, and that these images may well be given different meanings depending on who is viewing them.

Having now outlined the methodological approach used in this study, sections 4.3. and 4.4. set out in more detail the research design, including sampling strategy and methods of data collection, as well as a comprehensive overview of the fieldwork process and project timeline.

4.3. Participants and Recruitment

4.3.1. The care farms

According to Care Farming UK (2017) there are approximately 250 care farms currently in operation in the UK. For this study, three care farm organisations delivering services to people with intellectual disabilities and autism spectrum condition were recruited to participate in

the research. Three care farms were selected, as this was deemed a sufficient number of sites, through which to recruit the requisite number of case studies (see section 4.3.2). These settings were selected in particular, with the aim of reflecting the different types of care farms currently in operation in the UK, from commercially orientated or 'real' farms (where care farming constitutes an additional source of funding alongside food production) to farms that offer care services as their main or sole activity, delivered though charitable organisations or social enterprises (see table 4.1.) It is also important to note here that selected care farms had all recently recruited new starters to their care farming programme. This was important for the recruitment of 'case study' participants, the reasons for which I shall demonstrate in section 4.3.2.

Table 4.1 The care farms

Care Farm A	
Location:	East of England
Farm Type:	Mixed 7 acre smallholding with areas of woodland, pasture and fruit and vegetable growing areas. Animals include alpacas, goats, chickens, quails and bees.
Staff:	Family run business with 2 part time members of staff.
Client Groups:	Autism Spectrum Disorder, intellectual Disabilities, Mental Illness and Dementia
Activities offered:	Animal care, fruit and vegetable growing, woodworking and crafts, farm maintenance projects, conservation activities and woodland management.
Funding Sources:	Client fees paid by local authorities or social services and self-generated funds.
Care Farm B	
Location:	South West of England
Farm Type:	100 acre working organic beef farm with areas of high conservation value. Other animals on the farm include hens,
Staff:	4 full time permanent members of staff with experience of working on a farm and/or supporting people with Autism.
Client Groups:	Autism Spectrum Condition
Activities offered:	Animal care, planting, wetland and woodland care, personal development with health and safety, woodwork, training for work, cooking and leisure and recreation in the countryside.
Funding Sources:	Client fees paid by local authorities or social services; charitable donations; central government; commercial food production.
Care Farm C	
Location:	South West of England
Farm Type:	80 acre organic commercial farm rearing free-range chickens, sheep, beef cattle and pigs.

Staff:	6 permanent, part time members of staff with farming, teaching and/or care work experience.
Client groups:	Autism Spectrum Condition and people with intellectual
Activities offered:	Animal care, horticulture and vegetable growing, educational courses and work based training, cooking, leisure and recreation activities.
Funding sources:	Client fees paid by local authorities or social services; charitable trusts/donations; central government; commercial food

4.3.2. Participants

The study adopted an in-depth and intensive 'case study' approach where individuals were viewed as the case studies.

Case study participants were selected on the basis that they had recently been enrolled on a care farming programme and were identified as having an intellectual disability and/or developmental disability (seven participants were recruited in total. See Table 4.2). In selecting new starters, it was hoped that this particular sampling strategy would enable me to track the progress of case study participants during their first year on a care farming programme and to gather subjective data on participants' experiences of care farming and the wider impact of these kinds of activities. Whilst it was hoped it would be possible to recruit participants reflecting a range of socio-demographic characteristics (e.g. age, gender and ethnicity) the predominant users of the care farms that I visited were White British men of college or school leaving age (i.e. 18-24). This is broadly reflective of my participant sample (see table. 4.2).

The study also recruited additional individuals that made up case study participants' wider networks of professional and personal relationships. This included staff based at the care farms that participants attended as well as family members and/or paid carers with primary responsibility for supporting case study participants (usually three additional participants were recruited per case study, thirteen additional participants in total. See Table 4.2.). In doing so it was intended that this study would gain a more holistic and comprehensive picture of case study participants' life worlds. What is more, by including sector professionals in the research, this study also sought to gain a deeper understanding of the views and experiences

of those directly involved in delivering care farming initiatives, and whether these kinds of initiatives are perceived by them to produce positive outcomes for people with intellectual disabilities.

Permission to contact potential case study participants was sought through the care farm settings included in this study, after which initial meetings were set up with prospective participants (accompanied by a family member/carer where requested) either at the care farm setting which they attended or at another location of their choosing. Potential participants were offered the choice to decide whether to take part in the study at the time of the initial meeting, or to take more time to decide. In circumstances where an individual chose to wait to take time to think over the decision about participating, I provided them with a copy of the project information sheet explaining the research (produced in an accessible format where requested, see appendix 2) to take away and review before making their decision. I then arranged to meet with potential participants after a minimum of seven days to discuss the study and answer any further questions. When an individual did decide to take part in the research they were then asked to sign a written consent form, produced in an accessible format (see appendix 3). Upon gaining informed written consent from case study participants, I then sought to obtain consent from additional participants associated with each case study individual (i.e. parents/carers and care farm staff) following a similar procedure.

Table 4.2 Study participants

Case Study 1. Jack				
Name	Age	Gender	Participant type	Additional Information
Jack	37	Male	Case Study	Jack has the label 'Asperger's syndrome' and 'learning disability'. Until recently he lived at home with his mother and father in a semi-detached house in the urban fringes of a small city in the South East of England. Jack started attending care farm A in the summer of 2014 following a referral by his social worker. Jack loves gardening and playing computer games. Jack describes himself as someone who suffers from low self-esteem and often finds social situations challenging.
Wendy	59	Female	Parent	Wendy lives with her husband and her son Jack. Wendy does not work but cares for her husband at home, who has persistent health problems. Wendy has another grown up daughter who lives locally and is the grandmother of three young children.
Lisa	45	Female	Farm Staff	Lisa and Liam are a married couple who jointly manage care farm A. Lisa is a solicitor and Liam works in the public sector. Both work part-time in addition to running a small care farming enterprise. Whilst neither has a farming background they have previously worked with children with special educational needs.
Liam	54	Male	Farm Staff	
Case Study 2. Simon				
Name	Age	Gender	Participant Type	Additional information.
Simon	23	Male	Case Study	Simon has the label 'learning disability'. He lives with his mother and brother in a terraced house on a housing estate in a small city, in the south east of England. Simon first started attending care farm A in the summer of 2014, and was their first client. Simon is a very sociable and friendly individual. He enjoys meeting new people and is very confident in his dealings with others. Simon sometimes finds it difficult to make other people understand him in conversation and needs help to perform everyday tasks. He loves dancing, animals, computer games and playing darts.
Cassandra	63	Female	Parent	Cassandra is a single parent of three. She lives with two of her sons (including Simon) and their two dogs. Cassandra works part-time in retail.
Lisa	* see above			

Name	Age	Gender	Participant Type	Additional information
Liam				

Case Study 3. James

Name	Age	Gender	Participant Type	Additional information
James	23	Male	Case Study	James has the label 'learning disability' and 'person with autism spectrum disorder'. He lives at home with his mother in a terraced house in a small city in the South East of England. James started attending care farm A in September 2014, following a referral by his social worker. James is a self-proclaimed film buff and loves going to the cinema. James can sometimes become very anxious and finds it difficult to spend time in crowded or noisy places. He is very close to his mum and spends a lot of time at home with her and does not tend to socialise with many other people other than family and close family friends.
Tilly	58	Female	Parent	Tilly is a single parent and has no other children. She is currently unemployed and looks after her adult son full time. Tilly and James are not originally from the area, but moved there only a few years previously to be nearer to Tilly's sister and her family
Lisa	* see above			
Liam				

Case Study 4. Eliot

Name	Age	Gender	Participant Type	Additional Information
Eliot	21	Male	Case Study	Eliot has the label 'developmental disability' and 'person with autism spectrum disorder'. Eliot lives in a detached house in a semi-rural area of the South East of England with his mum, dad and sister. Eliot is highly sensitive to his surrounding sensory environment. He has a tendency to find new situations or unexpected events highly stressful and is prone to acute bouts of anxiety. Eliot is a talented cook and has a fantastic memory for dates. He loves to collect cutlery and walking in the countryside.
Sally	56	Female	Parent	Sally lives with her husband and two of her children (including Eliot). Her other daughter lives on the same street with her husband and 2 children. Sally works as an administrator at a local school 4 days per week, and spends the other days at home caring for Eliot.

Linda	54	Female	Farm Staff	Linda is the farm manager at care farm B. The farm is a family owned business and Linda has lived on the farm most of her life. Linda is a teacher by background and worked with students with autism for many years. Linda became interested in care farming around 15 years ago when she observed the benefits that some of her students received by coming to the farm and spending time with the animals. Since then, Linda has been devoted to developing a centre for young people with ASD on the farm and is a passionate advocate of the benefits of care farming.
Sarah	60	Female	Farm Staff	Sarah's primary role at care farm B is to support users to engage in farm-based activities. Like Linda, Sarah has a teaching background and recently retired from her role, as head of a special education needs school for young people with autism. Sarah knows Eliot and Jed (see case study 5) well as they were students at her school for a number of years and she works closely with them.
Case study 5. Jed				
Name	Age	Gender	Participant Type	Additional Information
Jed	21	Male	Case Study	Jed has the label 'developmental disability' and 'person with autism spectrum disorder'. Jed started attending care farm B in September 2014, upon leaving school. Jed finds verbal communication challenging and prefers to write his thoughts and feelings down on paper. Jed finds many social interactions difficult, although he loves working with animals and is very good at woodwork.
Carol	53	Female	Parent	Carol lives with her husband and two children (including Jed) in a semi-detached house on the outskirts of a small city in the South East of England. Carol's daughter (Jed's sister) also has ASD and Carol has spent many years actively campaigning to improve services for people with ASD. Carol is self-employed and works full time.
Linda	* see above			
Sarah				
Case Study 6. Neil				
Name	Age	Gender	Participant Type	Additional Information

Name	Age	Gender	Participant Type	Additional Information
Neil	23	Male	Case Study	Neil has the label 'moderate learning disability' and currently lives with his mother and sister on a housing estate on the outskirts of a city in the South East of England. Neil started attended care farm C in the summer of 2014, and was referred by his social worker. Neil suffers from very low self-esteem and has a history of depression, drug use and self-harming behaviour. Neil loves films and playing computer games and spends a lot of time at home with his mum and his sister.
Janice	57	Female	Parent	Janice is a single parent of 2 children (including Neil). Janice has a physical impairment that limits her mobility and is not in employment.
Sian	38	Female	Farm Staff	Sian is programme director for care farm C. Prior to this, she worked in community development and for an international NGO. Sarah volunteered at care farm C for several years before securing her current role and works 4 days a week at the farm.
Sandra	50	Female	Farm Staff	Sandra grew up on a farm where she developed an interest in conservation and sustainable agriculture. Sandra has a degree in biological sciences and has worked on various outreach programmes designed to engage local communities with the natural environment. Sandra works closely with Neil and Robert (see case study 7), particularly in the egg room.
Case Study 7. Robert				
Name	Age	Gender	Participant Type	Additional Information
Robert	46	Male	Case Study	Robert has the label 'learning disability'. He currently lives in a residential care home for adult males with a learning disability in the south east of England. Robert is a capable individual who is able to perform daily activities with relatively little support. Robert enjoys the company of other people, doing things like going out for dinner or to the pub, however he has experienced some difficulties in getting on with some of the other residents at the residential home where he lives.
Matthew	55	Male	Carer	Matthew is a qualified support worker and is employed by the residential care home where Robert lives. Matthew has known Robert for several years and has worked with him very closely during that time. He has attended care farm C to support Robert on numerous occasions.
Sian	*see above			
Sandra				

For the purposes of clarity, in this thesis I shall generally refer to case study participants (i.e. those individuals who use care farming services) simply as the 'participants'. The other people who took part in this study are referred to as 'parent', 'carer' or 'staff member' accordingly. For this study, pseudonyms are used in place of participants' real names in order to ensure participant anonymity

4.4. Study design and execution

To recap on the objectives of the research, it was my aim in this study to examine the therapeutic landscape experiences of people with intellectual disabilities engaged in care farming activities.

In order to achieve the aims of the research, data were collated longitudinally over a period of 10 months in order to ascertain the wider impact that care farming had on participants' everyday lives, over a sustained period of time. A period of 10 months was selected, as this was deemed a sufficient amount of time to gather longitudinal data on participants' progress, but not so long that participants were likely to forget about the study, lose interest in participating or cease attending a care farm (evidence suggests that the majority of service users normally attend a care farm for at least 1 year upon enrolling (Care Farming UK, 2016).

The fieldwork phase of this study comprised of two rounds of data collection. The first took place from July 2014 to October 2014, followed by a repeat round approximately 6 months later, from January to April 2015 (see Table 4.3). This particular research strategy was designed to track participants' progress during their first year on a care farming programme and to gather subjective data on participants' experiences of care farming and any wider impacts of these kinds of activities. To this end, a range of ethnographic methods of data collection was used for each case study (see Figure 4.1).
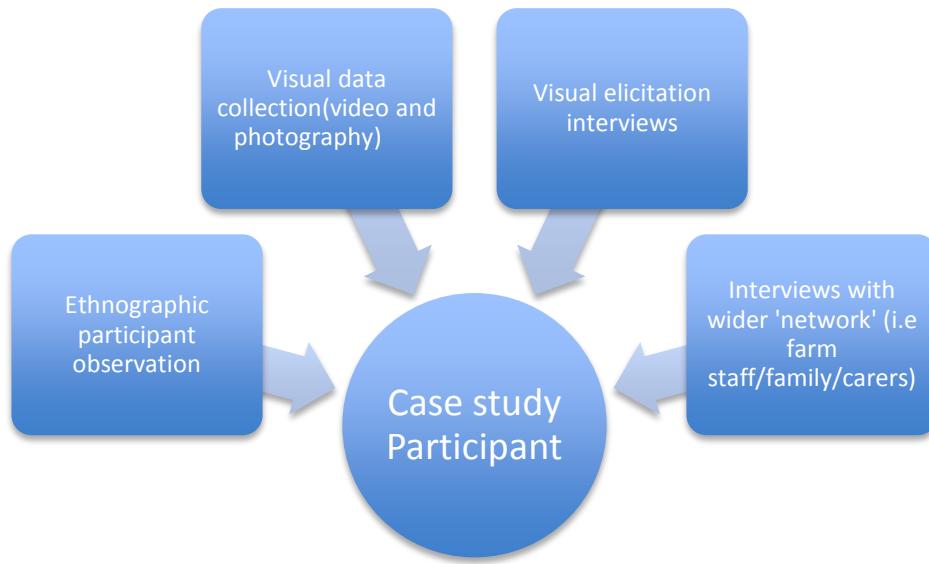
Figure 4.1 The case study design

The table below sets out the overall project timeline, followed by a more detailed overview of each fieldwork phase of the study.

Table 4.3 Project timeline

Date	Data collection method	Participant(s)	Detail of activity
March 2014	Video data; Visual elicitation interviews; Qualitative Interviews (pilot study)	Case Study; Farm Staff	2 days of filming; 3 interviews in total (35-60 mins)
1st round of data collection			
June 2014	Ethnographic participant observation	Case Study; Farm Staff	5 days spent at each care farm (15 days in total)
July 2014	Qualitative interviews	Farm staff; Parents/Carers	Baseline interviews; 12 in total (40-120 mins).
Aug-Sep 2014	Video data collection	Case Study	Baseline; 28 days of filming in total (4 days per participant)
Aug-Sep 2014	Photographic participation project	Case Study	10-25 photographs taken by each participant
Aug-Sep 2014	Visual elicitation interviews	Case Study	Baseline interviews; 7 in total (45-75 mins)
2nd round of data collection			
Jan 2014	Ethnographic participant observation	Case Study; Farm Staff	5 days spent at each care farm (15 days in total)
Feb 2014	Qualitative Interviews	Farm staff; Parents/Carers	Follow-up interviews; 12 in total (55-110 mins)
March-April 2015	Video data collection	Case Study	Follow-up; 28 days of filming in total (4 days per participant)
March-April 2015	Photographic participation project	Case Study	5-25 photographs taken by each participant
March-April 2015	Visual Elicitation interviews	Case Study	Follow-up interviews; 7 in total (35-60 mins)

Phase 1: Pilot study

Given the current lack of studies that have utilised video in ethnographic research with people with intellectual disabilities, the primary purpose of the pilot study was to trial the use of video methods and assess their potential for eliciting people's embodied and sensory experiences. The pilot study recruited two participants with intellectual disabilities (one male, and one female) who attended a care farm in the North West of England. The care farm manager and a supporting member of staff were also invited to take part in this phase of the project. The care farm that was the site of study for the pilot project is a social enterprise that caters for people with intellectual disabilities and those with severe mental health problems. The relative effectiveness of video methods in terms of their ability to engage people with intellectual disabilities in the research process were also considered, and the methodology was adapted accordingly. Indeed, whilst the use of video ethnography confers certain advantages for the current study, there were some ethical and practical considerations, which arose during the pilot phase of the project. Specifically, the pilot study highlighted a need to replace video with other methodological tools (such as photographic participation or ethnographic observation) in circumstances where this was deemed more appropriate and/or preferable to participants.

Phase 2: Site visits and participant observation

During fieldwork, a significant period of time was spent at each of the three care farm settings (see table 4.3.) in order to immerse myself in the research context. Fieldwork commenced in July 2014 with a series of site visits, where time was spent at each of the care farms getting to know farm staff and participants. This also provided me with an opportunity to familiarise myself with these environments and the different activities performed there and helped everyone to feel more comfortable with my presence prior to the commencement of the 1st round of data collection. A second series of site visits was conducted in January 2015 (prior to the 2nd round of data collection). These visits provided opportunities to keep in touch with study participants and ensured their continued engagement throughout the project. During all of these visits I collated extensive observational field notes on participants and my own behaviour, thoughts, feelings and actions, where these observational field notes primarily

performed a supportive and guiding element to the interpretation of interview and visual material and as a resource for researcher reflexivity.

Phase 3: Interviews with farm staff and parent/carer interviews

Whilst this study was primarily concerned with accessing the experiences, beliefs and actions of people with intellectual disabilities engaged in care farming activities, I felt it was also necessary to hear from other people that made up the participants' wider networks of professional and personal relationships. To this end, participants' family members and/or carers, as well as care farm staff were asked to participate in two semi-structured qualitative interviews (n=13, 26 interviews in total). Whilst these interviews aimed to cover several key questions or topics that were relevant to my research, I was relatively flexible in my approach so as to ensure that both the interviewer and interviewee were given sufficient room to explore certain ideas or pursue responses in more detail.

The first round of interviews with farm staff were designed to collate baseline information on the views and experiences of those directly involved in delivering care farm services to people with intellectual disabilities; their motivations for setting up/being involved in a care farm; their views on the benefits of care farming activities for people with intellectual disabilities and the impact that these activities were perceived to have on people's everyday lives. I also asked care farm staff more specific questions about the service users recruited for this study, the reasons why they had chosen to access these services and any specific goals or outcomes outlined from the outset (e.g. via care plans or individual learning objectives/outcomes).

The first round of qualitative interviews with family members or carers sought to gain a deeper insight into the lives of individual participants. Topics discussed included participants' hobbies and interests, relationships with family and friends, work life and/or educational background, individual needs and abilities and any relevant health related practices and behaviours. Family members/carers were also asked for their views on participants' motivations for enrolling on a care farm programme and what they would like service users' participation to achieve.

A second round of interviews was then conducted following a 6-month interval. During these interviews, farm staff, family members and/or carers were asked to give their views on the extent to which care farming had met the objectives set out for individual participants and the impact (positive or negative) that care farming had on people's wider lives. Specific topics discussed included any observable changes in mood, behaviour or relational capabilities; social networks (or lack thereof); the impact on relationships with friends or family; participants' emotional wellbeing and any perceived lifestyle changes or improvements to health.

Phase- 4 Video data collection and participant observation

Video-data were collated over a period of 10 months, where time was spent with each of the participants at the care farm they attended. The first round of video data was collated in August and September 2014, followed by a second round, which was collated in March and April 2015. During each round of data collection, I spent approximately 4 days with each participant, video recording them as they went about their daily activities. The purpose of this part of the research was to capture participants embodied and multi-sensory place experiences as they engaged with and moved through the care farm environment and provided a means through which to understand the meanings that people attached to these experiences and how they contributed (or not) to wellbeing. Indeed, whilst observational field notes and qualitative interviews can be a valuable source of knowledge in this regard, the video data added a richness and depth to the qualitative data that would not have been possible to achieve through other methods.

Whilst a large proportion of this time was devoted to video-recording participants as they went about their daily activities, I felt it was also important for me to spend time with participants without the video camera. Indeed, whilst the video camera proved an extremely useful method of data collection, its operation significantly limited my ability to physically participate in farm activities, given that my hands, and entire body, were otherwise occupied. It was decided, therefore, that time spent filming should be balanced against time spent simply 'being there,' getting to know participants, talking to them and helping with different

chores around the farm. Time spent without the video camera also enabled me to take observational field notes, in addition to those that were collated during phase 2 of the project.

Phase 5- photographic participation project

As well as providing a detailed exploration of participants' embodied and material engagements with various features of the care farm environment, a core aim of the study was to examine the wider impact that these different forms of socio-environmental engagement had on participants' everyday lives. This required me to access a whole range of places, including participants' homes, friends' or families' homes, places of work and leisure and other public spaces. To support this, participants were asked to take photographs that captured their everyday lives. This was designed   to help me to access participants' broader sets of place experiences, beyond the care farm in order to ascertain the wider impact that these kinds of encounters had on the everyday lives of participants. These photographs also provided a valuable visual resource during participants' interviews (see next section).

In this phase of the fieldwork, participants were given disposable cameras to take photographs of the people, places and events that were deemed important to them. It was my intention that this part of the project was to be as user led as possible. Therefore, I did not give participants specific instructions concerning where (or when) these cameras should be used, just that they should take photographs of the people and places that they encountered during a 'normal' week. Participants were asked to engage in this process twice during a 10-month period, with each participant taking between 10 and 50 photographs in total. It was intended that participants should have full control over this aspect of the study. Given this, participants were encouraged to take the photographs themselves, rather than relying on anyone else to take them on their behalf. There were occasions however when participants wanted to feature in the photographs themselves. On these occasions other people (such as friends or family members) were allowed to take photographs on participants' behalf, provided that they were done so at participants' request and with their expressed permission.

Phase 6- Visual Elicitation Interviews

This study also invited participants to take part in two qualitative visual-elicitation interviews. The first took place soon after participants' enrolment on to the care farm programme, the second approximately 6 months later (see Table 4.3). The purpose of this phase of the research was to gather longitudinal data on participants' experiences of care farming and to explore the wider impacts that participation in this activity had on people's lives.

Each round of visual-elicitation interviews took place soon after the video data collection and photographic sessions in order to ensure that participants had relatively fresh memories of the events, activities or social interactions being presented to them. The first stage of the interview involved inviting participants to watch edited versions of their video footage (approximately 6 minutes of video footage per interview). Selected scenes included those where an individual was perceived by me to be gaining some form of enjoyment or benefit from participation in a particular activity, certain events that may have constituted a negative experience for participants or scenes that evidenced a change in behaviour or relational capabilities. Participants were asked to describe in their own words what was taking place during these scenes and to recall any of the sights, sounds or smells that they experienced whilst these video recordings were being taken. Participants were also asked to describe what they most enjoyed or disliked about a particular event, social interaction or activity; how they felt emotionally during these scenes (e.g. happy, nervous, proud, excited, confident, scared); and whether (and in what ways) care farming had helped them to think and feel differently. The primary purpose of presenting participants with edited versions of the video footage was to provide them with certain visual cues designed to guide the interview process, prompt discussion and provide a basis for reflection.

Immediately following the video element of the interview, participants were then asked to discuss the photographs they had taken with the disposable cameras. The primary purpose of this part of the research was, therefore, to gain an insight into participants' lived and embodied experiences of places other than the care farm, and ways in which these place experiences may facilitate (or hinder) wellbeing. During this phase of the interview, I asked participants to describe in as much detail as they were able, the people and places depicted, why they had decided to take these particular images and to describe any emotions, sensory experiences or memories that these photos evoked.

4.5. Recording and Analysing Data

Rather than viewing ethnographic research as a means of recording objective truth or reality, I follow Pink (2001) in arguing that 'reality is subjective and is known only as it is experienced by individuals' (ibid, p. 36). This necessitated a reflexive approach to data collection and analysis and required me to critically reflect on the way in which researcher subjectivity and the process of doing research impacted on the knowledge that was produced (Davies, 1999). Whilst this is a concern for all social research, good reflexive practice is especially important in ethnographic research where the researcher is typically required to spend a significant amount of time with the society or culture being studied. Indeed, the relationships that are formed between ethnographers and participants have a crucial role to play in the research process whereby ethnographers typically 'help to construct the observations that become their data' (Davies, 1999, p. 32).

On this view, reflexivity in research is not so much about acknowledging the different ways in which researcher subjectivity can 'shade' or distort our interpretations of an otherwise objective and observable reality. Instead it is about being cognisant of the fact that knowledge produced in ethnographic research is a collaborative endeavour reflecting the subjectivities of both researcher and participants (Pink, 2015). A reflexive approach to ethnographic research that utilises subjective experience as part of the research process therefore goes beyond concerns relating to researcher bias, to look at how the collection and representation of data is negotiated between the researcher and the society or culture being studied (Pink, 2001).

This process of reflexivity was especially important when interpreting the data and required me to critically reflect on how my personal and biographical experiences influenced the way in which I analysed, presented and represented the audio-visual and text based data. In practice, incorporating this kind of reflexive approach into my research involved taking careful field notes or audio recordings of personal thoughts, experiences and activities as well as autobiographical information and acknowledgement of biases in the form of a reflective field diary which was then used to inform the data analysis process.

4.5.1. Data analysis procedure

The qualitative interviews were transcribed verbatim and observational field notes typed up in Word. Both the text based and visual data were analysed using ATLAS ti. Data were analysed using an inductive and interpretive approach which proceeded by carrying out a preliminary reading of the data marking all significant sections of the interviews/video logs, annotating the transcripts and visual material with initial comments and ideas. The data was then coded in ATLAS ti using a grounded approach (i.e. allowing codes to emerge from the data, rather than coding a priori). A thematic analysis was subsequently carried out on the multiple forms of data generated and relevant themes identified, where participants' data were analysed carefully and in substantial detail in order to ensure sufficient levels of interpretative engagement with the text. Each case study was analysed separately to ensure that the complexity of individual cases was not lost or subsumed under overarching themes too early. This was followed by a cross case analysis which involved looking for patterns across cases as well as divergences in the data sets (Silverman, 2015). The final set of themes identified was therefore drawn from topics that occurred through the qualitative interviews, ethnographic field notes, video logs/transcripts and theoretical ideas from the literature review.

4.5.2. Analysing audio-visual data

Whilst the use of video methods in qualitative research is increasing, the existing literature has little to offer by way of practical guidance on how to analyse audio-visual data generated during the qualitative research process. For the purposes of transparency, I shall therefore give a brief overview of the approach and procedure I developed for the analysis of the audio-visual data in this study.

As with the other text based and visual data (i.e. photographs) the audio-visual data were treated as contextual ethnographic knowledge that is co-produced (rather than a realist set of observations) (Grasseni, 2004). This involved scrutinizing the relationships between the meanings given to these videos during fieldwork and academic meanings later invested in the same images. This approach therefore acknowledges that videos are interpreted in different ways and by different people at different points in the ethnographic research process

(Mitchell, 2011). Data analysis was not, therefore, a simple matter of interpreting the visual content of the video data, but involved examining how different producers and viewers of these images give subjective meaning to their content and form (Trena, Paulus and Dempster, 2014). This is discussed in more detail below.

Step 1- preliminary analysis

This stage of the analysis involved watching all videos several times, making some initial comments and observations and selecting scenes for more detailed analysis. Scenes selected for further analysis included those where:

- Participants appeared to be enjoying a particular task or activity;
- Participants were perceived to be having a negative experience or not to be enjoying a particular activity;
- Participants demonstrated a perceived change in behaviour, mood or relational capabilities;
- A particular interaction 'stood out' or was deemed by me to be of interest, relative to the objectives of the study.

Step 2- descriptive analysis

Using ATLAS ti I annotated selected video scenes with information on camera angles and distances, spoken narrative and visual content, including a running commentary on body language and movement (i.e. gestures, looks, expressions). If video footage included significant verbal dialogue, this was also transcribed.

Step 3- Reflexive analysis

Annotated video data segments were then linked to other data deemed directly or indirectly relevant (e.g. sections of interview transcripts in which particular video scenes were discussed, field notes, photographs and my reflective research diary). Drawing on these various data sources I then developed a reflexive account of the different ways in which different viewers (i.e. researcher and research participants) interpreted the data, the effect

of the camera on the scenes being witnessed and the effect of re-viewing these scenes on my own interpretation of the video data (Pink, Laszlo and Afonso, Ana, 2004; Knoblauch *et al.*, 2006).

4.6. Research Ethics

This study has been reviewed by the Faculty of Health and Medicine Research Ethics Committee and approved by the University Research Ethics committee at Lancaster University (see appendix 4). Whilst details of the ethics protocol are not included in their entirety here, I shall give a brief overview of some of the key ethical considerations that were relevant to this study.

Whilst visual methods can be a useful tool in ethnographic research (see section 8.4 for a critical discussion) there are certain challenges associated with this approach that must be given due consideration. Firstly, the use of visual methods raises some important ethical concerns with regards to participant anonymity and confidentiality. This is because much visual material makes the anonymisation of individuals or locations problematic, if not impossible. Visual images portray clearly identifiable individuals, where these sorts of images can only be anonymised by altering the image in some way so as to obscure participants' identity. As I aim to demonstrate in this thesis, video methods have the potential to portray something additional to text alone. Given this, to tamper with images in ways that obscure certain important details, such as people's facial expressions, makes the purpose of collecting visual data questionable. Obscuring faces affects the viewer's ability to make sense of visual data because faces are necessary to enable us to interpret physical, psychological, social and emotional aspects of individuals (Pink, 2007). Moreover, many people who participate in visual research may actually want to be identified by their visual images (Prosser and Loxley, 2008). This may be especially relevant for people with disabilities who advocate for their right to be made visible (Booth and Booth, 2003; Aldridge, 2006). It was therefore decided that visual material (both video and photographs) should be presented in its entirety, enabling individuals to be identified with their consent. When doing research with people with intellectual disabilities, this required me to ensure that participants fully understood what the implications of identifiable images being disseminated might be. This required me to present

this information in an accessible format where this was needed, where special care was taken to ensure that participants fully understood what is being asked of them and that consent to use visual images in this way was voluntary and fully informed. During the consent process, one participant indicated that he did not want to be identified by his visual images. Any visual material displayed in this thesis that includes this participant has, therefore, been altered in a way that ensures participant anonymity.

Whilst the video camera is an extremely useful methodological tool, at certain times, and in certain situations, it can also be barrier to engagement. This is because a video camera's operation significantly limits the ethnographer's ability to physically participate in the everyday lives of the people being studied, given that their hands, and entire body, are otherwise occupied. Moreover, the video camera is an ever-present object during fieldwork and can, therefore, contribute to a physical (and symbolic) separation between the researcher and research participants. Given this, it was decided that time spent making research videos should be balanced against time spent simply 'being there,' getting to know participants, talking to them and engaging with them. In doing so, it was intended that this would encourage participants to feel more comfortable in my presence (and the video camera's) and enable them to feel more confident about communicating their preferences and what they want the video sessions to achieve, for themselves. Similarly, whilst video can be an effective research tool when used in public spaces or settings, it may not always be possible to replicate this in other places, such as individuals' homes. This is because observing and video recording people in their homes, or other more private spaces, has the potential to make people feel uncomfortable and may, therefore, feel too intrusive. In this study, I decided to give participants disposable cameras so that they might take photographs of the people and places that were important to them. This helped me to capture important aspects of participants' life worlds where it was deemed ethically and/or organisationally problematic for the researcher to be physically present with a video camera.

Finally, whilst there was no risk of physical harm from involvement in this research project it is important to be mindful of the fact that research can also cause harm to participants through the feeling (or reality) of being exploited or through psychological and emotional distress from questioning about personal matters (Stalker, 1998). Given this, significant steps

were taken to ensure that participants understood that their participation was entirely voluntary and that they were able to cease filming/interviews should they experience any feelings of distress or discomfort. In addition, I ensured that follow-up support was available if needed and a resource list of support options was included in participant information sheets (although to my knowledge no participant in the research used, or felt the need to use, these resources).

Related to the above, it is important to note here that at no point during fieldwork did any of the participants involved in this study indicate (either directly or indirectly) that they felt distressed or discomforted as a result of participating in the research. However, there were two separate occasions (involving two different individuals) where participants decided that they did not want to take part in the video ethnographic sessions. These had to do with personal issues and/or issues arising from home, which meant that participants simply did not feel like engaging with me, or the research, on the day(s) in question. On these occasions, participants' requests were respected without hesitation and their video ethnographic sessions rescheduled for a later date, at participants' convenience.

4.7. Ensuring validity and reliability in ethnographic research

Whilst the terms reliability and validity have typically been used for testing or evaluating quantitative research studies, it is argued that qualitative researchers should also concern themselves with such concepts in order to ensure that research findings are transparent, credible and rigorously obtained (Flewitt, 2005). In qualitative research, reliability is concerned with the consistency of the methods and procedures used and with evaluating the relative appropriateness of the tools adopted for meeting stated research aims and objectives (Golafshani, 2003). Related to this is qualitative validity which concerns 'the integrity of the conclusions that are generated from a piece of research' (Bryman, 2004, p. 31). This demands that research is done in a professional, accurate and systematic manner and that the process of data collection, interpretation and presentation of research findings is as transparent as possible.

Specific strategies for ensuring reliability and validity in this qualitative ethnographic study are outlined below:

Reflective diary

This involved keeping a reflective commentary on the effectiveness of the techniques employed for this study and the extent to which the methods used enabled me to answer the research aims and objectives. Detailed field notes were taken to record personal thoughts, experiences and acknowledgement of biases as well as my initial impressions of each data collection session and any emerging patterns or themes. This commentary helped me to monitor researcher subjectivity and to interrogate my own interpretation of the findings.

Triangulation

For this study I utilised a variety of different data sources and data collection methods, including participation observation, visual methods and qualitative interviews. According to Shenton (Shenton, 2004) the use of different methods concurrently has the distinct advantage of compensating for 'methods' individual limitations, whilst exploiting their respective benefits' (ibid, p. 65). In addition, recruiting a range of different participants (i.e. service users, family members, carers and project staff) enabled me to compare and contrast individual viewpoints and experiences and helped to provide a rich and holistic picture of the attitudes, needs and behaviours of those under scrutiny. Finally, site triangulation (achieved through the recruitment of participants from different care farm organisations) offered a range of perspectives on the benefits of care farming and helped to reduce the effect of local factors that might be peculiar to one organisation.

Peer scrutiny of the research project

Opportunities for scrutiny of the project by my supervisors and by other colleagues and peers at the university were welcomed, as was feedback offered by other researchers during conference presentations and research seminars. These different perspectives allowed my own assumptions to be challenged and helped me to refine my methods and strengthen or enhanced my own interpretations of the findings in light of comments made.

Thick descriptions of phenomena under scrutiny

This involved a detailed and rich description of individual experiences in order to convey the actual situations that were investigated and the contexts that surrounded them. A relatively small sample size allowed me to conduct an individual case analysis of each participant, where the audio-visual and text based data were analysed carefully and in detail in order to ensure that participants' experiences were properly captured. Conducting an individual case analysis prior to the thematic analysis therefore meant that I was able to offer a more detailed and nuanced account of the data and ensured that participants' accounts of their experiences was not subsumed under a set of overarching themes too early.

4.8. Methodological reflections

In this study, I wanted to explore how activities undertaken on care farms contributed to people with intellectual disabilities' personal development and overall wellbeing. Whilst my field diary and qualitative interviews proved to be a valuable source of knowledge in this regard, the ethnographic videos added a richness and depth to the qualitative data that would not have been possible to achieve through other methods. What is more, offering people with intellectual disabilities the opportunity to show their experiences through video (rather than just talk about them) invited new ways of working with participants that valued their contribution to the research process.

Whilst the use of video in research with people with intellectual disabilities has the potential to elicit their views and experiences, others caution that it runs the risk of producing knowledge claims that are 'voyeuristic, distanced and disembodied' (Kindon 2003, 142). This is because making videos of people with intellectual disabilities for research purposes permits staring and legitimises the viewer's extended gaze whilst also removing the need for embarrassment (Garland-Thomson, 2002). This may be exacerbated by researchers maintaining control of the video recording technology, and feminist researchers have critiqued video as being a tool of the masculinist gaze, a gaze of objectification and unequal power relations (Juhasz, 2000; Carroll, 2014).

In view of these concerns, I sought to develop a more ethical approach to video research, one that was collaborative, reflexive and that represented the voices of participants. From the outset, this required me to be transparent about who was in control of the visual technology,

what was being captured and how these images were produced and represented. Whilst it was me who had control of the video recording technology (motivated by a desire to include participants themselves in these ethnographic videos), this did not mean that participants could not share control of the filming process as whole. To this end, participants were encouraged to 'direct' the content of these videos in ways that reflected their own interests and preferences. I also encouraged participants to describe events as they were taking place, and to comment on things like camera angle and lighting. Indeed, the people in this study knew how to use video recording technology and understood its purpose. For example, a number of participants had cameras on their smartphones that they regularly used to take photographs or make videos of their own. Video can, therefore, enable people to participate in research in a way that more traditional methods (e.g. interviews or focus groups) do not. This can help marginalised groups, like people with intellectual disabilities, to feel more empowered when doing research and to feel more confident about communicating their preferences.

Whilst video can be an engaging and inclusive visual medium during the data collection process, video is also a valuable tool in qualitative interviews with people with intellectual disabilities. Indeed, asking people with intellectual disabilities to watch and discuss the videos in which they featured proved to be an effective method of engaging participants more fully in the interview process. In this way, video material can serve as a good ice-breaker when trying to talk to people about their feelings and emotions, particularly if it concerns their immediate environment or a subject of interest to the viewee (Pauwels, 2015). The people who participated in this study enjoyed watching and talking about videos of themselves. This helped to sustain participants' interest and engagement throughout the course of the interview, where the audio-visual material provided a structure for the interview that was enjoyable for participants, rather than dull or irritating. This also helped participants to feel less anxious about the research process and about answering researcher questions, and encouraged them to be more confident about expressing their views. Incorporating videos in qualitative interviews can therefore foster good researcher-interviewee relationships, where the latter feels enabled to participate in ways that were meaningful and interesting for them.

Other studies that have used video elicitation techniques during the interview process suggest that the researcher should watch the videos with participants in one sitting and discuss these afterwards (Henry and Fetters 2012; Burford and Jahoda 2012). However, when interviewing participants who took part in this study it became apparent that the most effective interview method involved talking with participants whilst watching the videos together, as well as pausing the video at specific points to allow for further comment. This helped participants to focus on the specific events and activities as they were being presented to them and, by breaking up it up in this way, made the interview process more manageable and engaging. This interview format was especially helpful when doing research with people who may suffer from attentional issues or have difficulties processing new or complex information.

Importantly, the use of video in interviews need not be restricted to a discussion of the events and experiences being presented. Indeed, use of this technique can help to broaden the interview by encouraging participants to relate these experiences to other experiences or significant life events. Whilst participants often found it difficult to conceptualise their emotional state in more generalized or abstract terms, having something material and concrete to watch and discuss provided a useful focal point through which to explore complex issues. The use of videos in the interview process can, therefore, help to elicit deeper, or more abstract, perceptions and values from interview participants and may be particularly useful for a study that seeks to include the views and experiences of people with intellectual disabilities, who may find it difficult to articulate their feelings or emotions.

It has been suggested that the use of video elicitation techniques also provides a useful way for researchers to cross reference and/or validate their own interpretations of the video data (Henry and Fetters 2012). This was important for the methodological approach adopted in this study, which recognised that there was no 'correct' way to interpret the audio-visual data, and that these images may well be given different meanings depending on who is viewing them. It seemed appropriate then, that participants should be given an opportunity to voice their own opinion, particularly when it is their actions and behaviours that are the subject of scrutiny. Asking participants to collaborate on the analysis of their ethnographic videos in this way, therefore helped to create a shared sensed of ownership over the audio-visual data and

offered people more say over how their experiences were represented. This denotes a commitment to visual research that 'looks with' or alongside participants rather than 'at' them (Kindon, 2003). When utilised in a study with people with intellectual disabilities I argue that this reflects a paradigmatic shift from research about to research with and by participants, and seeks to destabilise some of the hierarchical relationships that exist between research subjects and academics. It is important to note here however, that given the impracticality (and implicated time constraints) of asking participants to view and comment on hours of video footage, participants were presented with only substantially edited versions. Whilst this aspect of the research was able to generate new and interesting insights into the specific events and social interactions presented, participants were not, therefore, being asked to collaborate on the analysis of the visual data as a whole. As a commitment to researcher reflexivity, it was therefore necessary to critically reflect on the decision-making process with regards to the selection of video scenes and the extent to which

Chapter 5. The care farm landscape: sensing place

5.1. Introduction

Drawing on recent work on therapeutic landscapes and non-representational theory this chapter is the first empirical chapter, and shall explore the material, embodied and performed elements that foreground people's therapeutic landscape encounters. Specifically, it will examine how people engaged in care farming activities *experience* and talk about the care farm landscape.

Within the field of geography, the senses of taste, touch and smell (as well as the less commonly acknowledged senses of proprioception or kinaesthesia) have received relatively little attention when studying the socio-spatial dimensions of people's therapeutic landscape experiences (Macpherson, 2010; Doughty, 2013; Gorman, 2017a). Given this, whilst it may not be possible to distinguish between these different sense encounters at an experiential level, in this chapter I seek to make a conceptual distinction between them for the purposes of theoretical development.

In section 5.2. I begin by interrogating assumptions concerning the therapeutic value of so-called 'natural' landscapes. Whilst much of the literature points to the use of 'visually appealing' landscapes in the healing and recovery process (e.g. Kaplan and Kaplan 1989; Pretty et al. 2005; Gesler 2005; Gesler 1992) I argue that participants' landscape experiences were more closely tied to 'modes of inhabiting the land' (Brady, 2006, p. 4). Sections 5.3 and 5.4 explore participants' auditory and olfactory landscape experiences and how these could be alluring or repelling, therapeutic or harmful, depending on the meanings that people attached to those experiences. Sections 5.5 and 5.6 examine the haptic sensations of touch and movement and ways in which farm feels and rhythms create embodied connections between people and place. Section 5.7 explores how the sensations of touch, light, heat and sound come together in the experience of climate and the implications this has for people with intellectual disabilities engaged in outdoor therapeutic activities. In the concluding section I suggest that all the different ways in which participants interact with various features of the farm landscape and the sense experiences that arise as a result, help them to develop strong emotional attachments to these places and the human (and non-human) bodies that

share them. In this way, participants' landscape experiences serve to create a strong or 'authentic' sense of place, a sense that evolves over time as participants continue to engage with features of the care farm environment. As I argue in subsequent chapters, this sense of place is important for participants' wellbeing and can enhance feelings of belonging. This facet of care farming is especially relevant for people with intellectual disabilities, who typically experience feelings of isolation and social exclusion in their everyday lives.

5.2. The Farm Aesthetic

There is now an extensive body of research that suggests that people tend to prefer outdoor or 'natural' environments to built environments. For example, in empirical studies with European and North American adults, photographs of natural scenes consistently receive a higher rating in terms of preference than photographs of urban scenes (Kaplan and Kaplan, 1989b). It seems then that we are drawn to natural landscapes (such as open countryside, forests or sandy beaches) in part because of their visual beauty or aesthetic appeal. Environmental psychologists explain this preference in terms of nature's ability to provide restoration from stress or attentional fatigue (Ulrich, 1984; Kaplan and Kaplan, 1989; van den Berg, Koole and van der Wulp, 2003b; J. Pretty *et al.*, 2007; Schmutz *et al.*, 2014). Like many people, I find outdoor environments to be both aesthetically appealing and psychologically beneficial. This therefore reflects my own beliefs about the therapeutic value of 'scenic' landscapes and their potential to improve health and wellbeing, for all sorts of people. This was evident during data collection, where I chose to collate numerous audio-visual and static images that captured the 'rural idyll' (note however that these scenes also include, and are framed by, signs of human activity e.g. fence and managed grassland, see Figure 5.1).

Figure 5.1 Video frame of a care farm setting surrounded by rural countryside

Staff members who worked (and often lived) on the farms that comprised my sites of study appeared to share my appreciation for these rural settings and often spoke about the benefits of being able to spend their working day in open and beautiful countryside.

> *We wanted to be in the countryside and be a bit more self-sufficient and have a little bit more space but with vague ideas that in the longer term we would be able to give up our day jobs, as in working in the office, and do something else. Well firstly [care farming] ticked the box of 'it's something other than working in an office' and we've got this fabulous 7 acre smallholding with all these fabulous elements to it which sort of already lent itself to all the activities associated with care farming.* (Lisa, staff member, interview)

> *Well I think it all has to do with my own background, I'd been brought up on this farm. I was a very fortunate child to have 10 years of life that was so nurturing in so many ways. So when I had to go to boarding school the shock of being away, in a much more urban environment, it was for me personally disastrous. I would then find myself standing out on the streets trying to work out which season it was. In a way I was trying to connect with my childhood, and it very much struck me then that being around nature was my way of becoming grounded.* (Linda, staff member, interview)

Similarly, the opportunity to be outdoors in nature was often valued by parents when asked about the perceived benefits of care farming for their adult children.

> *He's always enjoyed doing things outside and spending time with animals. If anything else, he's getting outside, getting fresh air that sort of thing.* (Cassandra, parent, interview)

> *You're outside in the fresh air being in the beautiful countryside...you can't prove that that's a good thing although I think it is* (Janice, parent, interview)

However, participants themselves, did not necessarily share these views. Indeed, participants rarely alluded to the benefits of being in nature or the 'scenic' value of these settings. Of course, this is not to say that participants did not respond to their environment in positive ways, only that they tended to value these spaces in terms of what they allowed them to *do* rather than on what they looked like.

> *I am currently in the egg room. This is the place where eggs collected from the chicken enclosure are sorted and packaged, ready to be sold. The camera has run out of battery so I am making some field notes instead whilst Robert sorts the eggs and checks them for cracks. I don't like this room much. There are no windows and therefore no natural light (necessary for this task which uses a machine that shines UV light on the eggs to check for cracks). Because it is so dark in here it feels cold (despite it being so warm outside). As I sit there listening to the repetitive drone of the machinery, I think about what we have planned for the afternoon and look forward to the chance to be outside again.* (Researcher, field diary).

In the entry above, I am describing my experiences of being in the 'egg room'. For me, this room was less preferable to other places on the farm (such as the garden or the paddock) that afforded opportunities for being outside. By contrast, this was one of Robert's favourite places. Indeed, due to his physical disability Robert often found it difficult to participate in more physically demanding outdoor activities, such as walking or gardening, and had in fact communicated a dislike for these activities. However, Robert enjoyed being in the egg room

because this space did not challenge him physically, thereby enabling him to excel at this particular activity.

> *He loves the egg room, what he doesn't love and I only clicked last week was the gardening. He hates the gardening I just think it's all a bit too strenuous for him […] and he can't do a long walk you know. It's tiring for him. The medication that Robert is on does make him tired, does make him irritable and wobbly sometimes, it's too much for him. But he's particularly enjoyed being in the egg room. I think it makes him really happy. He comes back and tells everybody what he's done and when he comes back with some eggs he says 'I picked these, I graded these eggs, I went to collect these eggs' so he can associate it with the chickens and the fresh eggs and bringing them back.* (Matthew, carer, interview)

In addition to the egg room, other preferred spaces that participants cited included the farm workshop, classroom kitchen and the piggery. Whilst these environments are not necessarily what people would think of as visually appealing in the traditional sense, they were nevertheless very appealing to participants. This is because these spaces enabled participants to do certain things (e.g. practice woodwork, cook their favourite foods or care for farm animals). This reflects the view that aesthetics within agriculture 'is integrated in practical, productive activities that are not ordinarily or mainly aimed at aesthetic effect.' (Brady, 2006, p. 201). Indeed, for participants, care farming and the opportunity for being in the countryside was not about observing grand views or picturesque scenery, but was more closely tied to modes of inhabiting the land.

These observations highlight two important facets of people's therapeutic landscape experiences. Firstly, it reminds us that our 'everyday' landscape experiences have therapeutic value. Indeed, much of the literature points to the use of extraordinary landscapes in the healing and recovery process (e.g. famous baths, spaces, national parks or wilderness experiences) (Doughty, 2011). What is more, the therapeutic potential of such places has much to do with their perceived 'otherness' as well as their visual beauty or aesthetic appeal. Yet as Milligan & Bingley (2007) have argued, the therapeutic landscape concept can also be used to explain the health and wellbeing effects of our more ordinary place experiences. Care

farms are interesting in this context because they comprise an ordinary or 'everyday' therapeutic environment, one that is not typically designed with visual or aesthetic appeal in mind.

Second, these observations draw attention to the fact that our experience of place has an inherently affective dimension. People tend to be drawn to specific places because of the distinctive experiences that those places afford (and repelled by those places that prohibit certain activities). In this way the appeal of many settings resides in the value of the engagement itself rather than merely 'liking how something looks' (Heft, 2010, p. 26). This idea echoes Tim Ingold's (2011) dwelling perspective, whereby places are conceived as co-constructed through people's imaginations, emotions and feelings, through their different senses and through their bodies (ibid.). Drawing on this rich body of literature, the remainder of this chapter is concerned not only with the visual or 'scenic' properties of landscape but on what all the senses notice, how these multi-sensory experiences are interpreted and represented (both by participants and by me, the researcher) and the ways in which these experiences contribute (or not) to wellbeing.

5.3. Therapeutic soundscapes: what does an inclusive auditory environment sound like?

The majority of the research in the field of acoustics has sought to explore the detrimental effects of noisy environments on people's health (Dumyahn and Pijanowski, 2011; Medvedev, Shepherd and Hautus, 2015). By contrast, the geographic literature on sound takes a more holistic approach by considering the way in which environmental sounds affect people in different ways (Hill, 2015; Bell, 2016). The term 'soundscape', first coined by Shafer (1977) to describe the auditory equivalent to visual landscapes, therefore aims to describe the 'totality of all sounds within a location with an emphasis on the relationship between individuals' or society's perception or understanding of and interaction with the sonic environment' (Payne, Davies and Adams, 2009, p. 6). Soundscapes have since been explored in a variety of contexts and environments, including the home (Duffy and Waitt, 2013), urban and other public spaces (Cain, Jennings and Poxon, 2013) as well as people's lived experience of hearing impairments (Bell, 2016). These studies highlight the potential for specific sounds and sonic rhythms to stimulate place attachments (or aversions), emphasising how different forms of routine 'sonic

connection shape processes of place making and therefore people's sense of place' (Bell, 2016, p. 5).

Throughout my fieldwork, taking notes and making videos, I was able to attend to the various sounds that comprised the farm soundscape and ways in which these shaped participants' therapeutic experiences. The various auditory impressions that comprise the farm landscape, such as rhythmic rumblings of heavy machinery, cows mooing, chickens clucking, birds tweeting and people talking, were all strongly associative of these places and were very important in terms of the farms' character or 'place-ness'. Indeed, these sounds were integral to people's experiences in many different ways.

Figure 5.2 Video frame of Jack (a participant) driving a tractor

In this video clip, Jack is about to drive the farm tractor for the first time. He glances quickly behind his shoulder, everyone is standing around waiting for him to set off. He turns the ignition. Vrooooom. The tractor is very old (and noisy) and the sound of the engine drowns out the conversations going on around him. Jack moves forward slowly and cautiously. He loses control of the steering for a moment as he passes some bumpy ground. But as he gains momentum he begins to seem more controlled and confident. He doesn't look behind his shoulder any more, but straight ahead. In this moment he is completely absorbed in the task and does not seem to notice what is going on around him. (Researcher, video commentary)

*Researcher: So, what are you doing in this video? **Jack:** Driving the tractor. First time I did that. **Researcher:** Were you nervous? **Jack:** Yeah, a bit. But I couldn't hear 'em all shouting anyway. **Researcher:** Did that help you to feel less nervous then? **Jack:** Yeah cause I don't have to hear Simon [another participant] going on at me.* (Jack, participant, visual elicitation interview)

As the above extracts demonstrate, operating heavy or loud machinery had the effect of occluding many quieter sounds, such as people talking. I observed how this enabled Jack to 'tune out' and detach himself from the people around him (despite their close physical proximity) and focus on the task at hand. The kind of experience that this evoked could therefore be considered therapeutic in the sense that it has the potential to enable people to forget their fears and anxieties for a time, through engaging in a different set of experiences.

Researcher*: So, what would you say is your favourite activity on the farm?* **Simon***: Woodwork* **Researcher:** *And why is that?* **Simon***: Like using the drill and hammering.* **Researcher***: Why do you like those things?* **Simon***: Hard work […] and concentrate. Don't mess around cause I'm busy.* (Simon, participant, visual elicitation interview)

Some of these boys, their lives outside of this place are very chaotic […] I think being given them the opportunity to conduct meaningful work […] it helps them to focus, and forget their worries and to feel less anxious. (Sandra, Staff Member, Interview).

However, these so-called 'noisy' environments could also be a source of profound anxiety as well as therapy for some people. To illustrate, the video frames and commentary below depict Eliot during two different woodwork sessions.

Figure 5.3 Eliot during woodwork session 1

Eliot is using an electric drill to make holes in a piece of wood, which is being used to make the base for a flower basket. The drill makes a high-pitched whirring sound as it penetrates the wood. Eliot repeats this action several times, without hesitation. His instructor stands beside him, occasionally holding the drill steady for him when the metal drill tip meets resistance. (Researcher, video commentary)

> **Researcher***: Can you tell me what you are doing in this video?* **Eliot***: Drilling. I'm making the holes […] I'm happy about that* (Eliot, participant, visual elicitation interview)

Figure 5.4 Eliot during woodwork session 2

In this video clip, Eliot is putting together the different sections of a mug tree. Two of the wooden joints become mistakenly lodged together. After several attempts to prise them apart by hand, Eliot's instructor intervenes with a hammer. He has to apply some force to dislodge the mistakenly laid piece and the noise of the hammer connecting with the wooden surface creates a jarring banging sound. Eliot finds the noise quite distressing and decides to take some 'time out' in the corner of the room. After several minutes, Eliot's carer suggests he goes to find a quieter space until they have finished. He readily agrees to this suggestion and leaves the room. (Researcher, video commentary)

> **Researcher***: So, what are you doing in this video?* **Eliot***: Making a mug tree* **Researcher***: And can you remember why did you decided to go and sit down?* **Eliot***: Quiet* **Researcher***: And how does that make you feel in woodwork, when it's very loud?* **Eliot***: Sometimes worried.* **Researcher***: So, when you feel worried cause of loud noises what do you do?* **Eliot***: Quiet time […] keep off the noise.* (Eliot, participant, visual elicitation interview)

I observed how Eliot's demeanour contrasted markedly, when comparing these two video scenes. In the first video, Eliot is unperturbed by the noise that the drill makes and is able to perform this activity with relatively little guidance or support from his instructor. By contrast,

the noise created by a hammer on wood as depicted in Figure 5.4 is a source of profound disturbance and causes Eliot to become very anxious.

The contrasting behaviours displayed by Eliot in these scenes can, in part, be explained by the fact that Eliot interprets these soundscapes rather differently. For example, the electric drill creates an 'anticipated sound', one that Eliot makes through his own volition and therefore has control over. However, the sound of hammering communicates something quite different, namely that things are not going according to plan. What is more, Eliot finds it very difficult to cope with unexpected events that are beyond his control. This is, therefore, one example of how different soundscapes are experienced differently depending on the different meanings that people attach to these experiences.

The sound of farm animals was another example. Indeed, there were many different animals that inhabited these farm settings. These included animals that you would normally associate with a typical farm, such as cows, chickens, sheep (and sheep dogs) as well as animals that may be considered less common, such as donkeys, goats, ducks, quails, guinea pigs and alpacas. What is more, the various growls, squawks, snorts, bellows and brays made by these animals contributed to the character or 'feel' of these environments in important ways. Even when not directly engaging with farm animals their presence was always felt through the auditory impressions that they created. These animal soundscapes came to represent continuity and stability for participants.

He can come in unhappy but it rarely lasts once he gets in to his routines. That's the beauty of the place because it's not contrived. The cows get fed at 11 and that's going to happen whether you feel good, bad or indifferent. You may not choose to join in but at the back of your mind you know that things are the same and that they are going on OK. (Linda, staff member, Interview)

So we always feed the animals first. Because it's about teaching the order or precedence. Living animals take top priority, next important thing is the plants. And you know, I think part of it is about teaching them about caring for other creatures. (Lisa, staff member, interview)

However, there were times when animal sounds came to the fore and pressed upon participants with a greater sense of urgency. Animals often increased the pitch, frequency and tone of their calls at certain times of the day as a way of communicating their needs (for example, when they were hungry, and it was time to feed them). This reminded participants that they had a duty of care and helped deepen their sense of connection to these animals and reinforced their valued role within these settings.

> **Researcher**: *So how do you feel when you spend time with the donkeys?* **Jed**: *I feel […] that we are getting on well. I feel supportive.* **Researcher**: *So why do you feel supportive?* **Jed**: *Because I am taking care of the donkeys.* **Researcher**: *Because you are responsible for them?* **Jed**: *Yeah.* **Researcher**: *And how does that make you feel, being responsible for another living animal?* **Jed**: *It makes me feel that I am caring.* (Jed, participant, visual elicitation interview)

Whilst animal soundscapes often provided a source of connection and reassurance, at certain times and in certain situations, they could also enhance feelings of anxiety. This was especially noticeable when animals made sounds that were unexpected or uncharacteristic.

Figure 5.5 Video frame of Eliot working with the chickens

In this video, the chickens are making a lot of noise and this appears to be making Eliot quite anxious. He repeatedly glances towards the chicken coop and begins to shift from one foot to

another in an agitated fashion. Eliot's carer subsequently notices his difficulty and suggests he leave the chicken coop to find a quieter space. (Researcher, video commentary).

Researcher: So, the chickens were being quite noisy that day. How did that make you feel? **Eliot***: Worried […] stop working for a minute, need some quiet time.* (Eliot, participant, visual elicitation interview)

Figure 5.6 Video frame of Jack and Simon observing alpacas.

In this video clip Jack and Simon are standing next to the alpaca enclosure. Two of the alpacas begin to nudge each other aggressively. Then, one begins to screech at the other, a high-pitched sound that almost resembles a child crying. It is a distinctly eerie sound. (Researcher, Video Commentary)

Don't really like doing the alpacas anymore, I watch, but scared of them a bit, always fighting and making noise. So I just watch 'em. (Jack, participant, visual elicitation interview).

As evidenced here, animal sounds could constitute a distinctly negative experience for participants. Audio-visual depictions such as these therefore helped the researcher to reflect on discomforting auditory experiences and how this might hinder the therapeutic potential of the care farm environment.

Whilst animal sounds could sometimes be unnerving, they also provided participants with a valuable life lesson. Namely that other bodies (human or non-human) possess their own agency and will behave in ways that you cannot always expect or control. This taught participants how to cope with unpredictability in their everyday lives and helped them to build resilience when faced with anxiety inducing situations.

> *Over the past 6 months we have seen a marked improvement ….his sensory issues get in the way and stop him being able to move forward. And one of the thoughts was that if we could overcome these sensory issues than we've got some chance of getting him to be able to more out in the community, which I feel is working […] and I think this has something to do with the animals, they behave in unpredictable ways sometimes and make sudden noises and I think that over time people begin to adjust and find that actually, they can cope with a certain amount of unpredictability* (Sarah, staff member, interview).

Whilst the sound of animals or machinery were important in terms of how they contributed to the character of these places, there were other sounds less commonly associated with farms that were equally important. These included the sounds of talk and laughter.

Figure 5.7 Simon and James playing pool.

It's lunchtime, and everyone is in the common room. I am filming Simon and James playing pool. Both are concentrating on their game and hardly seem to notice the video camera (or

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me). James accidentally pots the cue ball. Simon laughs and exclaims 'two shots!' (Presumably meaning two shots for him). James smiles and shakes his head. Someone turns up the stereo and James and Simon begin to dance to the music. On the other side of the room another group of service users are playing table top football and people shouting and cheering. (Researcher, video commentary)

Figure 5.7 demonstrates the inherently social nature of the care farm environment. Whilst care farms offered people the opportunity to participate in productive work activities, they also provided a space where people could engage in meaningful social interactions. Indeed, enhancing social networks and making friends were considered to be core objectives of the care farming programme. Given this, care farm staff were mindful of the need to balance the demands of work with opportunities for socialising.

> *Whilst I think it's really important, giving people the chance to be in a working environment activities. It's also about meeting friends, and socialising. Because that's another thing that these boys don't get to enough of...and so we really encourage them to do that. And if means that it takes them twice as long to complete the task, then so be it.* (Sian, staff member, interview).

Throughout my fieldwork I frequently observed how talk and laughter between participants had the effect of disrupting daily farm activities.

Figure 5.8 Video frame of participants 'play fighting'

In this video clip, participants are helping Liam (a staff member) to dig up the foundations of an old stone wall that runs along the perimeter of the goat enclosure. After several minutes, participants appear to lose interest in the task and begin talking amongst themselves. James pushes Simon in what appears to be a playful gesture. Simon retaliates by putting James in a pretend headlock. Jack looks at them, then looks at me, he begins to laugh shaking his head. Liam continues to dig, apparently unperturbed by his lack of helpers. (Researcher, video commentary).

However, this was not necessarily considered problematic. On the contrary, this kind of behaviour was often encouraged and seamlessly integrated within the daily flow of human (and non-human) interactions. This emphasised the social dimensions of care farming and how this enabled participants to develop strong social networks within these spaces. This supports other research that highlights the dual benefit of being able to participate in informal work activities and opportunities that these afford for socialising (Milligan et al. 2013; Sempik, Aldridge, and Becker 2005).

As well as the sounds of laughter or talk, that we regularly associate with human social interactions, the farm soundscape was filled with other human noises, such as shouting, singing, moaning and on one occasion, barking!

This is my first time at [name] care farm. It is lunchtime and we are all sitting in the common room. The atmosphere is excitable and noisy! A number of service users approach me to introduce themselves and ask me what I am doing here. Everyone is curious to meet me, and I feel very welcome. However, one young man who is sitting at the table next to me does not seem to notice me at all. He is looking out of the window and appears lost in thought, the entire time making low moaning sounds and rocking gently. As people begin to leave the room everything quietens down and I attend to him more closely. I realise then that he is not moaning at all. I can't make out the words, but I'm sure in that moment he is singing. (Researcher, field dairy)

Today I am working with Eliot. He is not having a good day so far. Sarah (his main carer) is on holiday this week and his sister is helping him today. This signifies change, something that Eliot hates. He seems very withdrawn and agitated and is reluctant to engage in any of his normal activities. We are walking over to the chicken shed and I hear the sound of a dog barking. I look around, thinking that maybe Shep (the farm sheep dog) is somewhere nearby. Eliot's sister looks and me and laughs, 'that was Eliot' she says 'he likes to bark like a dog sometimes. Usually when he's a bit upset or overexcited. I don't know why really'. Eliot makes a noise like a dog again. A very good impression, I think to myself. (Researcher, field diary)

Immersing myself in these environments helped me to reflect on the different sounds that participants made and on the way in which other people (myself included) responded to them. I observed how these different sounds were a welcome addition to the soundscape. Indeed, rather than disrupting the daily flow of activities they formed an integral part of farm life. This demonstrates how care farms are able to provide a space that is open and inclusive, a space where participants were given the freedom to make and respond to sounds in ways that reflected their own needs and preferences. Inclusive auditory environments like these can, therefore, constitute a very different type of experience for people with intellectual disabilities, when compared to other public spaces. For example, the soundscape of the shopping centre or café are typically constrained by social norms around what is considered acceptable or appropriate noise. Similarly, when inhabiting these spaces people are expected to respond to normal or 'everyday' sounds in prescribed ways (i.e. without fear or anger).

When people are unable to meet these social expectations, they therefore feel excluded and unwelcome

> *If you're a person […] that has sensory issues, that cannot cope in noisy unpredictable environments and it causes you to have aversive behaviours […] you go to the bowling alley or the coffee shop and the noise starts and it's just not appropriate […] it was meant to be a matter of respect for people with autism or learning disabilities to say let's include you not exclude and I quite understand that and I think there needs to be a balance […] if you're sat in a café and you've got your fingers in your ears what is that, it's not social inclusion, it's the actual opposite because you look odd and you're not functioning.* (Linda, staff member, interview).

By comparing the soundscapes of the care farm with other auditory environments, it therefore becomes possible to think about how participants' auditory experiences are constrained by 'cultural expectations of what we 'should' and 'should not' hear or be exposed to within different settings' (Bell, 2016, p. 4). This reveals how the auditory geographies of hearing and listening are caught up within relations of power that shape 'judgements of sonic intrusion or harmony' (Matless, 2005, p. 748). Such judgements can, in turn, influence people's individual sense of belonging or alienation within different settings with 'sounds pressing upon different bodies in varied ways' (Bell, 2016, p. 3). This theory was supported my own observations on the way in which care farms sought to facilitate (rather than repress or judge) the various auditory needs and abilities of their users. This in turn, helped participants to feel more comfortable in their surroundings, such that a sense of belonging and inclusion could be found.

5.4. Therapeutic smellscapes and tastescapes

Smell occurs when airborne molecules that compose an odour reach the nasal cavity, either through the nostrils when inhaling, or through the throat when pushing air to the back of the nasal cavity (e.g. when chewing or swallowing). Smell stimulates strong emotional or motivational arousal (affect) but little cognition (Engen, 1882). This means that our bodies respond both emotionally and physiologically to odour before we think about it. Given this, it is often very difficult to directly describe smells themselves, or what it feels like to experience

a given 'smellscape' (Kabat-Zinn, 2014), other than through analogy or describing objects. Despite these inherent challenges, there is a growing body of literature that suggests that smell is important for human health and wellbeing. For example, several studies indicate how 'pleasant' smells can have a positive effect on mood and behaviour (Knasko, 1993; Schiffman *et al.*, 1995; Herz, Schankler and Beland, 2004). By contrast, other studies suggest that 'unpleasant' smellscapes can have a negative effect on mental and physical wellbeing (Robin *et al.*, 2000; Herz, Schankler and Beland, 2004). For example, a study by Nimmermark (2004) found smells derived from animal production were detrimental to human mental health. These findings are particularly interesting in the context of the current study, which sought to explore the wellbeing effects of care farming.

Farm animal waste often created a distinctly unpleasant smellscape. This could be particularly overwhelming on warm days (when airborne odour molecules travel around more quickly) (Shepherd, 2004) or when working in close proximity to the smell in question (for example, when cleaning out animal enclosures).

Figure 5.9. Video frame of James and Jack in the goat enclosure.

James and Jack are cleaning out the goat enclosure. They are using rakes to sweep the dirty straw into a pile in the middle of the room. As they work they can be heard commenting on the smell with exclamations like 'Urgh' and 'phwoar'! As James begins to rake up a particularly

soiled patch of straw, his face crinkles up and he has to stop for a moment. He then waves his hand across his nose to indicate his displeasure. (Researcher, video commentary).

What is more, these sorts of smellscapes had the potential to negatively impact participants' enjoyment of the activity itself.

> **Researcher***: Is there anything you don't like about working with the goats?* **James***: The poo and the wee.* **Researcher***: So how do you feel about cleaning out the goats?* **James***: Stinky.* **Researcher***: And that bothers you a bit does it?* **James***: Yeah.* (James, participant, visual elicitation interview)

Generally speaking, however, participants liked working with farm animals. Whilst some of the odours associated with these animals were described as unpleasant, this did not necessarily detract from participants' desire to spend time with them. Indeed, the more time spent in these environments, the more manageable unpleasant farm animal smells became. This supports the notion that habituation is very important for smell and that the perceived intensity of smell declines rapidly after one has been exposed to it for some time (Engen, 1882).

> **Researcher***: So, do you like working with the goats?* **Simon***: Yeah, even though it smells bad sometimes.* **Researcher***: So, you don't mind the smell?* **Simon***: No, not anymore.* (Simon, participant, visual elicitation interview)

> **Researcher***: And is there anything you don't like about collecting the eggs?* Neil*: It […] well […] it stinks.* **Researcher***: So not always very nice?* **Neil***: Yeah. But you just get used to it.* (Neil, participant, visual elicitation interview)

Unlike visual memory, our memory of smell does not decay with time (Herz, Schankler and Beland, 2004). When we are exposed to different odours from our past, we can often recall where we first experienced that particular smell, and how we felt at that time. In this way, sense of place as this relates to smell can be transformative, taking us back to the time and place where a smell was first encountered. Distinct smellscapes (like those created by farm animals) evoke memories and therefore serve to create strong visceral connections between

people and place (Hoover, 2009). Indeed, whilst many of the smells experienced on care farms may be unpleasant, they can also be very powerful and evocative, thus creating strong positive (as well as negative) place associations (Engen, 1882).

However, there were other smellscapes associated with the care farm environment that were considered to be rather more pleasant. This included the smell of baking and cooking. Working on a care farm often provided people with opportunities to grow their own food, as well as cooking and eating together. This had numerous benefits that related to participants' sense of satisfaction and enjoyment.

> **Researcher***: So in that video we just watched, what are you doing? Jed: Making chocolate cake […] for [NAME]'s birthday.* **Researcher***: And how do you feel, when you are cooking?* **Jed***: Happy […] it's exciting.* (Jed, participant, visual elicitation interview)

> *[…] and they took the jam home, and the vegetable soup they made that time […] and their families loved it, and couldn't believe that they had made it themselves from stuff from our garden […] and I think that was really important for them, to be appreciated for what they had made* (Liam, staff member, interview)

Cooking was an important part of farm life and participants were encouraged to cook meals from scratch using fresh ingredients, often sourced directly from the farm. The importance of cooking food (and eating it!) encouraged me to think about the sense of experience of taste (which is very closely connected to our sense of smell) and ways in which these experiences influenced wellbeing.

> *Yeah well me made that vegetable soup that time, from stuff from the garden. Mine was the best, [name] said so […] it tasted really good* (James, participant, visual elicitation interview)

> *Some service users are helping Lisa (a staff member) to make jam using the blackberries that they had picked the previous day. The jam is cooking on the stove in a big pot. Lisa adds some sugar and then gives it a good stir with a wooden spoon. I detect the sweet smell of melted sugar and fruit. Lisa hands Jack the spoon offers him*

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a taste. Jack has never tried jam before! He takes the spoon and takes a small mouthful (rather tentatively!). He looks up and smiles and takes another spoonful. (Researcher, field diary)

As the above extracts demonstrate, care farming exposed participants to many different tastes, flavours and textures. What is more, experiencing new tastes often constituted a positive experience for participants and introduced them to a healthier and more varied diet.

His mum said that his diet had changed since he started at [name of farm] so when he started here he was mainly a pizza and chicken nugget eater, but because he was exposed to eating fresh produce that has been harvested and cooked he's now much more open to eating vegetables and trying new things. We have quite a lot of co-farmers who are nutritionally challenged, we know from what they tells us that their diet consists of processed and fast food […] and looking at the lunch boxes of a lot of our co-farmers, they tend to include things like fizzy drinks and bags of crisps. And over time we've noticed that people are willing in the main, not everybody, but most are willing to try things that they wouldn't normally eat. So that's a positive thing. (Sian, staff member, interview)

However, being exposed to new foods did not always constitute a positive experience for participants, and some people became uncomfortable when offered new foods (even if they ate it at the time it was offered).

Researcher: *Do you ever like to eat the food on the farm?* **Neil**: *Not really* **Researcher**: *And why is that?* **Neil**: *I don't know, it's not my type of food.* **Researcher**: *You did eat that soup that time though?* **Neil**: *Yeah, that's given me a bad stomach three times.* **Researcher**: *Really, and why is that do you think?* **Neil**: *Cause I ate too much.* (Neil, participant, visual elicitation interview)

When his mum broke her leg there was one day when she rang me up and said that she didn't have the ingredients to make a sandwich and I thought 'oh that's fine I'll make a sandwich for James'…and the bread we had I think it was granary bread, like the seeded stuff…and he looked at it for a long time…. He was obviously sitting there

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looking at it thinking, this isn't food. And I said just try it, but you know if you don't like it you don't have to eat it, so he took a couple of tiny bites and then left it and then probably filled up on cake and crisps. But that was interesting because he obviously normally just had white bread or maybe plain brown bread, and something that was very different he couldn't take on board. (Lisa, staff member, interview)

These examples therefore demonstrate how participants' taste experiences (as well as the visual 'look' of the food in question) could be interpreted as unpleasant due to their lack of familiarity (and not necessarily because these foods *were* unpleasant). Whilst exposing participants to new foods did not always constitute a positive experience for people, it did at least make them aware of the different foods available to them. This could encourage participants to think differently about what they ate and helped introduce them to healthier and more balanced diets.

As with farm soundscapes then, the different tastes and smells experienced on care farms could be alluring or repelling depending on how these experiences were interpreted. What is more, these olfactory environments contributed to the farms' distinctive character in important ways and were crucial in shaping participants' sense of these places and, therefore, sense of place.

5.5. Therapeutic Touch: facilitating groundedness

There has been an increased interest in the corporeal in geography, as demonstrated by a proliferation of studies that have sought to understand how human beings experience and live in the world as embodied beings. Such studies draw on the work of phenomenological thinkers such as Merleau-Ponty (2002), and seek to discover how we experience the world through our bodies arguing that subjectivity begins and ends with the physical body. Yet, the body's exterior surface, a primary mode of sensing and being in the world has received rather less attention than it deserves (MacPherson, 2007).

Bodily touch (and talk about bodily touch) is often socially regulated. Social norms and conventions dictate when, where and in what circumstances touch is necessary or appropriate (Howes, 2003). For example, touching in public spaces (such as shopping malls,

public transport or a busy high street) is often kept to a minimum despite close physical proximity between bodies. This demonstrates how independence, bodily integrity and self-sufficiency are encouraged in our culture (Patterson, 2005). Those who are disabled therefore 'come face to face with such conventions and must often confront or transgress them through their own embodied necessity' (MacPherson, 2007, p. 189).

> *I find the walks hard. Need someone to help me [...] cause the ground is a bit rough and I might trip so sometimes I need to hold someone's arm.* (Robert, participant, visual elicitation interview)

Figure 5.10 James and Jack gardening.

In this video clip James and Jack are helping Lisa (a staff member) to turn an area of lawn into a garden bed. After a few minutes, Lisa notices that both boys are working on the same patch of turf. She moves forward to separate them. As she does so, she touches James lightly on the elbow. Using her hand, she guides James towards the far end of the bed, indicating that he should work here instead. James resumes digging (Researcher, video commentary).

The above extracts evidence examples where staff members or carers use bodily touch to guide participants through a particular task or activity. This often described as procedural or task-oriented touch that is used in the everyday handling of clients or patients (Paterson, 2005). Whilst these modes of touching are sometimes necessary they can also reflect positions of power and control. This is because touch, when used as a means to guide, direct

or restrict the movements of others, creates a distinction between those who have bodily integrity and those who do not. This serves to reinforce the notion that able bodies are aligned with dominant cultural notions of competence, ability and independence (Goodley, 2014) and reminds us that people with intellectual disabilities often lack autonomy over their own bodies.

However, there were other forms of touch that were less procedural and/or restrictive. These included instances of 'expressive' touch, a touch that is described as 'affective' or caring (Edwards 1998, 810; Paterson, 2005).

> *Jed and Eliot are presenting Robert (a staff member) with a birthday cake that they made for him earlier that day. It's lunchtime in the common room and everyone is gathered around to sing happy birthday. Both boys appear uncomfortable with the attention that they are attracting and keep their eyes averted as they move forward. The moment everyone finishes singing, Eliot walks away and sits down on a chair in the far corner of the room. Jed stands there for a moment and looks about him, apparently unsure of what to do next. Linda (a staff member) who is standing next to Jed pats him on the shoulder in a friendly gesture. I think you had better try the first piece, she says. Jed nods, and stays where he is.* (Researcher, field diary).

One of the key things about expressive or affective touch is that, like other therapeutic and psychotherapeutic practices, empathy is invoked. During fieldwork, I observed numerous occasions where staff members and carers initiated these sorts of expressive bodily encounters. Such encounters comprised non-verbal signals of emotional and social support. A physical 'reaching out' that was intended to assuage feelings of isolation or anxiety.

> **Researcher***: And how does [name] help you, when you are feeling upset?* **Jack***: She might just tell me it's all ok, or give me a hug and that.* **Researcher***: And how does that make you feel?* **Jack***: Much better.* (Jack, participant, visual elicitation Interview)

In this way, 'feeling is often feeling with, involving another tactile body, wherein the tactile and the emotional arise within each other' (Patterson 2005, 162). This was also true in circumstances where touch was mediated through another body or object.

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Figure 5.11 Jed's woodwork session

In this video clip Jed is working on a handmade wooden chessboard. Jed is sanding away the rough edges to ensure the piece is sufficiently smooth before varnishing. Jed's instructor runs a finger along one edge of the board to indicate a section that needs further sanding. Jed complies and rubs sandpaper along the wooden surface for several seconds. Jed then imitates his instructor's hand gesture, and runs his finger slowly along the edge that he has just sanded. He then puts the sandpaper down. Jed and his instructor stand there for a moment, appraising the final result. (Researcher, video commentary)

As this video clip demonstrates, Jed and his instructor use skilled touch to ascertain the quality of the workmanship depicted in Figure 5.11 This helped to create a shared experience that was both tactile and emotional. Interviews with Jed's mother, and with care farm staff corroborated the view that woodwork was something Jed enjoyed and had become very good at during his time on the care farming programme.

> *He knows how to do [...] woodwork, it's a step in the right direction and I mean this is the ideal situation for him doing something that he really loves, and that he's good at. We've got so much of his stuff, things that he's made at the farm. And they really are beautiful* (Carol, parent, interview)

Watching these videos together during Jed's visual elicitation interview helped to elicit Jed's own feelings about his achievements, and demonstrates how tactile sensations are intimately linked with complex emotional responses, such as taking pride in one's work.

> **Researcher**: *So can you tell me what you were doing in the last video?* **Jed**: *Um…sanding.* **Researcher**: *And what were you making?* **Jed**: *I was making a noughts and crosses board, and I sold it at the Christmas coffee morning.* **Researcher**: *And how did that make you feel, selling something that you had made yourself?* **Jed**: *I feel […] I felt very proud.* (Jed, participant, visual elicitation interview)

By its very nature, therapeutic touch is both embodied and expressive, can open up a non-verbal communicative pathway or channel between bodies bringing them into proximity (Patterson 2005). This was especially important when trying to understand the therapeutic benefits of animals in the context of the care farm environment. There is a long-standing body of evidence that suggests that close physical contact with animals can have certain physical and psychological benefits (see chapter 2). However the animal-as-therapy literature typically fails to adequately interrogate the material and embodied nature of the interactions between humans and non-humans in animal assisted therapeutic interventions (Gorman, 2017b). During my fieldwork, physical touch was a means through which participants were able to demonstrate feelings of care and affection towards farm animals, and vice versa.

Figure 5.12 Video frame of Simon stroking 'Chewey' the goat.

In this video clip Simon is standing next to the goat enclosure. He reaches out his hand to stroke the nearest goat, 'Chewey'. Chewey moves closer to the fence in order to create less distance between his body and Simon's outstretched hand. Simon affectionately scratches Chewey behind his ears, and Chewey tilts his head towards Simon's hand, in apparent enjoyment. 'Love you!' Simon exclaims, as he bends down to kiss Chewey on the nose (Researcher, video commentary).

> **Researcher***: So what are you doing in this video?* **Simon***: Feed the animals* **Researcher***: So you're feeding the goats?* **Simon***: Yeah.* **Researcher***: So what do you like about the goats?* **Simon***: Cuddle them.* **Researcher***: And why do you like to cuddle them?* **Simon***: Love them.* **Researcher***: And how does it make you feel, when you cuddle them?* **Simon***: Happy.* (Simon, participant, visual elicitation interview)

5.13 Video frame of Jed stroking a pig

In this video clip Jed is in the pig enclosure. Sally (a female pig) is eating from a container that Jed has just set down in front of her. Jed watches her eat for a moment before he approaches her carefully. He begins to stroke her back. Sally does not appear to notice Jed's touch and continues to eat. Jed carefully runs his hand along her rough and hairy skin, removing bits of straw and sawdust as he does so. 'Are getting bits out of her fur?' I ask as I stand there filming. Jed nods his head in response and smiles. (Researcher, video commentary)

> **Researcher***: So what were you doing in the last video clip?* **Jed***: Stroking the pigs.* **Researcher***: And how did you feel, when you were doing this?* **Jed***: I feel like, that I'm comforting it.* **Researcher***: And how does that make you feel, knowing that you are comforting another animal?* **Jed***: It makes me feel that I am helping the animals.* (Jed, participant, visual elicitation Interview)

Through the medium of expressive touch, participants were therefore able to connect with farm animals and develop strong emotional bonds. What is more, farm animals were perceived to provide a non-judgemental form of emotional support. Unlike many human relationships, participants' relationships with farm animals did not, therefore, impose a strain or concern about the relationship's continued stability (Collins and McNicholas, 1998a).

> *I think for them, the non-judgement element is really important. Especially for young lads who are troubled, or who may lack love and affection […] it works because a*

troubled youth may not hesitate to cuddle a goat, because the goat's not going to reject him. A goat is not going to say I don't like you; you're not my friend. (Lisa, staff member, interview)

Touching farm animals also had a calming effect on participants and helped them to feel less anxious or depressed.

Figure 5.14 Video frame of Eliot with the Donkeys

In this video clip, Eliot is fitting 'Tilly' the donkey's bridle. Eliot fumbles with the buckle for a moment before inserting the strap correctly. Once the task is complete Eliot goes to leave the donkey enclosure, but is unable to do so because the way is blocked by a group of people. This appears to make Eliot quite anxious. He glances repeatedly at Sarah (his carer) and begins to shift from one foot to another in an agitated motion. Sarah calls to him and says 'why don't you come and say hello' gesturing towards Tilly. Eliot moves closer and begins to stroke Tilly's head and flank. Tilly stands very still. This appears to have an effect on Eliot, whose own body movements become less agitated. Sarah looks up at him and smiles 'See if you're calm, they are calm' she says. (Researcher, video commentary)

> **Researcher***: So what were you doing in the video?* **Eliot***: Feel happy with the donkeys. Tilly is my favourite.* **Researcher***: Any why is that?* **Eliot***: Cause she's nice.* **Researcher***: And how do you feel, when you are with Tilly?* **Eliot***: I feel calm*. (Eliot, participant, visual elicitation interview)

Affective encounters like the ones described above therefore demonstrate how being 'in touch' (MacPherson, 2007) with farm animals can help people to manage anxiety, and to feel calmer. The therapeutic potential of such encounters appears to reside in the behaviours displayed by farm animals and ways in which these influenced participants' own behaviours and actions.

> *I think if you have animals that are very calm and very passive, which most of our animals are. This has an impact on our clients. They see the animals being still and calm, just standing there, watching or eating. And it helps them to be more still and calmer, to feel more relaxed* (Linda, staff member, interview).

Care farming, and the opportunities this afforded to touch and be touched by other (human and non-human) bodies was important for participants who were often subject to discrimination, rejection and sometimes abuse in their everyday interactions with other people.

> *He was bullied one time at [name of centre] and I think that sort of put him off, and people would call him names on the street and once he was threatened with a knife, and he said I'm not going to go out there anymore.* (Wendy, parent, interview)

Participants were often very tactile and physically demonstrative in their engagements with other clients and farm staff and used physical touch to communicate feelings of friendship and mutual appreciation.

Figure 5.15 Video frame evidencing 'friendly encounters'

In this video clip James, Jack and Simon are loading the trailer with fallen brash. Simon playfully pokes James in the small of his back with a stick from the ground. James makes a startled motion and turns around hurriedly. Simon drops the offending item, and hugs James in apology then ruffles his hair affectionately. James smiles and appears appeased. Another client approaches Simon following this encounter, and gives him a playful nudge on the shoulder. Simon acts like he does not notice him at first and begins to walk away. But then, he stops and turns around holding out his arms indicating that the two should hug. They embrace for a moment, then break apart to resume the task at hand. (Researcher, video commentary).

These kinds of encounters were very important for participants, because they helped them to physically connect with other people and facilitated feelings of belonging and social inclusion. Friendships between people engaged in care farming activities therefore reminds us that being affected is 'an emotional labour, and requires the production and reproduction of mutual trust, reciprocal care and fondness' (Bunnell *et al.*, 2012, p. 18).

Conversely, there were many occasions during fieldwork where physical distance was equally important in interactions between clients.
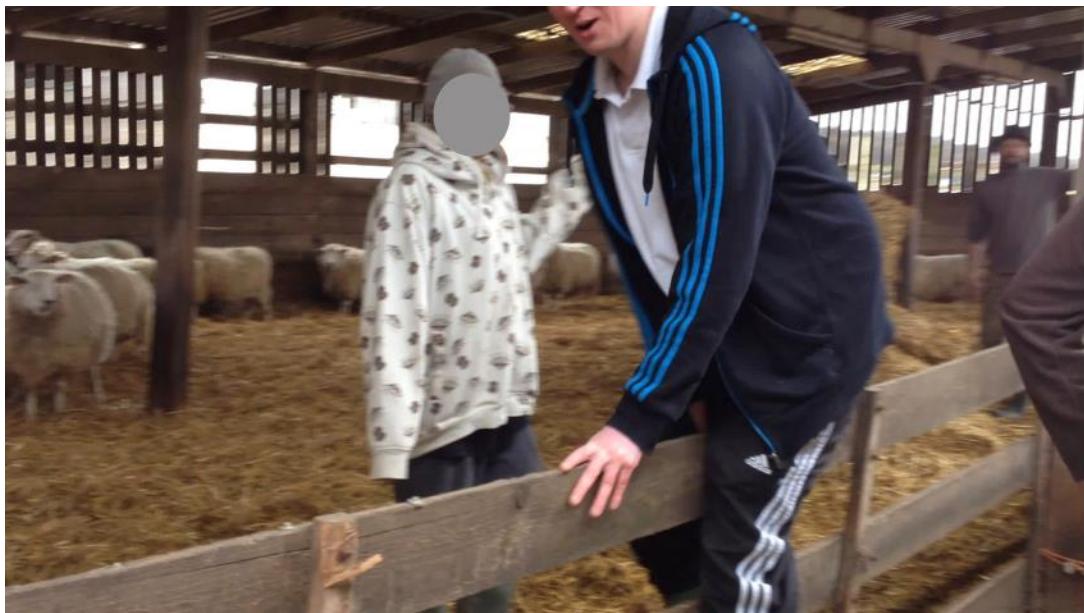
Figure 5.16 Video frame of Neil and Liam in the sheep enclosure (face obscured at participant's request)

In this video clip, Neil is working with Liam (a new client). Today they are working in the sheep enclosure. Neil climbs over the fence, and turns to Liam, indicating that he should do the same. He goes to help Liam over the fence. But then appears to change his mind and withdraws his hand. Liam climbs over the fence unaided and walks over to the nearest hay bale, Neil follows a couple of paces behind. (Researcher, video commentary)

> *[Speaking about Liam] He's alright he is, he's a laugh […] and he don't know how to look after the sheep cause that's the first time that Liam's been at the farm, I thought he was probably scared of the sheep*. (Neil, participant, visual elicitation Interview).

The above example captures an interaction between Neil and a new client, Liam (not his real name). As we see here, Neil expresses concern for Liam because it was his first day on the farm. What is more, whilst Neil sought to offer guidance and reassurance, he was nevertheless mindful to maintain a respectful physical distance. This demonstrates how participants often sought encounters that were devoid of direct physical contact and reminds us that touching is not always necessary or desired when forming friendships. Indeed, opportunities for spending time with peers without expectations of bodily contact constituted a form of 'gentle socialising' that was manageable for participants, and did not place undue strain upon them.

So social stuff, they don't always welcome the presence of other people in their lives, but when you're doing jobs with other people they actually like to have them around, so people become not a threat but a positive thing. (Lisa, staff member, interview)

Non-tactile encounters like these therefore reflect participants' desire to maintain bodily integrity and form friendships based on equality and mutual respect. These kinds of social interactions were particularly important for participants with intellectual disabilities, who often lack bodily integrity in their interactions with other people, such as parents, carers or practitioners, who typically exert power and control over their lives.

Importantly, the sense of touch as described in this section should be thought to include not only the skin's surface, but also tactile-muscular, proprioceptive and tactile-kinaesthetic senses. Where tactile-muscular and proprioception refers to our awareness of our body and its position in space and kinaesthesia is the sense of movement through space (the latter I shall discuss in more detail in the next section).

Firstly, tactile muscular touch, or the feel of one's body when engaged in physical activity, was an important phenomenon in the context of the care farm environment. Participants often spoke about the physical benefits of participating in care farming activities, and how it made their bodies feel.

Researcher*: So how does it make you feel when you're doing farm work?* **Simon***: Tired.* **Researcher***: And why do you think that is?* **Simon***: It's hard work.* **Research***: And is it a bad kind of tired or good kind of tired?* **Simon***: Good tired […] tender muscles.* **Researcher***: Because you've been working hard?* **Simon***: Yes.* **Researcher***: And how does that make you feel?* **Simon***: really good actually* (Simon, participant, visual elicitation Interview)

Participating in outdoor-based work activities also encouraged participants to be more active generally and to challenge themselves physically.

Certainly people who have started off being relatively inactive and not being able to dig for very long or not wanting to because it's seen as a hard job and physically

demanding, over time you see a real change […] they're much more willing to get stuck in and really put some physical effort into something and that could be cause they're getting stronger. (Sian, staff member, interview)

Figure 5.17 Video frame of James showing everyone how to do a proper press up

James: *Oh yeah, I remember this one, the sit-ups. I'm sitting on the tractor. I told him not to do it that way, you have to put your knees straight….here I come now (pointing at video).* **Researcher**: *So you're about to show them how to do a proper press up?* **Jamie**: *Yeah (laughs). Here I come, he can't do 10. I did about 20, but he's had enough.* **Researcher**: *So we said before how you feel a lot stronger since come to the farm?* **James**: *I'm stronger now….I can help with the shopping bags which I couldn't do before. I lifted a big bag of compost the other day that was heavy. I was digging at 100 miles an hour Monday… and I'm much broader now, cause that top I got bought in January with them bits hanging over my arms…fits me now.* **Researcher**: *And how does that make you feel?* **James**: *Brilliant.* (James, participant, visual elicitation Interview)

As the above extracts illustrate, participating in physical activity encouraged participants to appreciate their bodies and what they could do. What is more, the perception that one's body was becoming bigger and/or stronger as a result of being more physically active helped participants to feel more confident about themselves, and how their bodies looked.

Because when Jack first started coming here, he was quite unfit. He got tired very quickly, and found it difficult to lift anything heavy [...] but then as time went on, from being outside all summer and working hard on the farm, physically we saw some real changes. He could work for a lot longer and was able to do more, and he looked just so much better. And I think this has started to have a real positive impact on his confidence. He seems to take a much greater interest in his appearance now than before, and he has been talking more about meeting girls as well. (Liam, staff member, interview).

This reveals how the feel of one's body or its inner surface (e.g. aching muscles) was inextricably linked to outward appearance and positive body image. Participants who took part in this study frequently reported how participating in physical farm work helped them to feel good about themselves and enhanced self-esteem.

Researcher*: So how do you feel when you're doing hard work, like gardening?* **James***: More confident. Researcher: And why is that do you think?* **James***: Cause I'm doing it more.* (James, participant, visual elicitation interview)

However there were times when participants spoke less positively about the way in which care farming activities made their bodies feel.

Researcher*: And how do you feel when you come home after a day at the farm?* **Robert***: Sometimes tired, sometimes worn out. Just have to go straight to bed.* **Researcher***: So farm work can be quite hard sometimes?* **Robert***: Yes* (Robert, participant, visual elicitation interview)

Yeah and I really did my back in that time, lifting that wood, was too heavy really. Still not right, me back. (Jack, participant, visual elicitation Interview)

These findings demonstrate instances where participating in care farming activities made participants bodies hurt (and not in a good way!) or feel very tired. This had the potential to negatively impact on participants' experiences of care farming, and could discourage them from attending.

The problem is, sometimes he finds the work a bit tiring at the farm. And because of his condition he does get very tired […] and he has missed quite a few days at the farm because he wants to stay in bed. And really it's the job of his carers to encourage him to go, because he always has a good time when he does. (Matthew, carer, interview).

Whilst participants did not always enjoy the demands of physical work, care farm staff felt that this could still be beneficial, because it brought structure to people's lives and left them with a sense of achievement. This was important because it helped participants to feel like they had a purpose and that they made a valuable contribution to farm life.

Quite often the only negative thing they [participants] say is that it was really hard work. But, well hard work and exercise is good for you isn't it. And they'll do a bit of hard work, you know, lifting heavy things dispersed with a break and cup of tea and game of darts and I think the work aspect of it […] at the end of it they can stand back and say 'wow' this is what I achieved today. (Lisa, staff member, interview)

An active day at the farm makes you tired at night, which you should be, because you go to sleep and then you're awake earlier in the morning, which gives you a head start for the rest of the day. I think Neil when he first came he wouldn't be up until after midday, and wouldn't go to bed until 2 or 3 in the morning. (Sandra, staff member, interview).

To conclude this section, I reflect more generally on the way in which the various tactile sensations described here work together to create a sense of 'groundedness'. This phrase 'groundedness', coined by one participating staff member, is used here to denote participants' tactile experiences and deep sense of connection to their surrounding physical environment. This perspective therefore stands in stark contrast to the perceived groundlessness that Ingold (2004) ascribes to western ocularcentric studies of landscape, that have tended to neglect surface textures and feels (Forsyth *et al.*, 2013).

Figure 5.18 Video frame of James stamping on molehills.

In this video clip James is helping to remove heaps of excavated soil created by moles digging molehills. Shifting from one leg to another, he is using his body weight to flatten the earth beneath his feet in order to create a smooth surface where the molehill once was. Throughout this video clip James is talking and laughing and appears to be enjoying himself. (Researcher, video commentary)

> **Researcher***: So what are you doing in this video?* **James***: Um mole hills* **Researcher***: So you're filling in the molehills?* **James***: Yeah.* **Researcher***: And why were you filling in the molehills?* **James***: Well the earth, lots of soil.* **Researcher***: Do you often do general farm work like this?* **James***: Yeah.* **Researcher***: Is it something you enjoy?* **James***: Yeah […] I enjoy it so much.* (James, participant, video elicitation interview)

Figure 5.19 Video frame of Robert digging a fire pit

In this video clip Robert is helping to make a new fire pit in the farm garden. He begins digging with a small spade. The earth is soft and the spade meets little resistance as he scoops up clumps of soil. After a few minutes, he dispenses with the spade and begins to move the loose soil with his bare hands in to a pile beside him. (Researcher, video commentary)

> **Researcher***: So what are you doing in this video?* **Robert***: Making a fire pit.* **Researcher***: And how does it make you feel, doing work like this?* **Robert***: Good.* **Researcher***: Did you find it difficult or tiring?* **Robert***: No not really, cause it was soft.* **Researcher***: You mean the ground?* **Robert***: Yeah* (Robert, participant, visual elicitation Interview)

As these extracts demonstrate, how the ground feels through the body served to generate a range of pleasurable haptic sensations. What is more the 'ground-feel' of touch generated in many participants a sense of proximity and immersion and a 'direct contact or intimate interactive connection with their environment' (Brown, 2016, p. 6). By physically engaging with the land, participants were able to develop a sense of ownership over these community spaces, a feeling that these spaces were theirs because they had helped to create them.

> *Having been here for quite a while, he actually understands why we're moving molehills or you know whatever we're doing […] It's being a part of something, I mean you've got skin in the game if you like and he feels that he's skin is in the farm, things that have developed and been moved and built, and they're part of him now, the farm*

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is a part of him and he's got a responsibility for that. I think it's this idea of ownership, like when you start to see the changes you've made to a place and there are things you've actually done. I guess that gives you more meaning. (Lisa, staff member, interview).

Tactile encounters like those described here therefore amount to feelings of proximity and impingement upon the world (Andrews, 2015). This provided participants with a deep sense of contact with their environment and enabled them to become more attuned 'to larger forces and energies' (Patterson, 2005, p. 8) thus facilitating a real sense of belonging or 'place-ness'.

5.5. Therapeutic mobilities: doing, moving, feeling

Although there has been a tradition of insightful cultural geographical work related to phenomenological understandings of place (e.g. Buttimer 1980; Relph 1976) little research has been carried out regarding the embodied and sensuous experience of movement (i.e. tactile-kinaesthesia). More recently, health geographers have begun to engage with 'embodied mobilities' and argue for the centrality of the moving body in relation to place (e.g. Doughty 2013; Gatrell 2013; Pitt 2014; Spinney 2006; Atkinson & Scott, 2015). This work seeks to contribute to research on therapeutic landscapes by furthering 'an understanding of the primacy of embodied experiences in the 'doing' of therapeutic landscapes and that this bodily doing is necessarily mobile' (Doughty, 2013, p. 1).

As discussed in the previous section, care farming activities provided participants' with opportunities to participate in physically demanding work. This helped participants to connect with their bodies (and the feel of their muscles) and was also linked to positive body image and self-esteem. The concept of movement adds another layer to these observations and helps us to reflect on the way in which outdoor spaces afford opportunities to move one's body in ways that are beneficial to health and wellbeing (Brown, 2016).

The thing about open outdoor spaces, when compared to more confined areas (such as the home or garden) is that larger spaces tend to encourage more movement, if only because it takes longer (and requires more effort) to get anywhere.

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Figure 5.20 Video frame of Eliot walking Tilly the donkey

In this video clip Eliot and Sarah are leading Tilly the donkey out to the furthest field. The ground is very uneven, so I decide to position myself at a fixed viewpoint rather than follow them. It takes them several minutes for them to reach their destination, by which time they are distant objects in my field of vision. (Researcher, video commentary)

> *Yeah cause it's [the farm] really big, I have to walk far to places [...] all the way to the chicken shed, it's far.* (Neil, visual elicitation interview)

As these extracts demonstrate, the spatial characteristics of the farm environment required participants to move around a lot. This contrasted with other spaces where participants spent much of their time (i.e. at home, in their living room or bedroom) which are more confining spatially, and therefore impede physical activity. What is more, encouraging participants to be less sedentary was perceived to have numerous benefits for health and wellbeing.

> *I think one of the main benefits is just about getting them to move around more, I mean a lot of the people that come here, when they're not here they don't do all that much, physically [...] they watch films or play computer games and aren't very active physically. So I think coming here, even if it's only once a week, at least it encourages them to do a bit of exercise, which is good for them physically and mentally* (Sandra, staff member, interview)

Whilst care farming activities required participants to move their bodies more energetically, participants rarely described the work undertaken as being too exerting. This was, in part, because they were able to work at their own pace but also because they were participating in activities that they enjoyed. This is supported by other research which suggests that outdoor based activities have the potential to increase the frequency and intensity of physical exercise due to the enjoyable nature of the activities undertaken which can, in turn, provide a positive distraction from the actual exercise itself (Hartig *et al.*, 2014).

> *I think the thing with care farming is it's great for people physically […] you know you can be digging or weeding or fixing a fence and its hard work. But you don't really notice you're doing hard work. I watch them sometimes, when they're really involved in an activity. They look really hot and bothered and they might be out of breath, but they seem don't notice at the time.* (Sandra, staff member, interview)

Not only did care farming help participants to forget the fact that they were exercising, but also to forget themselves. Indeed, farm work and the bodily movements that these kinds of activities afforded helped participants to lose themselves in the task and facilitated a state 'in which people are so involved in an activity that nothing else seems to matter' (Csikszentmihaly 2002, 4, cited in Pitt 2014).

Figure 5.21 Video frame of service users loading the trailer with logs.

In this video clip, Eliot and several other people are helping to load the trailer with logs. Everyone begins by picking up a log from the pile, which is stacked up against the fence. They then walk the short distance to the trailer, where they pass the log to [NAME] who stacks the offered log neatly on to the trailer shelf. This process is repeated until all of the logs have been moved from the pile on the ground to the pile on the trailer. There is very little talk during this whole time, and everyone appears very absorbed in the task at hand. (Researcher, video commentary)

> *You see, the way we set up these kinds of activities, like stacking logs […] it's a very structured kind of movement […] and we encourage them to be quiet and calm when they do things like this and just really to focus on the rhythms of the activity […] and this does really help them to concentrate on what is being done and to forget themselves, and also to connect with their bodies and with the movement* (Linda, staff member, interview).

As these extracts illustrate, participants often became so absorbed in these sorts of activities that they ceased to 'feel separate from task or world' (Pitt, 2014, p. 4). Care farming is therefore interesting in this context because it denotes activities that are not 'so simple that they can be done without concentration and require practice to achieve a degree of skill that allows the body to move with little conscious direction' (Pitt, 2014, p. 103). Performing

rhythmic or repetitive movements, such as digging, weeding or stacking logs, helped participants to embody and retain these skills. Here, the emphasis was on learning through movement rather than verbal instruction. This echoes Merleau-Ponty's suggestion that we inhabit rhythm as 'movement [which] is learned when the body has understood it, that is, when it has incorporated it into its world' (Merleau-Ponty, 2002, p. 160).

This was perceived to be important for people with intellectual disabilities, who may struggle to retain knowledge and skills learnt in a more traditional classroom setting.

> *When they'd learnt something in September and perhaps not do that job again for 6 months, it was still there and we found that fascinating as that isn't always usual in a classroom setting. We realised that because we were able to practice plenty, therefore to get those skills under their skin as it were.* (Linda, staff member, interview).

As time went on participants began to refine the skills that they had learnt, and inhabit those activities that they preferred or were particularly good at.

> *When they coming in at about 17 or 18 they've got lots of energy, they throw themselves at the farm […] but by the time they get to 25 or 26 they're seeming to cement what they're particularly good at, which is a bit like a job really* (Linda, staff member, interview).

In this way, haptic practices of the moving body are seen as a way of coming to 'know thyself' (Husserl, 1989, p. 61) or to feel oneself (Bingley, 2003). Indeed, unlike visual experience, tactile-kinaesthetic experience necessarily entails an interrogation of one's own bodily state. This can result in a better understanding of one's own body and its abilities. This in turn, helped participants to feel more confident in themselves and in their ability to do certain things.

> *I think he is much more confident now, doing these sorts of jobs at the farm, it helps him to realise what he can do and what he is good at* (Tilly, parent, interview).

As Doughty (2013) observes, very little attention has been paid to the social dynamics of embodied movement, yet the 'moving body does something to our sociability' (ibid, 142). In

my ethnographic study, I frequently observed how sharing tasks was generative of supportive sociality that was embodied through movement. As Doughty highlights, this can result in a particular mobile therapeutic practice that is produced and experienced inter-subjectively (Doughty, 2013).

Through their embodied engagement in care farming activities, participants were able to connect with fellow users in meaningful ways and learnt something important with regards to the value of teamwork. This, in turn, strengthened the positive emotional attachments that participants developed with the farm, making participants want to return to these spaces time and time again.

Figure 5.22 Video frame of service users helping to erect a fence

In this video clip, James and some of the other service users are helping to erect a fence for the new alpaca enclosure. The fence panel is large and heavy and everyone's help is needed to lift it into position. 'One…Two….Three…' calls Lisa (a staff member) and on three everyone moves together, heaving the fence panel up, moving slightly to the left before they carefully set the fence panel down again. (Researcher, video commentary)

> **Researcher**: *So you're all working together here?* **James**: *Yes teamwork.* **Researcher**: *And what do you like about teamwork?* **James**: *working together […] helping each other out.* **Researcher**: *And how do you get on with the other people in this video?* **James**: *Really great […] everyone's friendly.* **Researcher**: *So you enjoy being here then?*

> **James**: *Yep, love coming on a Tuesday […] can't wait.* (James, participant, visual elicitation interview)

Sharing tasks helped participants to connect with one another and enabled them to feel supported in their everyday lives. This demonstrates the value of shared movements in the creation of environments that support wellbeing.

> *The thing about this kind of work is that it requires people to work very closely together, physically speaking […] and you can get a sense when two people are getting on well so I'll step back a bit and sometimes you can see a relationship blossoming […] and working in the outside air, you know they couldn't have done that in an indoor classroom, because there's nothing else to do other than work alongside one another and talk and they just sort of gravitate together* (Sandra, staff member, interview)

> *I think the best thing for him, is that he's made some friends up at the farm. He's just so full of it when he comes back […] just spending time with other people and socialising and working together it's been really great for his confidence, he's definitely happier since being there* (Cassandra, parent, interview)

In summary, whilst there has been much work on meanings of place in geography, much of this work has tended to see the landscape from a somewhat static perspective (Gatrell, 2013; Ward Thompson, 2013). Yet people rarely experience places from a static point of view, what is more 'movement and its implied spatiality are central to the creation of meaning in human experience' (Howitt, 2002, p. 306). This notion appears to be supported by findings from this thesis in which the relationship between movement and place (or rhythm) emerged as central for understanding how the care farm environment was meaningful for wellbeing (Doughty, 2013).

5.6. Sensing climate

In this final section I explore how the sensations of touch, light, heat and sound come together in the experience of climate and the implications this has for people with intellectual disabilities engaged in outdoor therapeutic activities. Working the land helped to create

certain connections to nature, connections that strengthened over time as participants continued to engage with features of their environment. For example, farming was described as an opportunity for participants to become more attuned to the weather and the changing seasons.

> *I think being outdoors helps you to connect to nature in some way. Certainly you are so much more aware of the seasons and how they change. You just don't experience that when you are stuck indoors* (Sandra, staff member, interview).

Whilst much of the literature on therapeutic landscapes has sought to explore the health effects of outdoor spaces, the weather is rarely a focus for consideration. Yet the weather arguably mediates people's experiences of outdoor spaces in important ways. For my study, the fieldwork was conducted in two phases, where initial data were collected in late summer/early autumn with 'follow-up' data gathered in late winter/early spring. Phasing the data collection in this way helped me to reflect on the changing seasons and how this influenced participants' experiences of care farming.

Certainly the weather made people's bodies move and feel differently. For example, on particularly cold days participants tended to take longer to complete tasks. This was in part because participants were encouraged to take regular indoor tea breaks, but also because the cold air actually made their bodies move more slowly.

Figure 5.23 Video frame of participants unloading the farm trailer on a cold winter's day.

In this video, participants are unloading the trailer. Everyone is wearing thick coats and scarfs with their heads bent, as if bracing themselves against the cold. Participants' movements appear very measured and deliberate, as if the surrounding air is slowing them down. When people breathe, puffs of condensation appear around their mouths and I attend to the way in which these puffs become larger and more frequent the harder that they work. I notice that the camera is not quite steady during this scene, probably because I am shivering from the cold. (Researcher, video commentary)

Participants seemed more reluctant to engage in social interactions in bad weather, and there was often a sense that people just wanted to 'get their heads down' and get on with the task at hand.

> *It always strikes me how hard people work when it's cold. There's definitely less talking, less mucking around. I guess people just want to keep moving to keep their bodies warm*. (Lisa, staff member, interview).

Of course, not all participants minded the cold or the rain, with some describing how they were happy to work outside at all times of the year and in all sorts of conditions.

> **Tilly***: I didn't think he would like it outside in the winter, but he does.* **Researcher***: So the cold weather hasn't bothered him then?* **Tilly***: He don't mind it. He don't even*

mind….he goes out in the rain. No matter what the weather he'll go. (Tilly, parent, interview).

Researcher*: Yes, I remember it was cold on that day. How did it make you feel?* **James***: I was fine I didn't mind, cause I got that big duffle on.* **Researcher***: So you don't mind working outside on days like this.* **James***: Don't mind it.* (James, participant, visual elicitation interview)

Nevertheless, people did seem to prefer working outdoors when the weather was warm and sunny. For example, participants were more inclined to spend time socialising outdoors (i.e. during lunch and tea breaks) and the atmosphere on the farm tended to be more relaxed and playful in the good weather.

Figure 5.24 Video frame of everyone gathered for the farm's annual Halloween feast.

It is unusually warm for the time of year. Neil is serving people homemade chilli and pumpkin soup. Everyone is sitting around on camp chairs and benches in their t-shirts, basking in the late autumn sun. The atmosphere can only be described as one of 'laziness' and contentment (Researcher, video commentary)

Figure 5.25 Video Frame of participants taking a walk on a sunny day.

In this video clip some of the participants are taking a walk over to the horse paddock. It is a warm summer's day and there are very few clouds in the sky, which is a clear blue. The late afternoon sun casts long shadows on the ground. I am at the back of the group filming. Everyone is walking at a fast pace and I begin to lag behind, slowed by the operation of the video camera. As we walk down the farm track people begin to break apart into smaller groups. Paul (a staff member) touches one of the other clients on the elbow and says something that I do not catch, he puts his arm around his shoulder and hugs him briefly before running ahead. At the front of the group, two individuals begin to push one another playfully. Everyone is shouting and laughing. The mood of the group is one of excitement. (Researcher, Video Commentary).

Andrews (2014) encourages us to think about 'affective moments' like these by starting at the atomic or molecular level. Indeed, whilst heat and light molecules cannot be seen with the human eye, their affects are felt. The energy from the sun (transported as electromagnetic radiation) is absorbed by human (and non-human bodies) and subsequently influences their capacity for engagement. Collating audio-visual data, such as this therefore helped me to reflect on the way in which participants' bodily movements became more relaxed and 'joyful' on warm and sunny days and the ways in which this influenced participants' actions and behaviour.

However, the weather did not always have a positive effect on participants. For people who are highly sensitive to things like bright light or hot temperatures, a sunny day could, in fact, be a source of anxiety. For example, Eliot who has the label 'autistic spectrum condition' suffers from sensory processing issues. When he first started coming to the farm he found it impossible to spend time outdoors without his sunglasses, even when the sky was overcast.

> **Researcher***: So what other things affect you working?* **Eliot***: Too light* **Researcher***: And if the sun's out what is it that do to you?* **Eliot***: Need sunglasses.* **Researcher***: And that stops you working as well sometimes doesn't it?* **Eliot***: Yeah.* (Eliot, participant, visual elicitation interview)

Similarly, I would rarely see Jack (another participant) without his sunglasses or baseball cap on, which was always pulled down low to cover his face. This can, in part, be attributed to Jack's low self-esteem (he preferred to make himself as inconspicuous as possible at first), but also because he found it very difficult to be outside without these 'protective' aids.

> *When Jack first started coming to the farm, you could just see his lack of confidence. He wore his really hair long, and had this baseball cap that he never took off even inside. And his sunglasses, he couldn't be without them. I think it had to do with his low self-esteem he has a poor body image, and he just wanted to hide away. And also he often says how he really doesn't like it when the sun is in his eyes, which is also why he wears the sunglasses I suppose.* (Lisa, staff member, interview)

However, care farming, and the opportunities this afforded for being outside, did help participants overcome certain sensory issues. As time went on, both Jack and Eliot required the use of their sunglasses less and less, until they were able to dispense with them entirely (unless it was really sunny). In this way, care farming helped participants to manage their anxiety and to become more resilient to external forces, which would once have seemed so intimidating.

However, heat and light were not the only things that participants had to contend with. I recall a particularly windy day in April 2015, during fieldwork. On this day I had arranged to do some filming with Jed, but was informed that morning that he would not be coming in

because he was poorly. In a subsequent interview with Jed's mother, she told me that the reason that he had not been in that day was because of the windy weather, which had kept him up all night and had made him very anxious.

> *He [Jed] said he didn't want to go in that day because he was poorly. But I knew it wasn't that. He hardly slept the night before because it was so windy. Which he found really difficult. I think he didn't want to go in that day because the wind was too much for him.* (Carol, parent, interview).

Given Jed's absence on the day in question. It was therefore decided that I would do some filming with Eliot instead.

Figure 5.26 Video frame of Eliot collecting hay.

In this video Eliot is helping Sarah to load the wheelbarrow with hay. It is a very windy day and the sound of air reverberates through the camera microphone and distorts the audio recording, thus making it very difficult to hear what is being said. Beneath the noise of the wind, I am just able to catch Eliot exclaim "It's very windy!" to which Sarah replies "Yes it is a bit windy. Just hide your face". I observe how the wind pulls at Eliot's clothes and hair and blows the hay in swirls all around him. (Researcher, video commentary).

In this video clip I observed how the movement of air molecules created an atmosphere that was both antagonistic and disruptive. Not only could I hear the wind throughout this audio-

visual recording, I could also see its physical effects on Eliot and the way in which this negatively impacted on his day.

> **Researcher***: And how do you feel on a windy day like this?* **Eliot***: Nervous.* **Researcher***: And why does it make you nervous.* **Eliot***: Cause it's cold, and makes my ears hurt.* **Researcher***: So, does that affect your hearing?* **Eliot***: Yes.* **Researcher***: So do you want to out, when it's windy.* **Eliot***: Stay in, I'd rather stay in.* (Eliot, participant, visual elicitation Interview)

These findings therefore suggest that we should be cautious when making generalised claims about the therapeutic benefits of being in 'natural environments' and supports other research on therapeutic landscapes, which suggests that being outdoors does not always constitute a positive experience for people (Milligan and Bingley 2007; Conradson 2005).

5.7. Multi-sensory experience and sense of place

In this chapter I have sought to elucidate participants' embodied and multisensory place experiences as this relates to the care farm environment. According to DeMiglo & Williams (2008) an individual's sense of place may be understood in terms of the perceived atmosphere or quality that is attributed to a specific space, where the concept of atmosphere is used here to denote a 'spatial experience of being attuned in and by the material world' (Bille 2014, 5, cited in, Pink, Leder Mackley, and Morosanu 2015).

Humans' experience of place is often compared to other forms of sense perception that, as with the other human senses, are often difficult to communicate or explain. For example, in terms of sense of taste one may consider a food to be particularly delicious whilst another may consider this same food to be unpleasant. The same holds for sense of place perception in that people's experiences of specific localities can be interpreted very differently and hold very different meanings for different people (Eyles and Williams 2008). This is supported by findings of this thesis. As demonstrated throughout this chapter, participants' material and embodied engagement with the care farm environment created experiences that were alluring or repellent, therapeutic or harmful, depending on the meanings that people attached to those experiences. This reminds us that so-called therapeutic landscapes do not

possess intrinsically therapeutic properties with the capacity to enhance or restore wellbeing. Indeed, participants in this study clearly experienced the care farm environment in different ways. Of course, this is not to deny that participants experienced the care farm as therapeutic on a variety of occasions, but it does suggest that positive place experiences are not in any sense pre-determined outcomes (Conradson, 2005).

Participants' visual, auditory, olfactory and tactile experiences served to create strong visceral connections to the care farm environment and to the other (human and non-human) bodies that shared it. What is more, even when these experiences were interpreted as unpleasant, they could still be very powerful and evocative. This highlights how care farms have the potential to stimulate strong place attachments (or aversions) and ways in which participants' multi-sensory experiences shaped processes of place making and therefore people's sense of place (Duffy and Waitt, 2013). This construes sense of place as a type of situated affect or feeling state, whereby a place 'owes its character to the experiences it affords to those who spend time there, that is, to the sights, sounds, feels, smells movements and rhythms that constitute its specific ambience' (Vannini and Taggart, 2013, p. 12).

I argue that all the different ways in which participants interact with various features of the farm landscape and the sense experiences that arise as a result, help participants to develop an embodied connection to the farm and the people that share it. In this way, participants' landscape experiences serve to create a strong or 'authentic' sense of place, a sense that evolved over time as participants continue to engage with features of their environment. This sense of place is not simply psychological or part of our human consciousness in isolation, but is achieved and produced through participants' sensory, emotional and affective engagements with the material world (Pink, Leder Mackley and Morosanu, 2015).

In the next chapter I explore the sense of place concept in more detail, as this relates to the care farm environment, and the implications this has for people with intellectual disabilities. Specifically, I examine the transformative potential of the various affective atmospheres described in this chapter, through an examination of the wider impact that care farming had on the everyday lives of the participants in this study.

Chapter 6. The care farm landscape: therapeutic or ameliorating?

6.1. Introduction

In the previous chapter, I sought to explore the material, embodied and performed elements that foreground participants' therapeutic landscape encounters when engaged in care farming activities. I argue that participants' sense of place emerges as an affective environment or atmosphere, characterised by the sights, sounds, feels, smells, rhythms and textures that constitute the care farm landscape and its 'specific ambience' (Vannini and Taggart, 2013, p. 12). Whilst much of this chapter focused on the more immediate and momentary aspects of wellbeing, I argued that attention must also be given to the disruptive power of such affective atmospheres, if wellbeing is to become a stable and measurable outcome over the longer term (Atkinson, 2013b). This forces us to think critically about the way in which affect works antagonistically to disrupt our habituated practices, modes of perception and everyday routines and to 'try to capture the transfer of affectual energies that may play a part in jolting individuals to see and feel differently' (Patterson, 2005, p. 165). This approach required me to take in to account not only the specific forms of engagement that took place within the care farm setting, but also the wider network of socio-environmental relations within which participants were embedded (Conradson, 2005).

Drawing on the video data and interview material, as well as other visual material collated by participants' themselves, this chapter examines the wider impact that participation in care farming activities has on the everyday lives of people with intellectual disabilities. I begin by outlining the different journeys undergone by two participants, during their first year of attending a care farm (see below for selection rationale). The word 'journey' is used here to communicate the importance of movement between places and to capture the transfer of affectual energies that may play a part in jolting individuals to think and feel differently. Drawing on these individual journeys as examples, but interpreted through the analysis of all seven case studies overall, this chapter examines the transformative potential of the various affective atmospheres, described in chapter five.

My analysis reveals two types of therapeutic journey that broadly fit the experiences of my case study participants. The first type of journey denotes landscape experiences that are

transformative. Here the therapeutic power of the care farm landscape resides in the ability of activities conducted on care farms to influence other aspects of participants' lives to create wider 'spaces of wellbeing' (Fleuret and Atkinson, 2007). This is characterised by enhanced social networks, increased independence and healthier, happier bodies. By contrast, I suggest that there is another type of journey where the therapeutic experience resides in the 'otherness' of the farm landscape. For this type of journey, the care farm is perceived as a space of sanctuary where participants feel safe and accepted, thereby providing a much-needed source of respite from other 'health taking' environments that participants inhabit during their everyday lives. Whilst providing people with opportunities to remove themselves from places that are detrimental to health can have certain therapeutic benefits, I argue that the wider impact of care farming on the lives of these individuals is less clear.

6.3. Case study 2: Neil's journey

Neil is a 21-year-old white British man and has the label 'moderate learning disability'. Neil currently lives with his mother and sister on a housing estate on the outskirts of a city in the south west of England. Neil started attending care farm C in the summer of 2014, where I was first introduced to him as someone who might like to take part in my study, at which time Neil had been attending care farm C for approximately 4 weeks.

Neil's disability was first noticed at nursery but was not officially recognised until his third year at a mainstream primary school, after which time he attended a SEN school. Both Neil and his mother describe his time at school as challenging and Neil experienced difficulties getting on with his teachers and with the other students.

> *He started off in a mainstream school. At nursery they noticed that something wasn't right then but nothing can be done until he hit his first year at school. Um so then they can start doing all the testing. But it took about 3 years to get all the testing done. Then they said he won't be able to go to special school for at least another 2 years. Um, he was quite naughty at school* (Janice, parent, interview)

However school was not all bad, and Neil's mother recalls an 8-month countryside stewardship scheme during his final year as being a very positive experience for Neil. It was

here that Neil first discovered a love of working with animals and Neil's mother felt that he was much better suited to learning in an outdoor environment than in a classroom. Indeed, Neil's enjoyment of this scheme was part of the reason that he decided to give care farming a try, albeit several years later.

> *He did this stewardship thing for the school. And he loved it you know they were dealing with the sheep and the goats and he loved it […] in his first year at school his teacher said she could put two oranges down and two cows and she'd say how many oranges and he's say three or four and she'd say how many cows and he'd say two. But Neil always enjoyed doing things outside and spending time with animals. If anything else, he's getting outside, getting fresh air that sort of thing.* (Janice, parent, interview)

Upon leaving school Neil started attending a day centre for people with intellectual disabilities. Whilst he enjoyed it there at first and made some friends, he became increasingly bored and frustrated and found it difficult to get on with some of the other users.

> **Researcher***: So you stopped going to the day centre after a while?* **Neil***: Yeah cause it was boring […] I got bored there doing the same things. And there was one guy there I didn't get on with.* (Neil, participant, visual elicitation interview)

After several months, he stopped attending the day centre altogether, and began to spend a considerable amount of time at home, rarely going out or meeting friends. Neil became very depressed during this time and began self-harming, which culminated in an attempt to take his own life. Whilst Neil and his mother appear to be very close, their relationship is described as difficult and volatile and Neil has a tendency to become very aggressive and violent at home.

> *I know that Neil has difficulties at home. I think he is very close to his mum and relies on her a lot, but they argue a lot which he finds hard and he often comes to the farm in an extremely dark mood* (Sandra, staff member, interview)

He has these paddies, he will flip and that's it and it can take hours and hours sometimes days to snap him out. It can be the smallest little thing […] and the social services say, call the police. And the police say what can we do, we lock him up we make him worse. (Janice, parent, interview)

Neil is often so overcome with these 'paddies' that he will punch anything or anyone that gets in his way. When I went to Neil's house to conduct his second interview, his mother showed me various dents and holes in the walls and doors where Neil had punched them, a physical reminder of his unhappiness. Neil also developed a drug habit during this time. This has done nothing to help his situation, and Neil describes feeling very lethargic and anxious a lot of the time. Sometimes Neil stays up till 4am smoking marijuana which means he spends most of the day time hours in bed, asleep.

Researcher*: So describe to me what a normal day is like for you when you are not at the farm?* **Neil***: Just stay in bed […] smoke weed if I've got it, not much really.* **Researcher***: And how does that make you feel?* **Neil***: Dunno, OK I guess but like the weed makes paranoid and stuff.* (Neil, participant, visual elicitation interview)

Problems at home, lack of sleep and habitual drug use mean that the level of enjoyment that Neil is able to gain from being on the farm is somewhat variable. Neil often comes to the farm very unhappy or upset, and this means that it can be difficult for him to fully engage in the day's activities.

Neil's background I think has an impact on him, in terms of the benefits that he is able to gain from being at the farm. Sometimes he comes in in the morning and before the day has begun you know that it is going to be difficult to get him to join in, because he seems so unhappy. It's a real shame. (Sandra, staff member, interview)

On good days however, Neil's progress is much more noticeable and he appears to get real enjoyment from being at the farm. No longer taciturn and withdrawn, Neil exudes friendliness and enthusiasm. When Neil is feeling happier he appears to get on well with other users at the farm and is keen to get stuck in. Neil has begun to confide in staff members about his problems, and is building real trust and rapport with fellow users.

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But when Neil is having a good day, things begin to look rather different. He can be some helpful and polite when he wants to be. And he gets on well with some of the staff and the other users here and he is very open about his problems and will talk to us about what is going on at home, which I think helps. (Sandra, staff member, interview)

Figure 6.3 Photograph of Neil and another user in the farm greenhouse (photograph taken by researcher with Neil's permission, face obscured to ensure anonymity at participants request).

Researcher*: So, what were you doing here?* **Neil***: Helping [name] in the greenhouse, I think we just talking really.* **Researcher***: Can you remember what you were talking about?* **Neil***: Films and stuff, yeah […] he's alright really.* (Neil, participant, visual elicitation interview)

Care farming provides Neil with opportunities to spend time out of the house in a supportive and safe environment, with people his own age. This has helped Neil to feel more confident in social situations, and to be more open and relaxed in his interactions with others.

He seems a bit more confident now, he definitely enjoys it there I know he gets on well with some of the other boys. (Janice, parent, interview)

Being outdoors, spending time with farm animals and engaging in physical work can be a positive distraction for Neil and can sometimes help to take his mind off his problems. This has also helps Neil to feel happier and more relaxed on 'good days', and staff have noted a marked (albeit inconsistent) improvement in his overall mood and behaviour.

> *On good days, we have seen some real changes in him […] some real improvements in mood, and the way in which he relates to others. So there are definitely some positive things going on I think* (Sian, staff member, interview)

> **Researcher**: *And how does it make you feel doing activities like this?* **Neil**: *Alright, normal really.* **Researcher**: *And what do you mean by normal?* **Neil**: *Don't feel angry or anything.* (Neil, participant, visual elicitation interview)

Whilst Neil has made some friends since attending care farm C, he does not socialise with any of them outside of the farm setting. Indeed, Neil rarely leaves the house other than on his care farm days and his social opportunities and networks remain somewhat limited.

> *He doesn't really go anywhere, he won't go out unless I'm with him. I'd like him to go to this social club in [town] but he won't go.* (Janice, parent, interview).

Attending care farm C has introduced Neil to a range of 'healthy' activities (e.g. regular exercise, eating fresh fruit and vegetables and restricted opportunities for smoking). However, when Neil is not at the farm he prefers to eat 'junk food' smokes heavily and engages in little or no physical activity.

> *I just eat crap, like junk food, crisps and chocolate cheeseburgers and hoops […] no I don't think I'm very healthy I don't really like healthy things.* (Neil, participant, visual elicitation interview)

Neil still suffers from anger issues and anxiety, some of which he ascribes to his habitual drug use. He also continues to self-harm on occasion and can very feel very down at times.

> **Researcher**: *Why do think you get angry?* **Neil**: *Cause I got no joints, when I've got weed I don't, but if I haven't got any then that makes me angry. Like before, my sister*

phoned the police on me, and I was like head-butting the wall and um, punching my head and my chest. (Neil, participant, visual elicitation interview)

Well the other day I noticed some scratches on his arm and it turns out he was using the top of a coke can to cut his wrists […] but they were only little cuts. But he does get in these moods and can be very down on himself saying things like 'what's the point, what's the point of me being here' and yeah I do worry about him. (Janice, parent, interview)

Whilst staff at care farm C believe Neil to be a very able young man, capable of securing paid work in the future, Neil has himself expressed reservations about becoming more independent, and does not want to get a job or move out of home.

6.2. Case Study 1: Jack's journey

Jack is a 37-year-old white British man. Jack has the label Asperger's Syndrome and learning disability. Until quite recently he lived at home with his mother and father in a semi-detached house on the urban fringes of a small city in the South East of England. Jack started attending care farm A in the summer of 2014, where I was first introduced to him as someone who might like to take part in my study, at which time Jack had been attending care farm A for approximately 3 months.

Jack's mother says she always knew that there was something different about her son, yet doctors, who attributed his difficulties to mere lack of confidence, consistently failed to recognise his disability.

He went to the doctors many times and they just said it was lack of confidence, but its more than that, when he was a little boy I could see there was something different, I'd try to get him to do things and I noticed that he didn't have very good concentration at all. I remember when he was at nursery and I went to pick him up one day and I remember him sitting under a table away from the other children […] cause he don't like people getting too close to him. He's alright with me but if you were to get hold of

him and hug him he wouldn't like it and he's got certain things he likes to do at certain times you know, he likes having routines. (Wendy, parent, interview)

Jack's formative years in mainstream education were especially challenging, and he found it very difficult to socialise with the other children and was severely bullied.

He didn't like school cause he wouldn't mix with the other children there [...] he went to a mainstream school and even at the infants he had problems with bullying and one boy beat him up and one kicked him in the groin and that then he went to middle school and he was picked on there and one of his teachers could see what was going on and she said it wasn't Jack causing the problem it was the other boys and then he had to go to a special class then he went up to the big school and he was picked on there and I thought something was going on (Wendy, parent, interview)

Following a formal assessment by his teacher, Jack was sent to a Special Educational Needs (SEN) school when he was 14. This was a very beneficial move for Jack, who thrived on being in a supportive environment where 'people understood him'. For the first time in his life he was able to make friends and was no longer subject to bullying and discrimination by fellow classmates.

Upon leaving school Jack found the transition into adult life somewhat challenging. He attended a specialist college for a while but found it difficult to fit in there and dropped out before completing the course. Following this, he attended a day centre for people with intellectual disabilities for several years. However, he stopped attending due to problems with bullying and staff changes. This prompted a gradual decline in Jack's social networks and opportunities and he became increasingly isolated, spending more and more time at home. Jack expressed fears about leaving the house, made worse by the fact that he had been verbally and physically abused by strangers in the past, and described how, one day, he stopped leaved the house altogether. He did not leave the house for seven years.

Jack*: Then I stopped going cause the teacher left and then some people got on my wick [...] Seven years. I did go to the hairdressers once and that was it [...] I was in my room all day, in my bedroom. Dad would say go and bugger off upstairs.* **Researcher***: And*

why do you think you found it so difficult to leave the house? **Jack**: *Um, scared maybe. I have had a person threaten me once, boy on a bike got me a few times and asked for my money, nearly run me over. Then there was another boy who threatened me with a penknife.* (Jack, participant, visual elicitation interview)

Eventually, social services became involved and this was when things began to change for Jack. Indeed, It was Jack's social worker who encouraged him try care farming and, after attending a taster day at care farm A, he started going 2 days per week as part of his individual support package.

During those first few months at care farm A, Jack was described as someone who suffered from low self-esteem and found social situations to be very challenging.

When Jack first started coming here […] oh he was very shy and quiet […] you know he hadn't been out much for a very long and his confidence was just at rock bottom back then (Lisa, staff member, interview).

Whilst Jack appeared quite capable of performing various tasks around the farm (with some help from staff) he tended to keep social interactions to a minimum during those first months, preferring instead to work alone. This was reflected in Jack's physical appearance and demeanour and the way in which he sought to make himself as inconspicuous as possible.

Figure 6.1 Photograph of Jack, taken at his home. Wearing his sunglasses and hat (poor quality image)

> **Researcher**: *Can you tell me more about this photo?* **Jack**: *Oh no that's me with a hat, I don't wear that no more […] I still wear sunglasses sometimes but not as much.* **Researcher**: *And why did you always wear sunglasses and a hat back then, do you think?* **Jack**: *Dunno, hides me I guess.* (Jack, participant, visual elicitation Interview)

However, as Jack became more familiar with his surroundings things began to change. Care farm A is a small family run enterprise and as such, Jack got to see the same people every day. This provided Jack with much needed stability, and enabled him to form meaningful relationships with the people that worked there. During his time at care farm A, Jack discovered that he was especially good at gardening. This was readily noticed by staff, and Jack was given his own small plot of land on which to grow fruit and vegetables. This simple act was extraordinarily beneficial for Jack's confidence and facilitated feelings of inclusion and belonging, thus helping him to find his place in the world.

Figure 6.2 Photograph Jack took of his garden plot (poor quality image)

> **Jack**: *[…] yeah never thought I'd be a gardener […] Dad didn't let me when I was at home, don't know my talent […] I even done it in the rain, rain wouldn't stop me from doing it.* **Researcher**: *And how does that make you feel, knowing that you are good at gardening?* **Jack**: *Good actually […] I like having my bit to do.* (Jack, participant, visual elicitation interview).

Care farming encouraged Jack to be more physically active generally and Jack said that he felt stronger and fitter since coming to care farm A. What is more, Jack's body confidence has greatly improved as a result of being more physically active and he has begun to take more pride in his appearance.

> *But I see him blossoming now got much more confidence which is lovely and he tells me all about what he gets up to which is a big improvement. Hopefully he might get a social life at last, he might even pick up a nice young lady, you never know. He's taking much better care of his appearance, before you couldn't get near him with scissors to cut his hair* (Wendy, parent, interview)

Participating in physical work as part of a team has helped Jack to physically connect with those around him and to overcome some of his fears about being touched by other people.

Jack has begun to make friends with some of the other people who attend the farm, and he is increasingly forthright and assertive in his dealings with others.

> *His confidence in himself has really improved, being able to express his points of view. If he doesn't like something he's not, before he used to say yeah that's alright type thing, but now if he doesn't like something he will tell you. So it's more confidence, he's not just going along with the flow of things, he does seem to be able to stand up for himself more* (Lisa, staff member, interview).

Whilst Jack still finds it difficult to inhabit certain public spaces, he is now more resilient to crowds and loud noises, and has begun to spend time with the friends he has made on the farm.

> *It's disco at the club every Thursday […] little bit nervous might sit down to start off with. Simon's [participant] gonna try and get me on the drums next time.* (Jack, participant, visual elicitation interview)

This is something that care farm staff actively encourage, having themselves arranged several day trips, taking service users to the theatre and to watch the football.

It is around this time that Jack decided that he would like to move out of the family home into supported living. Jack was matched with a couple that live in the local area, as part of the shared lives scheme. This scheme is designed to support adults with learning disabilities or other needs who may find it hard to live on their own but have decided that a residential home is not for them. This living arrangement appears to be working well for Jack. At his new home he is encouraged to be more independent, and to help with domestic chores around the house such as cooking, cleaning and gardening. Being away from 'the old man' (Jack's father) has helped Jack to feel more like an adult, offering him space to grow and realise his potential.

> **Jack**: *Its quieter here than it was at home […] get away from the old man.* **Researcher**: *And how does that make you feel, being more independent?* **Jack**: *Alright, it's good* (Jack, participant, visual elicitation interview)

Jack is also being encouraged to travel more independently and, when he is ready, staff would like Jack to get the bus on his own to the farm. Jack is currently undergoing travel training, a government scheme which aims to help people to travel independently using public transport. This has been moderately successful so far, in part due to staffing issues and lack of consistent support, and Jack is finding it difficult to overcome fears around safety and getting lost. However, due to Jack's improved physical health and fitness he finds that he is now able to walk longer distances, or ride his bike, if he needs to go further field.

> **Jack**: *Don't like the buses really, don't like it when it stops want to get straight into town and might get off at the wrong one [...] not safe, I fell down the steps once and then someone had a go at me.* **Researcher**: *So, is this why you have started cycling to places?* **Jack**: *Yeah and on a Thursday walking [...] about 4 and half miles it's about an hour and a half.* (Jack, participant, visual elicitation interview)

In terms of hopes for the future, Jack would like to meet a girl and start a relationship. Given Jack's improved confidence, he is much more willing to meet and speak to girls than he was before.

> *But there's another girl that [name] wants to set me up with [name] wants me to go straight with her, but I'll see what she's like first. I know she's pretty but I don't know, how am I gonna meet her anyway, I don't know* (Jack, participant, visual elicitation interview)

He has also expressed an interest in finding paid employment, possibly as a gardener. Whilst this might have been difficult for Jack in the past due to his lack of confidence, it is felt that this is a real possibility for Jack, given his new skillset.

> *He is so much more confident in his abilities now, and he is a good and able gardener he does still trouble with his concentration, but yeah, I really think that paid employment is possible for him in the future* (Liam, staff member, interview)

6.4. Theorising therapeutic journey(s)

The case studies above were selected because they represent two very different journeys undergone by participants during their first year of attending a care farm. Drawing on these individual journeys as examples, but interpreted through the analysis of all seven case studies overall, the remainder of this chapter explores the wider impact that care farming had on participants' everyday lives.

6.4.1. The care farm as an 'ontologically secure' space

As I argued in the previous chapter, engaging in care farming activities helped participants to develop a strong or 'authentic' sense of place. What is more, this sense of place, of feeling at home in comfortable surroundings, constituted a strong stabilising force for participants and offered them feelings of 'ontological security'. The concept of ontological security was first used by Dupuise & Thorns (1998) to describe people's search for constancy and security in their everyday environments. According to them, ontological security is achieved when people feel in control, are free from surveillance and are able to perform everyday routines in a safe and secure environment (Dupuis and Thorns, 1998). Originally utilised to explain the importance of the home for wellbeing (Dupuis and Thorns, 1998; Shaw, 2004) this concept is being used in other ways to understand the therapeutic benefits of outdoor spaces, such as the garden (Milligan, Bingley and Gatrell, 2005b) and ways in which wellbeing is created and sustained through the mobilisation of different networks and resources (Atkinson, 2013).

A typical day at a care farm is generally structured around a series of set routines and activities. Animals need feeding at the same time every day, and there are various other chores (such as watering the plants, cleaning animal pens or collecting eggs) that are regularly performed to ensure the smooth running of a working farm. Engaging in farming activities therefore enabled participants to inhabit regular routines, and provided them with a sense of continuity and stability. This was perceived to be important for participants' wellbeing because it provided structure to their week, and gave meaning and purpose to their lives.

> *It's seen as something worthwhile and I think it is important in society to give people a purpose in life so that people are obviously happier and one of the great things*

about…one of the things I have seen is that when people don't have structure or routine, well you imagine what that's like after 40 years of never having a weekend cause you've never known a week, never known a working week (Liam, staff member, interview)

The care farm was also a place where participants inhabit their new identities, as farm workers. This was important for some participants, because it endowed them with a sense of purpose and feelings of pride.

Figure 6.4 Video frame of Jed, checking eggs for cracks.

Researcher*: So, what are you doing in this video?* **Jed***: Um…. egg checking.* **Researcher***: And how do you feel when you are collecting the eggs?* **Jed***: Um, I feel very helpful.* **Researcher***: And why do you feel helpful?* **Jed***: I am being helpful because I am helping run a care farm business.* **Researcher***: Yes, that's true. Because they are selling these eggs, aren't they? And how does it make you these kinds of jobs?* **Jed***: Um it makes me feel good, I feel proud.* (Jed, participant, visual elicitation interview)

Engaging in farm rhythms and routines gave participants the freedom to move in ways that expressed their new identities, without fear of discrimination or unwanted surveillance. In this way, participants were able to develop their skills and abilities in a safe and secure environment, where they felt accepted and understood. This was also described as

contributing significantly to service users' self-esteem and sense of self-worth, because it gave them confidence in their abilities and what their bodies could do.

> *I think learning all these new skills, it's immensely beneficial for their confidence, because you know it makes them realise 'wow, OK I am actually good at this* (Sian, staff member, interview).

As Jack's own personal journey demonstrates, engaging in care farming activities endowed him with the confidence, skills and resources needed to make certain other changes to his life. He began to make friends, moved out of home and became increasingly independent. Other people who participated in my study experienced similar journeys. For example, James made friends with other users at the farm and has become increasingly independent at home, cooking for himself and using public transport on his own. Similarly, attending care farm A has significantly enhanced Simon's social networks and opportunities and he has even started a relationship with another user at the farm.

> **Researcher**: *So do you see any of your other friends at the social club?* **Simon**: *My girlfriend.* **Researcher**: *And how did you meet her?* **Simon**: *Here, at the farm.* **Researcher**: *And do you see her often, when you're not at the farm?* **Simon**: *Yeah sometimes. Got her number, so texting […] and speak on the phone.* (Simon, participant, visual elicitation interview)

Of course, this was not the case for every participant, all of the time. Whilst engaging in care farming activities provided Neil with a much needed source of respite, his experiences on the farm contrasted significantly with the experiences he had in other places, such as at home, where he spent the majority of his time. These contrasting life experiences made it difficult for Neil to mobilise wider networks and resources, in the same way that Jack and others had evidently done. Rather, the care farm came to represent something 'other' to Neil, a space of refuge or sanctuary where he was able to forget his worries for a time, which (sometimes) helped him to feel happier. Other participants' journeys were more closely aligned to Neil's experiences. For example, I observed how inhabiting a series of daily structured routines had helped Eliot to become more attuned to his environment and to be more resilient to various sensory stimuli that typically caused him anxiety (e.g. sudden noises, bright light or extreme

weather conditions). Spending time with farm animals, touching them, feeding them and generally caring for them, helped Eliot to feel calmer and provided him with a sense of reassurance, stability and security, through the routines this necessitated. By contrast, Eliot's days when he was not at the farm were characterised by a very different set of experiences. As part of Eliot's individual support package, he spends two days at care farm B and the other 3 days at home with a support worker (while his parents are at work). However, Eliot has found it difficult to build a rapport with some of his support workers and they often fail to meet his needs. His mother puts this down to inconsistent staffing and lack of experience, and she feels that this has impacted very badly on Eliot.

> *It changes so often [...] you know they come and they leave and then the new ones come in I think with Eliot, you've got to have some air of, not necessarily authority, but you've got to have the right attitude, and a lot of them are quite lethargic you know [...] he loves walking and a lot of them are little bit... he needs somebody who will motivate him, cause I mean if you just leave him to his own devices he'll just stay in bed. Cause a lot of people that work with Eliot are quite young and if you haven't come across that before then he would be quite intimidating cause you don't know quite what he's going to do. So they're not experienced enough.* (Sally, parent, interview)

All these factors combine to make Eliot's experiences when he is at home fraught with anxiety. This can sometimes lead Eliot to become aggressive, culminating in an incident with one of his support workers. This was very traumatic for Eliot, and only served to heighten feelings of anxiety.

> *So he started becoming violent, that's always been Eliot's biggest thing, he's normally so placid so I knew something was not quite right. And I came home one day and um he was sitting in the corner of the room and the relief on his face when he saw me. And his support worker was stood by the front door, you know, guarding it, as if he was trying to restrain him. And I said this isn't working you can't come back again.* (Sally, parent, interview)

Attending a care farm, therefore, offers Eliot and his family a much needed source or respite. Here, Eliot has the opportunity to engage in a series of activities that he enjoys, in an

environment where he feels safe and well supported. This helps Eliot to feel less anxious and more in control, and he often describes himself as feeling happy and relaxed when participating in farm activities.

Figure 6.5 Eliot putting out hay in the cow shed.

> **Researcher**: *So, what are you doing in this video?* **Eliot**: *Putting that hay down for the cow's bed.* **Researcher**: *And is that something you've done before?* **Eliot**: *Yep.* **Researcher**: *And how do you feel when doing this activity?* **Eliot**: *Relaxed.* **Researcher**: *You feel relaxed, so this is something you enjoy doing?* **Eliot**: *Yes.* **Researcher**: *And do feel anything else when doing these sorts of activities?* Eliot*: I feel happy.* (Eliot, participant, visual elicitation interview

However, whilst the care farm environment helps Eliot to feel less anxious, these contrasting life experiences can heighten feelings of anxiety when he is not at the farm, thus making home life more difficult for him and those around him.

> *I'd say the only times he gets out of bed without having to force him is his [care farm] days cause he does love coming here. I don't know, it's almost because this is so good that the other bits are so bad, so I think that's where is behaviour is coming in.* (Sally, parent, interview)

In summary, engaging in care farming activities can act as a mobilising force for some people, and help them to make other changes to their life. In this way, the care farm landscape serves as an ontologically secure base or platform, from within which participants are able to mobilise social and material resources and create wider networks or 'spaces of wellbeing' (Atkinson, 2013; Fleuret & Atkinson, 2007). However mobilising wider networks and resources can present more of a challenge for some people. Here, the care farm landscape as a space of ontological security, provides sanctuary and/or refuge and a means of temporary escape from other life situations which may be considered stressful or harmful.

6.4.2. Enhancing social 'relatedness'

Whilst care farms offered people the opportunity to participate in productive work activities, they also provided a space where people could engage in meaningful social interactions. These kinds of encounters were very important for participants, because they helped them to physically connect with other people and facilitated feelings of belonging and social inclusion. These findings are therefore significant in the context of the wider disability literature, which suggests that people with intellectual disabilities typically experience social, spatial and cultural exclusion in their everyday lives (Emerson *et al.*, 2011; Hall, 2012b; Goodley, 2016).

As evidenced through Jack's journey, some participants who took part in this study said that care farming had helped them to make friends, and some had even begun to spend time with friends they had made on care farms doing other things, like going to the cinema, going to the pub or attending local football matches. For these individuals, time spent socialising with friends had decreased significantly since leaving school or college so care farming provided them with new opportunities to form meaningful adult relationships. What is more, these enhanced social networking opportunities were described as having a significant impact on participants' confidence and self-esteem, and it was felt by parents and farm staff alike that participants were happier as a result of having more active social lives.

> *He's got a social life now and I mean, that's made such a difference to his life. He seems so much happier, more confident in himself, it's what I've always wanted for him, to have friends and have a nice time* (Tilly, parent, interview)

I think that providing people with social opportunities, it's something we are really able to do here. And not in a forced way, we don't push them in that way, but spending a lot of time working together like this it just happens naturally, you start to learn who get on with, who you really like and I think that is so important because everyone needs that in their lives. (Lisa, staff member, interview)

Socialising outside of the farm setting also furthered people's enjoyment of care farming because having these kinds of shared 'outside' experiences solidified growing friendships and further enhanced feelings of relatedness (Butterfield and Martin, 2016), both within the farm setting and within the wider community.

What I find with the care farm as well is that on those occasions when we have done things like that it's built up a relationship with the other guys at the care farm, that they can all sit and talk about the theatre, and that builds up a little team, they're all in a big team then […] then can re-live a very enjoyable evening which is you know, it's something that, that's what people do, that's what life's about, good memories and it enhances your on-going friendship. (Lisa, staff member, interview)

However, not everyone who participated in the study spent time with other users outside of the farm setting. For example, time spent at care farm C was the only time when Neil socialised with anybody his own age. Similarly, whilst Robert said that he got on well with everybody at the farm, he did not appear to have made any particular friends and did not express an inclination to socialise with any of them at other spaces and places.

Researcher: *So have you made any friends since coming here?* **Robert**: *Er….(silent pause).* **Researcher**: *Is there anyone you get on particularly well with?* **Robert**: *No get on with everybody.* **Researcher**: *And do you socialise with anyone from the farm, doing other things?* **Robert**: *No. I see them here anyway so...*(Robert, participant, visual elicitation interview)

Then there were occasions when participation in care farming actually restricted participants' social opportunities and networks. For example, since leaving school Jed attends care farm C four days per week. His local authority only offered him enough funding for two days at first,

and his mother had to fight very hard to get funding for an additional two days. Jed enjoys his time at care farm B, and describes having made some good friends since being there.

> **Researcher***: And how do you feel when you are asked to help other people?* **Jed***: Um, sociable.* **Researcher***: And why do you feel sociable?* **Jed***: Cause um, I'm doing something in a group.* **Researcher***: So do you feel coming to [care farm B] has helped you to make friends?* **Jed***: Yes.* **Researcher***: And who would you say is a particular good friend here?* **Jed***: Um, Eliot.* **Researcher***: And how do you feel when you spend time with Eliot?* **Jed***: Um, happy.* (Jed, participant, visual elicitation interview)

As with Neil and Eliot however, Jed does not spend time with any of the friends that he has made outside of the farm. What is more, since leaving school Jed has lost contact with many of his old school friends. As a result, he has far fewer socialising opportunities than he had before attending care farm B, and his support worker expressed concerns about this, wondering whether Jed should be given more time to do other things, apart from care farming.

> *So I felt in a way Jed could be making a backward move […] because he's there 4 days and he doesn't seem to do anything at all on his days off. He seems very settled and happy but you know my concerns with Jed is that I feel that he might become isolated more, I do worry that he really hasn't got the companionship that he had at the college […] there isn't anyone that he can talk to about pop songs and the latest charts […] he needs somebody who's gonna talk to him and draw him out, and he's not going to get it with those students [who attend the farm] and he used to go bowling, he used to do to the cinema, but he doesn't do any of those things now.* (Sarah, staff member, interview)

Jed's own journey should therefore remind us of the risks of these so-called 'therapeutic interventions', particularly when they restrict opportunities to pursue other interests and hobbies, thereby reinforcing existing notions of what people with intellectual disabilities can and want to do (see chapter 7 for a more detailed discussion).

6.4.3. The pursuit of 'healthier' bodies

As with other outdoor activities, care farming engages users in a range of activities with the potential to improve or enhance physical health and wellbeing. Activities undertaken on care farms, such as feeding and caring for animals, planting and growing food or general maintenance, require more physical effort than activities offered at regular day care centres and therefore have the potential to stimulate participants to be more active. These findings are significant, given that physical inactivity is one of the key lifestyle factors causing ill health and increased risk of chronic diseases in people with intellectual disabilities (Emerson *et al.*, 2005; Hagstro, Hagberg and Bergstro, 2013; Robertson *et al.*, 2015).

Care farming can also encourage some people to be more active generally. For example, spending prolonged amounts of time outdoors engaging in physically demanding work has helped Jack to feel fitter and stronger. Jack is now able to walk for longer distances without getting tired, and he also regularly cycles to places rather than relying on other people to drive him. Similarly, James reported feeling noticeably stronger since taking part in care farming, and has initiated his own exercise regime at home.

> *Yeah being doing my sit ups and star jumps everyday [...] can't do many push-ups yet, not like [name] he can do 20* (James, participant, visual elicitation Interview)

Being more physically active at the farm also encouraged some participants to adopt more regular sleep patterns. Indeed, some of the people who took part in this study often had problems sleeping. This is consistent with other research that indicates that adults with intellectual disabilities are more vulnerable to sleep disturbances than the general population (Gunning and Espie, 2003; Wouw, Evenhuis and Echteld, 2012). Improved sleep helped some participants to function better, they found it easier to get up in the morning and were able to engage more fully in the day's activities (at the farm or elsewhere) as a result of feeling less tired.

> *Well he's been here, when he comes home he's tired so he does sleep well at night so we get a good night's sleeps so I mean that has a big impact on the family. You know*

cause he's worn out, he's in a good mood cause he's had a good day. (Sally, parent, interview)

Whilst care farming encouraged some participants to pursue more active lifestyles, other people continued to lead very sedentary lives when not at the farm. For example, whilst Neil demonstrated a willingness and aptitude for physical work, he continues to spend a significant amount of time at home, or in bed. Similarly, Simon, an extremely active and mobile individual on farm days, spends a lot of his spare time 'sitting around the house' watching TV or playing computer games.

> **Researcher***: So what do you do on a normal day at home?* **Simon***: Nothing […] lay about, play computer games.* (Simon, participant, visual elicitation interview)

This reminds us that whilst open outdoor settings can encourage people to move differently (i.e. to be more physically active) these changes do not always transcend to other aspects of participants' lives, especially when they spend a significant amount of time at home (where physical activity is impeded). It is also important to note here that participating in physical work is not always perceived to be beneficial or enjoyable. For example, Robert found it difficult to participate in some of the activities conducted on the farm due to persisting poor health and a physical impairment. He often returned home from a day on the farm feeling very tired, and has missed numerous sessions as a result of existing health problems. This means that Robert is unable to receive the kinds of benefits enjoyed by other people, and it is not clear that care farming had encouraged him to be more physically active generally, or to feel 'healthier'.

> *There have been a number of absences due to his ill health […] I think he struggles around his health and that is difficult. He's kept coming so I suppose that's something to note but to be honest I wouldn't have said I've noticed a huge improvement*. (Sian, staff member, interview)

Working on a care farm provided users with opportunities to grow their own food, as well as cooking and eating together. This exposed participants to many different tastes, flavours and textures and introduced them to healthier and more varied diets. Introducing participants to

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new and healthier food options (in particular vegetables and fruit) also had the potential to improve people's general eating habits.

To take one example, Jack has tried many different foods since attending care farm A, including homemade soup, jam and wholemeal bread and now describes himself as being a less 'fussy' eater. He is now eating more home cooked food and has begun to make suggestions for new recipes to try at home. Since attending care farm C, Eliot has discovered a love of cooking and spends a significant amount of his time there making up new recipes using ingredients from the farm. He is also cooking more at home, and his mother describes his diet as being much more healthy and varied.

> *Because you know, he loves to cook and try new recipes and he's really creative in that way, he's made us all sorts of things at home* (Sally, parent, interview)

However, being exposed to new foods did not always constitute a positive experience for participants, and some people became uncomfortable when offered new foods (even if they ate it at the time it was offered). For these individuals, there is no evidence to suggest that their eating habits have changed significantly, since attending a care farm. For example, Neil continues to live on a diet of burgers, spaghetti hoops and crisps when at home, whilst James still prefers to eat white bread (as opposed to wholemeal) and has declined to eat most things offered to him at the farm.

For some participants then, engaging in care farming activities encouraged them to lead healthier lives. Some people were more physically active generally, taking up new activities such as walking or cycling or doing exercise routines at home. Others had changed their eating habits and were eating more fresh fruit and vegetables and had even begun cooking new and different foods at home. For other participants, whilst time spent on a care farm encouraged them to be more active and exposed them to healthier food options during time spent at these settings, these changes did not appear to filter through to other aspects of their lives, thus making the wider health benefits of care farming less clear for these individuals. This demonstrates, yet again, a contrast between the experiences people had on the farm (characterised by their own distinct tastes, smells and movements) and other spaces, such as

the home environment, characterised by a different set of experiences that may be considered 'health-taking'.

6.4.4. Realising embodied potentials

Engaging in care farm activities encouraged participants to move their bodies in new and different ways. As the previous chapter demonstrated, performing rhythmic or repetitive movements, such as digging, weeding or stacking logs, helped participants to embody and retain these skills. As illustrated through Jack's journey, some participants began to refine the skills that they had learnt, and were drawn to those activities that they preferred or were particularly good at.

This helped Jack (and others) to feel more confident in themselves and in their ability to do certain things. This included doing things like getting up and getting ready in the morning; making their own lunches; performing household chores, such as cooking or cleaning and helping in the garden.

> *One thing I have noticed, he will make his own lunches in the morning now and on [care farm A] days, I never have to get him up he gets up and gets ready himself and he's ready to go* (Cassandra, parent, interview)

> *Well, Jack is very helpful around the house, he tidies his room once a week and he's started helping out in the garden, cause gardening is something he's got quite good at since going to [care farm A]* (Wendy, parent, interview)

The rural locations of these farms mean that users are often required to travel some distance to attend and therefore have to plan carefully for how they are going to get there each day. For some participants, this motivated them to begin travelling more independently (e.g. by bus or taxi) to care farm settings. This was also shown to encourage people to travel independently when doing other things, like going to the shops or seeing friends and family.

> *And he now gets the bus to [name of place] yeah and I was bit worried […] but does he actually want to but he seems perfectly OK with […] he goes in to town I think*

reasonably regularly on his own just to maybe to an errand for his mum, or maybe just

to look around the shops (Lisa, staff member, qualitative interview)

These findings support other research that highlights the importance of enhanced mobility and possibilities for independent travel for people with intellectual disabilities (something that many people without disabilities take for granted) (Tillmann *et al.*, 2013; Lindqvist and Lundälv, 2017). However, as I demonstrate in the next chapter, independent travel continues to be beset with numerous difficulties for people with intellectual disabilities. Indeed, using public transport independently is not always an option for people. This means parents or carers must often be relied upon to take participants to places (including care farm settings) thereby limiting personal autonomy.

As well as providing some people with opportunities to become increasingly independent, spending time with other users at care farm settings (and opportunities for socialising that this has afforded) has helped some people to feel increasingly confident 'in their bodies'. As Jack's journey demonstrates this has had a positive influence on the way in which participants relate to other people in social spaces and situations, both at the farm and beyond.

Figure 6.6 Video frame of Jack dancing.

In this video clip, Jack and some of the other service users are listening to music during their lunch break. The music is on high volume and the boys are talking very loudly in order to hear one another. There is a feeling of excitement in the room, everyone is on their feet talking and

laughing. Then the track changes to a faster tempo, one boy shouts 'this is my favourite and begins to dance'. Soon after some of the other boys join in, Jack looks on grinning, his body is motionless as he watches the others move freely about the room, waving their arms and stamping their feet along to the beat. Simon then turns to Jack and calls, 'come on Jack, dance with us'. Jack shakes his head laughing. The other boys join in, 'come on dance Jack dance, dance!' Jack hesitates for a moment then puts his hands in the air and moves his legs quickly and vigorously, he stops suddenly, apparently self-conscious, and laughs. (Researcher, video commentary)

> **Researcher***: So what's going on in this video, what are you doing?* **Jack***: Playing darts. And wiggling.* **Researcher***: Yes and wiggling, or dancing?* **Jack***: Yeah. And smiling* **Researcher***: Yes you are smiling; so did you feel happy during this video?* **Jack***: Yeah […] never used to dance, [name] is gonna get me to dance at the disco next week.* **Researcher***: And how do you feel about that?* **Jack***: OK, bit nervous […] might try and dance with this girl.* (Jack, participant, visual elicitation Interview)

The idea of being temporarily placed in a new environment characterised by a whole new set of socio-spatial positions and relations therefore demonstrates how persisting relational dependencies that can exist between bodies may be disrupted in ways that 'trip participants out of their performative habitus' (Atkinson and Scott, 2014, p. 79) to open up new and positive possibilities and ways of being.

Whilst engaging in care farming activities has encouraged some participants to become increasingly confident in their bodily capabilities, others have found it more difficult to demonstrate these newfound capabilities in other spaces and places. For example, during fieldwork I observed how Neil exhibited a very different set of relational capabilities when at home compared to when spending time at the farm. At the farm (and on good days) Neil was able to demonstrate and aptitude for farm work, particularly working with farm animals, and performed tasks with enthusiasm and communicated openly with fellow clients and farm staff.

> *He's a very capable young man when he puts his mind to it. He's really good at working with the animals, particularly the chickens […] and on good days he can be very polite*

and charming and gets on really well with everybody here (Sian, staff member, qualitative Interview)

By contrast, I observed how Neil displayed a very different persona when at home. Here, Neil could be taciturn and withdrawn and did not display any of the energy and dynamism that he was capable of displaying at the farm.

> *Today I am interviewing Neil at his house. It is mid-morning, and Neil has only just got out bed. He looks tired and dishevelled as he sits down on the sofa opposite me. We begin the interview, but Neil seems unwilling to engage in conversation and shows only mild interest in the videos I am showing him. As the interview goes on, Neil becomes more disengaged, with 'dunno' being his constant refrain. As the interview draws to a close, Neil lights a cigarette and lays down on the sofa, he looks like he is about to fall asleep. I recall the first interview I did with Neil, which took place at the farm rather than at his house. During that interview, Neil seemed so interested in the videos I presented to him and openly discussed his thoughts, feelings and emotions with very little prompting. Perhaps he is just having a bad day, he does seem very tired. I do slightly regret not doing the interview at the farm again though; and wonder whether he would have been more willing to talk to me there?* (Researcher, field diary)

These differing embodied capabilities are manifest by the fact that Neil has not demonstrated new levels of independence in his everyday life, and still relies on other members of his family to do things like cook his meals, take him shopping or into town. Similarly, whilst Simon has learned to do many different things at care farm A and has demonstrated a particular aptitude for woodwork and operating farm machinery, his mother expressed reservations about his ability to be more independent generally, and felt he still needed support to perform certain activities around the home.

> *He still needs help to do things, I couldn't really trust him in the kitchen on his own in case he hurt himself […] and I'd be lucky if he ever cleans his room, so yeah so I haven't noticed a great deal of difference at home really* (Cassandra, parent, interview)

These examples therefore demonstrate how the home environment and parental relationships found therein, shape participants' experiences in important ways (see chapter 7 for a more detailed exploration). These findings also direct critical attention to the assemblages in and through which various embodied capabilities are enacted and sustained (Hall & Wilton, 2016). Whilst some people who took part in this study experienced the care farm as an environment where they could exert more choice and control over their bodies, the experiences that were had in these settings significantly contrasted with the experiences had in other spaces and places (such as the home) characterised by a rather different set of bodily movements, habitual routines and relational dependencies. These examples therefore demonstrate the importance of providing people with intellectual disabilities opportunities to spend time in environments where they are given the space and freedom to realise their embodied potentials. At the same time, the contrast between the experiences had on care farm settings and other spaces and places (e.g. the home) highlights how enhancing personal autonomy and independence in the everyday lives of people with intellectual disabilities, is a difficult goal to realise for many people.

6.5. Care farming: reflections on the transformative potential of therapeutic landscapes

As Atkinson & Robson (2012) observe, the transformative potential of therapeutic interventions is generally structured by emplacement and movement such that, 'If one attends to the boundary itself, the emphasis becomes spatial but if one attends to the person making the crossing, the emphasis becomes temporal and processual' (Grimes, 2006). These observations necessitate attention being given to participants' wider networks of material and social relations, which invariably extend beyond the boundaries of the therapeutic settings that are the focus for investigation.

As I argued in the previous chapter, all the different ways in which participants interact with various features of the farm landscape and the sense experiences that arise as a result, help participants to develop a strong or 'authentic' sense of place. As illustrated through Jack's journey, a strong sense of place and feelings of ontological security enabled some people to mobilise social and material resources to create wider spaces of wellbeing. For this type of

journey, the therapeutic landscape experience resides in the ability of activities conducted on the farm to influence other aspects of participants' lives (and vice versa).

In this way, I argue that engaging in care farming activities can constitute experiences that are transformative. Such experiences enable 'flow' (Kilroy *et al.*, 2007) between the boundaries of the farm landscape and other spaces, thereby disrupting and destabilising participants' habituated practices. Here the care farm as a therapeutic space can act as a catalyst for change and enable people to become open to new ways of doing and being (Deleuze and Guattari, 1987; Atkinson and Scott, 2014). In such instances, the boundaries between the care farm landscape and other places that people spend their time are fluid and mobile, enabling 'entry in to an alternative social encounter in which different rules, different values and different relations apply' (Atkinson and Robson, 2012, p. 1350). Such encounters facilitate the dissolution of existing structures of thought and action such that participants are able to inhabit new identities and new possibilities for being, both at the farm setting and in other places that they inhabit. Being outdoors in all weathers, moving bodies, making friends and sharing new experiences helped some people to feel happier and healthier, enhanced their social networks and introduced new levels of independence and personal autonomy to their lives. All these examples therefore demonstrate how the care farm can be a relational and transitional space within which openness is enabled, spaces in which new resources can be built and mobilised for personal wellbeing (Fleuret and Atkinson, 2007).

By contrast there is another type of journey (illustrated through Neil's case study in section 6.3) where the therapeutic experience resides in the 'otherness' of the farm landscape. For this type of journey, participants' enjoyment of the various sense experiences described on care farms exposed a contrast between the sensed quality of this place with other spaces and places that participants spend their time, accompanied by their own distinct sights, sounds, tastes and rhythms. Here, the care farm is perceived as a space of sanctuary where participants can feel safe and accepted, thereby providing a much-needed source of respite from other 'health taking' environments that participants inhabit during their everyday lives. As with the first type of journey, emplacement and movement structure the therapeutic potential of these kinds of experiences. Here, however, notions of retreat or withdrawal are key to understanding the perceived benefits of care farming. Indeed, for some people who

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took part in this study, the care farm came to symbolise a place of escape, somewhere *to go to* in order to feel happier or more relaxed, spend time with other people or simply to have a nice day out. This supports other research on therapeutic landscapes that utilises the concept of retreat to explain the therapeutic power of settings such as the holy well (Foley, 2011) and other pilgrimage sites (Gesler, 1992; Gesler, 2005), as well as places with a reputation for healing (Gesler, 1992; 2003), yoga centres and other spaces of retreat (Conradson, 2008; Lea, 2008). This demonstrates the importance of being able to remove oneself from situations that are considered stressful or harmful, and immerse oneself in an entirely new and different set of experiences. This may be especially important for people with intellectual disabilities who typically experience marginalisation in so-called 'everyday' spaces and who might, therefore, seek safe spaces of acceptance where they are able to perform habituated routines and identities without fear of unwanted surveillance or discrimination. Whilst providing people with opportunities to remove themselves from places that are perceived to be detrimental to health can have certain therapeutic benefits, the wider impact of care farming on the lives of these participants is, however, less clear. Indeed, whilst these participants typically found care farming to be beneficial in numerous ways, the boundaries between the farm and other places remained relatively fixed thus enabling less 'flow' or movement of affectual energies. This made it more difficult for these individuals to mobilise wider networks and resources in the same way that others had done, and inhibited the transformative potential of these kinds of encounters. Whilst care farming provided these participants with opportunities to engage in a set of enjoyable experiences that helped them to feel happier; assuage feelings of anxiety or distress or to feel more confident in their abilities, when they returned to their ordinary places, there was little evidence to suggest that their lives had changed in any significant way. For some people then, the therapeutic power of the care farm resides in its ability to ameliorate challenging or harmful life situations, thus offering people a temporary site of respite or refuge.

Chapter 7. Care Farms: creating spaces of belonging for people with intellectual disabilities

7.1. Introduction

In the previous two chapters, I sought to explore the place experiences of people with intellectual disabilities engaged in care farming activities and the extent to which these experiences may be considered therapeutic. A common assumption among human geographers who theorise on place is that through a strong sense of place, an individual acquires a sense of belonging that gives meaning and purpose to their life in ways that promote wellbeing (e.g. Relph, 1976; Tuan, 2001; Cresswell, 2004; DeMiglo and Williams, 2008). This facet of therapeutic landscapes is especially relevant for people with intellectual disabilities, who typically experience feelings of marginalisation and exclusion in their everyday lives. Whilst I have touched on the notion of belonging elsewhere, I shall offer a fuller theoretical development of this concept, in this final substantive chapter. Specifically, I reflect on what it means to 'belong' as a person with an intellectual disability in contemporary society, and ways in which belonging was negotiated within different spaces and contexts by the participants in this study. Drawing on the geographical literature, section 7.2 provide a more detailed overview of the concept of belonging and ways in which this concept can help to circumvent fixed binaries of exclusion and inclusion, so prevalent in policy discourse. Sections 7.3 & 7.4 focus on the different spaces inhabited by participants during their everyday lives (e.g. public spaces, the home and 'marginal' spaces) and ways in which relational networks of practitioners, policy makers, parents, social networks and funding structures work together to constitute 'the becoming toward a sense of belonging' (Hall, 2012a, p. 246). Whilst recent policy initiatives seek to encourage people with intellectual disabilities to have a greater visible presence in their local communities, I argue that a true sense of belonging is not so readily achievable and depends on a whole array of actors, including family members, practitioners, policy makers and people with intellectual disabilities themselves. Drawing on these insights and observations, the final section considers the extent to which care farming activities help people with intellectual disabilities to experience a greater sense of belonging within their local communities. I suggest that care farms can provide 'safe havens' (Power and Bartlett, 2015, p. 1) of care and support in an

everyday environment, but within which people with intellectual disabilities can begin to experience more active forms of citizenship. Whilst participation in care farming activities are by no means a prerequisite for belonging for people with intellectual disabilities, I therefore conclude that these kinds of activities have the potential to disrupt existing social and spatial orders (as described in sections 7.2 & 7.4) to open up new and positive possibilities for what it means to belong to society.

7.2. Scales of belonging

People with intellectual disabilities are one of the most marginalised groups of people in the UK, and typically experience social, spatial and cultural exclusion and discrimination in their everyday lives (Emerson *et al.*, 2010; Hall, 2012b; Goodley, 2016). It is now widely acknowledged that social inclusion is an important determinant of health and wellbeing (Correa-velez, Gifford and Barnett, 2010; Burford and Jahoda, 2012; Milligan *et al.*, 2015). This is reflected by the introduction of international and domestic legislation that seeks to remove barriers to social and economic participation for people with disabilities (Andrew Power, 2013). For example, the Department of Health report 'Valuing People Now' (2009) sets out an approach to service provision that promotes social inclusion and wider participation in community life. For people with intellectual disabilities, this emphasised the right to the same opportunities as others to 'study at college, get a job, have relationships and friendships, and enjoy leisure and social activities' (Department of Health, 2009, p. 15). To this end, attempts to promote social inclusion for people with intellectual disabilities have tended to focus on a rather narrow conception of inclusion, one that principally involves securing paid employment and independent living (Morris, 2010; Hall, 2012b; Andrew Power, 2013). However, the number of people with intellectual disabilities in paid employment continues to be very low (Hall and Wilton, 2011; NAO, 2017). Similarly, people with intellectual disabilities often depend on others for their care and support and have limited financial means to participate in community life (Power, 2008). As Hall (2004) observes, this leaves many people with intellectual disabilities in an impossible position, typified by everyday experiences of social exclusion on the one hand, and limited opportunities to meet the demands of social inclusion (narrowly defined) on the other (Hall, 2004).

As a partial answer to this, geographers have increasingly recognised the concept of belonging as an alternative to the fixed binary of exclusion and inclusion (Hall, 2004; Antonsich, 2010). The concept of belonging has been utilised to capture people's emotional and embodied attachments to place, of feeling ontologically secure or 'at home' in familiar surroundings (see chapters 5 & 6). It therefore moves beyond normative values associated with able-bodied participation (i.e. independence, consumption, active participation and responsibility), drawing attention to the myriad ways in which people can experience feelings of inclusion within different spaces and settings (Hall, 2012a; Wright, 2015). However, whilst belonging is about feeling ontologically secure others have argued that belonging is equally about being recognised and understood (Wood and Waite, 2011). Indeed, processes of modernity and globalisation coupled with persisting social inequalities have both disrupted and enhanced people's desire for 'locally based' belonging (Amin, 2002). For example, studies on therapeutic landscapes have utilised the concept of belonging to explore the value of informal spaces of care (e.g. public libraries, cafes and community centres) located within local communities, compared to formal or more segregated healthcare institutions and settings (e.g. hospitals, inpatient units and hospices). Such spaces are termed 'affective sanctuaries' by Butterfield and Martin (2016) and describe the therapeutic potential of providing opportunities for emotional refuge as well as positive experiences of relatedness. In a similar vein, disability geographers argue that it is not enough for people with disabilities to feel attached to places where they can feel safe, accepted and secure. Belonging also necessitates 'meaningful engagement and reciprocal relations with local communities or networks, between people with and without disabilities' (Andrew Power, 2013, p. 69).

Drawing on these insights and observations, the remainder of this chapter, therefore, explores the on-going inter-relational practices, networks and spatial configurations in and through which belonging emerges (or fails to do so) in the lives of people with intellectual disabilities.

7.3. The search for belonging in a post-service landscape

Health and social care services for people with intellectual disabilities are becoming increasingly decentralised and recent years have seen a gradual shift away from conventional services such as residential settings and day services to more 'normalised' or everyday spaces, such as, the home, employment and other public spaces. From a policy perspective, such attempts are manifest in an agenda of increased choice and personalisation in the form of personalised budgets and self-managed support (Young and Chesson, 2006; Finlay, Antaki and Walton, 2008). For example, one of the UK government's key commitments in the 2010 Coalition Agreement was 'the greater roll out of personalised budgets to give people and their carers more control and purchasing power' (Sanderson and Lewis, 2011, p. 16) alongside more personalised services, commissioned by people with intellectual disabilities which would allow more choice and independence. This commitment subsequently became a statutory requirement for all Local Authorities in England and Wales, through the Care Act 2014 (Power and Bartlett, 2016b). In this section, I examine how the various networks of policymakers, service providers and associated funding structures (as well as family members, the wider community and people with intellectual disabilities themselves) shape experiences of belonging within mainstream or community spaces.

Some of the people who took part in this study had individual care and support plans and used a personalised budget to purchase goods and services. This included paying for support to access mainstream services such as local leisure centres, public libraries and community clubs or centres and other activities like going shopping, going to the cinema or bowling. Participants also used their personalised budgets to pay for community classes and training opportunities, attending specialist day centres and care farms (some examples are illustrated below).

Figure 7.1 Photograph taken by Eliot on a day out, attending his local leisure centre.
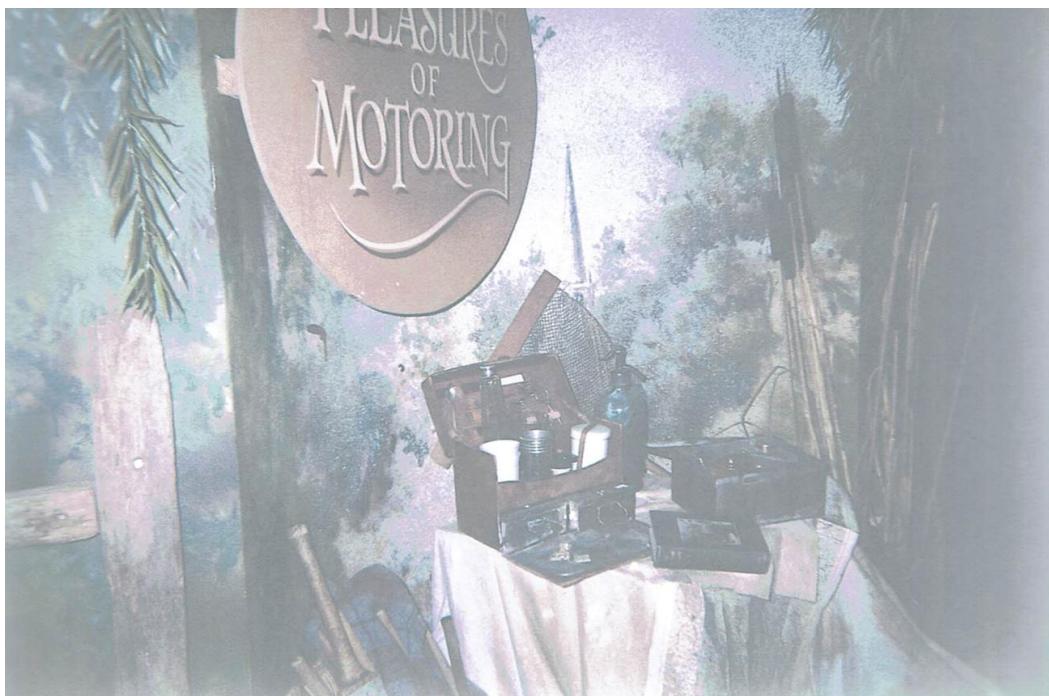
Figure 7.2 Photograph taken by Robert on a visit to a local automobile museum (poor quality image).

Figure 7.3 Photograph taken by Jack, during his time at a local community gardening project he attends 2 days per week (poor quality image).

For some people, personal budgets are a welcome development that has enabled them to access various services and community-based activities. For example Robert, with the support of his carer, is able to participate in a range of activities that he enjoys, such as going out for dinner or to the pub and visiting local museums and attractions, and he is able to exert autonomy and choice over the services and/or community activities that he utilises (and whom he uses them with).

> *I do models [...] air fix models, trips to the museums. I go to the pub sometimes but not always with some people, I go out for dinner* (Robert, participant, visual elicitation interview)

> *Yeah it depends on the activity, there are some activities that are just individuals and some they choose to go as a group [...] also when it comes to activities different service users can choose what they want to do and which member of staff they want to do with depending on who is on shift* (Matthew, carer, interview)

Similarly, Eliot's personal support plan has been carefully negotiated with his social worker (with the support of his parents) to meet his needs, and he is able to participate in a range of

activities that he enjoys, such as swimming, walking, attending the library and cooking with the help of his support worker.

Whilst the personalisation agenda has been a welcome move for many people with intellectual disabilities, it comes at a time where local authorities are facing significant cuts to public spending. Resource constraints undermine the ability of service providers to turn person-centred planning into action (Hoole and Morgan, 2010). For example, a lack of resources in a particular area may affect the kinds of choices that are available to people, or may result in people having to travel further to places, in order to access the services that they want and need.

> *He only had 2 weeks of it, and then the teacher left sick and they never replaced him, so they didn't do any more carpentry and that was the whole point of him going there, cause they did carpentry* (Tilly, parent, interview)

> *The thing is round here, there's just that much going on for people like Simon there just aren't that many places that he can go to* (Cassandra, parent, interview)

This is compounded by the fact that using public transport is not always an option for people.

> *He liked going there but it's just too far really. I don't drive and he'd have to get a number 4 from [name] road from there he's got to walk to [name] road which is over the bridge, and it's over a 20 minute walk, so it's not possible for him really* (Tilly, parent, interview)

> **Jack***: I got on [the bus] alright but then I went to pay and I froze.* **Researcher***: Why do you think that happened?* **Jack***: Dunno, just got stressed I guess, and there were people waiting* (Jack, participant, visual elicitation interview)

Yet other alternatives, like taxi services, are more expensive and not always affordable given people's limited budgets.

> *He won't use the bus to come up here. Well, he will if he's got [friend] with him, but on his own he won't take the bus. So he's slipped right back on that. So it now costs us a*

taxi every time he wants to come here and home again that's 20 quid a time, that's the problem (Wendy, parent, interview)

This means that parents or carers must often be relied upon to take participants to places. This can place additional strain on families who are already finding it difficult to support their adult children in a shrinking service landscape.

Well I was driving him there [...] but it's the other end of town and the club only runs for a couple of hours, so by the time I dropped him off and drove back it was time to go and get him again [...] so it just wasn't really worth it (Cassandra, parent, interview)

The thing is it's been so hard to get what we needed, everything has been a fight and that really takes it out of you. Cause um I just couldn't accept less than I felt I needed. I just think um, it takes such a lot out of the parents, it takes so much energy (Carol, parent, interview).

Flexible support, developed collaboratively and based on the principles of choice and empowerment can enable people to experience a greater sense of belonging in their local communities (Sanderson, 2000; Magito-McLaughlin, Spinosa and Marsalis, 2002). However lack of resources, appropriate staffing and sufficient planning mean that the support provided is not always built around people's needs, abilities or interests (Emerson and Stancliffe, 2004; Felce, 2004).

She [the support worker] wasn't overly great either. Cause Eliot loves walking you know, he can walk for miles, and she [...] didn't like to walk. And she insisted that he went on the bus to [shopping centre] and he absolutely hates crowded places you know, shops anything like that. And all of this is on his notes, you know, they should know about that. So that didn't work for him either (Sally, parent, interview)

The support worker he had before was great. She took him to watch Tinkerbell and she didn't mind, she loved it actually they used to have a lovely time, they used to go the beach and shopping. But she couldn't manage anymore [...] and they could never find anyone to replace her, not anyone who was good enough. One girl that came, she

started saying about taking James paintballing. James don't wanna go paintballing, what a stupid idea to take an autistic child paintballing. So I didn't have her back, she just didn't understand about autism (Tilly, parent, interview)

Overstretched and under resourced local authorities mean that people are finding it increasingly difficult to access the services and support that they want and need. Given this, enhanced choice and control (as promised by the UK government's personalisation agenda) is not a realisable goal for many people, particularly in a time of austerity and cuts to public funding.

The problem is he's only just been assigned a new social worker so he's had this sort of gap, and there's no one there to pick up the issues that are arising […] there just isn't the support there really (Janice, parent, interview)

Whilst the personalisation agenda has therefore sought to increase opportunities for people with intellectual disabilities to access community spaces, cuts in funding and a lack of appropriate support frustrate people's desires to form meaningful connections with other people and places. Indeed, whilst people with intellectual disabilities desire opportunities to participate in wider society and want to do many of the things that non-disabled people do, their marginalisation within so-called inclusive or integrative spaces is a lived reality for many people (Hall, 2005).

Figure 7.4 Photograph taken by Simon on a street near his home.

To take one example, the photo depicted above was taken by Simon and denotes his love of cars and traffic. Indeed, one of Simon's favourite pastimes is to sit on the street outside his house and watch the road and the cars going past. For Simon, cars (and the ability to drive them) are a symbol of 'normal' adult life. Yet because of his disability, Simon is prevented from holding a driver's licence and does not drive himself.

> *Love watching the traffic, saw a police car the other day and driving in the van with my dad […] dad driving around* (Simon, participant, visual elicitation interview)

However Simon is no longer able to sit outside his house in this way, because of how other people respond to him.

> *Most of the people that live round here know him and are quite pleasant to him and that but he had a couple of people who started laughing at him and taking the pee out of the way he just sits there and he got so angry at them, started chucking stuff around. I actually went out there once and told them to leave him alone, he's just sitting there watching the traffic and to leave him alone. But then I just got a load of abuse. So he*

stopped going out there. He watches the traffic from his bedroom window now (Cassandra, parent, interview)

This is just one example of how people with intellectual disabilities are made to feel unwelcome in public spaces. Public reactions, often characterised by odd looks, uncomfortable body language, verbal comments and sometimes physical abuse combine to give people with intellectual disabilities a strong sense that they are 'out of place' and do not belong (Power, 2008, see also work by Roulstone and Mason-Bish, 2013 and others e.g. Sobsey, 1994; Northway, 2013; Nixon, 2017 on disability hate crime and incidences of violence and abuse in the lives of people with intellectual disabilities). This is illustrative of the wider barriers and oppressive social norms that prevent people from participating in society in ways that promote belonging.

When he starts talking to people they know that maybe something is wrong. Most people are good although some people take offence and are rude to him and say things which are really quite hurtful (Tilly, parent, interview).

And once he was attacked on the street, by some local kids, they just wanted fags and money, they started on a lot of people in the area, but I think they picked on him more cause they knew he was a bit different, they thought he was a bit of an easy target I suppose [...] but it's the parents who are to blame in a way, they're not teaching their kids to respect other people, to be nice to people with disabilities (Janice, parent, interview)

Whilst encouraging people with intellectual disabilities to participate in wider society is welcome, a true sense of belonging is not always so easy to achieve and involves careful negotiation by family members, support workers, the wider public and people with intellectual disabilities themselves (Power, 2013). What is more, people require more support (not less) to access various community services and spaces, support which is not currently being made available in times of austerity. Explicit attention to the emergent properties of space and place and the types of relations that people are able to cultivate within them, therefore demonstrates that mere physical presence in public or community spaces is not

tantamount to genuine belonging. Rather, promoting a sense of belonging involves an increasing array of people and as well as institutional relationships and roles (Power, 2013).

7.4. Marginal spaces: scales of belonging

As demonstrated in the previous section, people with intellectual disabilities often experience feelings of marginalisation in so-called inclusive environments, such as public parks and streets, shopping centres and spaces of employment (Hall, 2005). This can prevent people with intellectual disabilities from forming positive emotional attachments to place and frustrates people's desires to form meaningful connections with their local communities in ways that facilitate belonging. In this section, I examine the different ways in which belonging is negotiated within marginal settings including, educational spaces, spaces for recreation or training and the home environment. Some of the people who took part in this study demonstrated a preference for these more private spaces of acceptance, where they could feel safe, secure and understood (although this was not the case for everyone, all of the time). At the same time, spending prolonged amounts of time in these more segregated environments can significantly influence the relational networks that people with intellectual disabilities are able to cultivate now and in the future. This demonstrates how people with intellectual disabilities become bounded by oppressive social and spatial orders, thus perpetuating their continued marginalisation from wider society. As I argue throughout this section, this also demonstrates the multifaceted and contested nature of belonging, and ways in which belonging emerges in varying scales of intensity (Wood and Waite, 2011), at different times and for different people across an array of different spatial scales.

7.4.1. Educational Settings

Policy discourses in the UK and elsewhere predominantly cite mainstream schools as the preferred option for educating children with disabilities or 'special educational needs' (SEN) (Department for Education, 2001). However, specialist educational provision for children with intellectual disabilities is an enduring feature of the education system in the UK, and the proportion of children with intellectual disabilities who attend segregated specialist schools is increasing (Todd, 2009; Department for Education, 2017). This is attributed to a variety of structural and ideological obstacles including the pervasive devaluation of people with

disabilities (Hehir, 2005); inflexible and discriminatory education provision (Halpin, 2003); an over emphasis on performance and target setting within school settings (MacGilchrist, 2003) and deficit views of childhood (Alderson, 2003).

The participants with intellectual disabilities who took part in this study had all attended a SEN school or college at some point during their education. Some had also attended a mainstream school or college for a period of time, whilst others had been exclusively educated at SEN or specialist schools. Participants' experiences of attending a SEN school (and contrasting experiences at mainstream settings) are, therefore, interesting in the context of current empirical evidence on the perceived merits of inclusive education (and associated pitfalls) and are examined in more detail here. Specifically, I explore how relations of policy makers, teachers and other professionals (e.g. educational psychologists) as well as parents, peers (both disabled and non-disabled) and participants themselves shape participants' experiences of belonging within these settings.

According to Goodley and Runswick-Cole (2015) educational settings, such SEN schools, construct disabled people's identities as 'simultaneously both 'different from' and 'the same as' other children, 'same as', in the sense that they deserve education, but 'different from' in terms of their needs and abilities' (Goodley and Runswick-Cole, 2015, p. 245). Such constructions therefore demonstrate how people's lives are enabled (and limited) by disability labels from a very early age.

In English schools, the category of child with special educational needs and disabilities is used to label children whose learning profile is considered to be atypical when compared with children without these labels (Todd, 2009). School settings may be the first place where a young person's disability is first formally recognised and/or assessed and may, therefore, be one of the first settings where a young person comes into contact with ableist norms and values that are associated with such labels (Goodley and Runswick-Cole, 2015).

> *Well, it was a nursery that they noticed that something wasn't quite right but it wasn't until primary school that he got a diagnosis and they said he should go to special school [...] for people like him, you know, who found it more difficult to learn* (Janice, parent, interview)

I always knew that something wasn't quite right, he always found it difficult to get on with the other children and with his learning and that, he always found it difficult to concentrate and he found the work too much […] and it wasn't until secondary school though, an educational psychologist came along and did an assessment and that was when we got a name for what he had (Wendy, parent, interview)

However these labels can be helpful for parents seeking 'answers' and offers them a means through which to understand the challenges experienced by their young children in the face of oppressive societal norms and values.

I think [the diagnosis] was helpful, it helped me to get a hold of what was happening to my son and you know, then I was able to find out more about the condition and it really gave me the tools to cope with what was going on […] cause I found it really difficult to cope in those early days (Carol, parent, interview)

Yet the label of 'learning disability' shapes people's experiences of 'difference' and 'sameness' in important ways. Indeed, despite calls from the inclusive education movement, educational policies and practices continue to focus on the difficulties that a child has and what they cannot do. For example, a child has SEN if the child 'has a disability which prevents or hinders him or her from making use of educational facilities of a kind generally provided for others of the same age in mainstream schools' (Children and Families Act, 2014). This suggests that children with SEN are considered to be different from other children and are identified as needing different educational facilities and/or curricula (Goodley and Runwick-Cole, 2015).

He's always been really interested in countries and languages and history. But at school it was considered too difficult a subject for people with ASD. So he didn't get to do history and geography and I think he would have loved them […] It's, because they consider it difficult for them to understand, concepts like 'a long time ago' 'or far away', things like that (Carol, parent, interview)

It was a bit like they thought there was nothing more that they could teach him, that nothing more could go in […] and yeah he was bored basically and started acting out (Janice, parent, interview)

As these quotes demonstrate, assumptions made about children's learning capabilities shift and constrain certain fields of potential (Lim, 2010) thus limiting what a body can do within a particular setting, such as learning about their favourite subject. In addition, children with intellectual disabilities are often ascribed with various emotional or behavioural difficulties that further impact on their ability to learn in the classroom environment. These difficulties are typically framed as 'bad behaviour', that require intervention or management by teaching staff.

> *Didn't like [school] much […] it was OK for a bit then we got this new teacher and she didn't like me, she told me off once cause she said I wasn't doing the work but I said I'd already done it but she made me sit in the back anyway.* (Neil, participant, interview)

> *He was always being told off at school, but only cause of him and [friend] they were in the same class from day one […] and I said well why don't you separate them then they did and he was fine after that*. (Janice, parent, interview)

Punitive measures such as high levels of punishment or lack of praise as well as seating arrangements that demarcate 'bad behaviour' can serve to reinforce a perception that children with intellectual disabilities are different and therefore require different treatment compared to non-disabled children. Indeed whilst Holt's (2010) study on discourses of disability in classroom spaces acknowledges that all classes are subject to rules and expectations, children with learning difficulties and especially those who are diagnosed as having behavioural, emotional or social difficulties tend to experience a greater level of punishment and a lower level of praise than their non-disabled peers in many school contexts. This highlights how normative expectations of behaviour, which circulate in schools, can disable children who cannot or will not conform to school rules.

On the other hand, participants often described their experiences of SEN schools in positive terms. Indeed, whilst these more segregated spaces do not meet the requirements of 'inclusive education', participants frequently benefited from being in an environment where they felt well supported and 'understood' by their teachers and fellow students.

*Researcher: And how did you get on, when you started at [SEN school]? **Jack**: Good yeah the teachers were nice, and got on with everyone alright. **Researcher**: Did you make any friends there? **Jack**: Yeah, [name] we was friends at school, he's still my friend now.* (Jack, participant, interview)

Yeah he got on much better at the special needs school, the bullying stopped and he got on well with his teachers I think he was much happier there (Wendy, parent, interview)

During their attendance at SEN schools participants found they were able to engage in a range of 'normal' activities, most notably, making friends and socialising with their peers. This often contrasted with people's experiences at so-called inclusive mainstream settings, where they were subject to bullying and discrimination.

*Researcher: And what was your school like? **Robert**: Ooo very rubbish. **Researcher**: You didn't enjoy school? **Robert**: No not at all, not a nice place.* (Robert, participant, visual elicitation interview)

Didn't get on there much, there was one guy at [mainstream school] that got on my wick […] tried to hit me once (Jack, participant, interview)

These experiences may go some way in explaining parents' own preferences for their child to attend specialist schools rather than mainstream settings.

The educational psychologist, she wanted him to go to a mainstream school and I just said no I want him to go to his unit and she said you are a funny parent wanting your child to go to a special unit and I said I've been there I know it doesn't work and I said that's where he needs to be. I don't think Jed would be anything like he is now, he's had great support all the way through. Without that I don't think he'd be able to talk (Carol, parent, interview)

Shifting relations of policy makers, teachers and other professionals (e.g. educational psychologists) as well as parents, peers (both disabled and non-disabled) and participants themselves shape participants' subjective experiences of belonging in important ways. For

one thing, they can entrench existing notions of where people with intellectual disabilities 'belong' and where they do not, thereby 'actualising existing affective patterns that reflect memories of how different bodies should relate to one another' (Hall and Wilton, 2016, p. 8). As the next section demonstrates, since leaving school, participants often gravitated towards marginal spaces codified as 'disabled' (Hall, 2005) because past experiences have told them that these spaces are where feelings of belonging may be fostered. In this way, segregated school classrooms are 'double edged' simultaneously providing a safe space of affirmation and belonging (Holt, 2010, p. 31) whilst also demarcating the space and its occupants as different. This, in turn, can significantly influence where (and how) people with intellectual disabilities are able to experience belonging in the future.

7.4.2. Disabled centres and services

Following school, young people with intellectual disabilities often encounter a difficult transitional phase as they enter the adult social care system. Indeed, people with intellectual disabilities of school leaving age often feel unsupported and isolated by adult services (and the wider community) as they embark on adult life (Campbell, 2012). As demonstrated throughout my own fieldwork, participants often experienced feelings of discrimination within mainstream settings and some preferred marginal spaces (such as SEN schools) where they felt safe and understood. Past experiences and pre-existing relational networks of teachers, friends, family and the wider community, therefore encouraged some people to continue to seek out marginal spaces, such as day centres and services, as they approached adulthood.

> *Went to [day centre] for a bit, after I left school which was alright we used to play pool, play games and stuff* (Jack, participant, interview)

> *He meets other people [...] they do all sorts of things there, they play football in the summer, they've got loads of activities there, they can go on the computer, play games, that's his time for meeting people again* (Wendy, parent, interview)

Adult day care has traditionally formed an important element of social care services in the UK, often being run or commissioned by local authorities (Hussein, 2010). These services seek

to provide additional support, as well as socialising opportunities for people with disabilities (Hussein and Manthorpe, 2010). Whilst day centres have been widely criticised by some researchers and disability activists for being too inflexible in their approach, studies have shown that these services provide numerous benefits for people with intellectual disabilities. Indeed, people with intellectual disabilities who attend day centres typically enjoy a greater degree of social interaction and socialising opportunities that those who do not (Gajewska and Trigg, 2015) and many people value the security of day centres and the friendships that they are able to make within these 'social hubs' (Judge *et al.*, 2010).

This was true for some of the people who took part in this study. Indeed, some participants (along with parents) perceived disabled centres and services as an important 'safe' space where they could socialise with other people, which is something they had missed since leaving school.

> **Researcher***: So you like going to [day centre].* **Simon***: Yeah love it.* **Researcher***: Have you made friends since going there?* **Simon***: Yeah loads, and [staff member] he's funny we have a laugh.* (Simon, participant, visual elicitation Interview)

> *He really enjoys going there cause he's such a sociable person, and it gives me a bit of piece of mind, knowing that he enjoys it and that he's being well looked after, he's safe there anyway* (Cassandra, parent, interview)

Some participants enjoyed spending time at day centres and had made a number of friends since attending these spaces. These centres could also be a place for starting relationships, and one participant had started going out with a girl who attended his local day centre.

> **Simon***: Got a girlfriend.* **Researcher***: And where did you meet her?* **Simon***: At [day centre].* **Researcher***: And do you spend time with her other than at [day centre].* **Simon***: Just at [day centre] at the moment.* (Simon, participant, visual elicitation interview)

Participants' experiences were not always positive however. Staffing issues, insufficient resources and lack of engaging activities often precipitated feelings of boredom and frustration and some participants stopped attending after a while.

Researcher: *So you said before that you stopped going to [day centre].* **Neil**: *Yeah*

Researcher: *And why was that?* **Neil**: *Dunno, was boring there.* **Researcher**: *And why do you think you found it boring?* **Neil**: *Not much interesting stuff to do.* (Neil, participant, visual elicitation interview)

Researcher: *So you really didn't like it there at [day centre]?* **James**: *No, didn't like it all.* **Researcher**: *And why didn't you like it there?* **James**: *It's boring […] some of the kids don't speak and that.* **Researcher**: *And what didn't you like about that?* **James**: *Well apart from [manager] there was no one to talk to.* **Researcher**: *So you didn't feel like you could get on with anyone there?* **James**: *Yeah.* (James, participant, visual elicitation interview)

What is more, some people who took part in this study reported incidents of abuse and bullying that occurred whilst attending a day centre.

Well, he stopped going to [name of centre] cause some of the other lads were picking on him and the staff there, they didn't do enough to stop it happening and I felt then that it really wasn't the place for him (Wendy, parent, interview)

We had an incident there once […] I get upset just thinking about it really […] basically it turned out that some of the other boys that went there […] well they had interfered with Simon, abused him I mean. And well you can imagine how I felt and we never really got to the bottom of exactly what went on but he never went again. I was so upset. (Cassandra, parent, interview)

For these individuals then, the day centre did not represent a space of safety and security and it was therefore very difficult for them to build positive emotional attachments to these places in ways that facilitate belonging. These individual experiences may be situated in the context of funding cuts, and an increased pressure on day centres to do more with less (Schmitt *et al.*, 2010; Gajewska and Trigg, 2015). Indeed, there has been some concern that a move to more 'flexible' forms of service provision is driven by a need for savings, rather than in response to individual needs (Campbell, 2012; Power, 2013). Studies have found that day centres often lack the necessary resources to appoint sufficiently trained staff (McConkey &

Collins, 2010) and are unable to offer the kinds of services and activities that people with intellectual disabilities want and need (Flokén, Löndahl and Argentzell, 2017). Others go further, in suggesting that the building-based day centre model is inherently flawed (Jahoda, 1995; Anderson *et al.*, 2014). This is because day centres typically force a diverse range of people with intellectual disabilities to spend prolonged amounts of time together in one space. Indeed, just because people who use day centres have a disability does not necessarily mean that they have anything else in common. Whilst spending time in day centres can offer opportunities to socialise and make friends with other disabled people, others have struggled to form meaningful relationships in ways that allow belonging to flourish.

> *There just wasn't enough for him to do there, I think some of the activities weren't appropriate cause some of the other people that went there [...] some were more disabled than him and couldn't really communicate, and apart from one staff member that he liked there was no one he really got on with, and it was because of that that the stopped going, it wasn't really benefiting him* (Tilly, parent, interview)

As I observed in the beginning of this chapter, it is not enough for people with intellectual disabilities to feel attached to places where they can feel safe and accepted (although, as we have seen, day centres do not always achieve this). Belonging also necessitates meaningful engagement and reciprocal relations with local communities or networks, and between people with and without disabilities. Given this, the degree to which people with intellectual disabilities are able to experience belonging in these more segregated spaces is less clear. And yet, adequate alternatives to disabled day centres are not being provided. Indeed, in recent years there has been a rapid closure of day centres across the UK (Mencap, 2012) which has not necessarily resulted in a significant increase in community-based activities (Gillan and Coughlan, 2010; Hussein and Manthorpe, 2010). As the experiences of the people who participated in this study demonstrate, this leaves many people with intellectual disabilities in 'no man's land' (Power and Bartlett, 2016b, p. 185) with people finding it increasingly difficult to secure and negotiate adequate spaces of belonging in their local communities

7.4.3. The home environment

Due to the rapid closure of day centres, austerity policies and a lack of effective support to access community services, people with intellectual disabilities spend a significant amount of time at home. Indeed, Mencap (2012) reports that one in four adults with an intellectual disability now spends less than an hour a day outside of their home as a direct result of cuts to day services and other forms of support (cited in Power, 2012). These findings reflect the experiences of the participants who took part in this study, many of whom spend a significant amount of time at home.

For example, Jack did not leave the house for seven years upon leaving school and described feeling very isolated during this time (see chapter 6). Other participants described similar experiences, and felt confined and frustrated as a result of spending too much time at home, whilst others desired greater independence and opportunities to develop wider and more varied social networks.

> **Researcher***: So do you find that you spend a lot of time at home?* **Neil***: Yeah I never go to town or anything.* **Researcher***: And how do you feel about that?* **Neil***: Like nothing to do, it's shit. As usual.* **Researcher***: so would you like to go out more?* **Neil***: There's nowhere to go.* (Neil, participant, visual elicitation interview)

> **Researcher***: So what made you decide to give care farming a try?* **James***: Just needed to get out more, meet some people.* (James, participant, visual elicitation interview)

As is the case for most people however, participants also valued the home space and derived much meaning and enjoyment from spending time there. Indeed, when asked to take photos of the places and people that were important to them, participants often responded by taking photographs that captured aspects of their home life, such as spending time with family and friends, eating dinner or engaging in their favourite hobbies (some examples illustrated below).

Figure 7.5 Photograph taken by James of his front door.

Figure 7.6 Photograph taken by Jack's landlady (at Jack's request) of him spending time at home with his friend (and the cat).

Figure 7.7 Photograph taken by Simon, eating his favourite dinner (curry) at home (poor quality image)

The home environment was an important space for some participants, a space where familial bonds were enacted and maintained, and loving and supportive relationships enabled to flourish.

> *He loves his dad. And [dad]'s really affectionate to him he cuddles him and you know so they get on very well together they go and look at cars together they just go to the local garages you know, Jed reads all the specs about the cars so he knows everything, if you say a certain car he can describe it to you know and if you ask him questions about it he knows whatever car it is so that's something they do together [dad] is very kind to him* (Carol, parent, interview)

> **Researcher**: *So what kinds of things do you do in a normal week?* **James**: *At home with mum.* **Researcher**: *And how do you find that?* **James**: *Mum hurt her leg so been looking after her [...] cooking dinner an' that, helping her up the stairs.* (James, participant, visual elicitation interview)

> *Simon adores [name] his niece, and he goes out with his brothers, to the cinema and stuff or to walk the dog and think that's really important for him to spend time with them* (Wendy, parent, visual elicitation interview)

To this end, the home constituted a crucial space of belonging for some participants, insofar as the home represented a site of safety and privacy where habitual routines could be performed without unwanted surveillance, where participants could just 'chill out' and feel free to be themselves in familiar surroundings.

> *Researcher: And you enjoy spending time at home? **Jack**: Yeah, just chilled [...] nice and quiet here* (Jack, visual elicitation, interview)

> *I mean he's just a different person when he's at home, if we're in town or anything like that he can be really anxious, he gets very anxious around strangers [...] but when he's at home, you can see he's just more relaxed and there's no one noticing him or how he behaves, he's free to be himself* (Sally, parent, interview)

Whilst spending time at home facilitated one aspect of belonging, spending too much time within these more private spaces can prevent people from making connections with other people in other spaces and settings. These concerns were echoed by parents, some of whom felt that their children were too reliant on them and spent too much time at home.

> *I decided that he needed to go somewhere and not be at home all the time, he needed to learn different things and get out and meet new people. He has a bit too much time at home I think. And I don't think a 21 year old should be spending all his time with his mum he should be out there meeting new people* (Cassandra, parent, interview)

But parents' desire for greater independence for their adult children was offset by the belief that they were unable to do many of the things that non-disabled independent adults do (such as cook their own dinner, use public transport independently or live alone) thus feeding into social norms (and parents' own expectations) of what it means to parent a disabled child.

> *Like I said about the dinner last night I put a pan on the side and the pan was still hot and he went to pick the pan up without the oven glove on and I said, Simon that's still hot but he didn't realise that was hot. See that would frighten me, if he come in without me and just picked it up* (Cassandra, parent, interview)

I'm not sure he could get the bus on his own yet […] I worry that he would get lost or get off at the wrong stop and then he would panic and of course I'd worry about him (Tilly, parent, interview)

This was compounded by fears of 'outside' dangers based on past experiences of social stigma, discrimination and abuse, and parents often worried for their adult child's safety when reflecting on the prospect of them spending more time in public spaces and settings.

It worries me because I am very protective towards him I find it hard to let him go to places because of that, I seem to let go and then something happens […] I still find it difficult but he's 22 years old and he has to, I have to sort of hide my feelings a bit and trust that nothing's going to happen to him (Cassandra, parent, interview)

He went on his own to the shops, to buy a new console and he was gone for ages and I got really frightened, well you never know, that sort of thing happens all the time, people taking advantage when he has money to buy a new console, so of course I was concerned (Tilly, parent, interview)

These fears became even more acute when trying to meet the 'norms and desires of young adults with intellectual disabilities as they became aware of their own sexuality' (Power, 2008, p. 838) and parents sometimes found it difficult to manage their adult children's expectations with regards to sexual relationships.

Well the thing is you know it's difficult, like he goes to some of these clubs these various evenings, and they are supervised but not necessarily constantly all the time and I suspect with the people who run these clubs it's a similar issue to children in the playground, now if you caught an 8 or a 9 year old in the bushes learning about the birds and the bees you'd say 'oi out of there, back in the playground' but it's different with […] because they're actually adults, so I don't know what the policy would be at these clubs, you know do you say 'you two out of there, go back and play darts' or do you […] what do you do. And I don't actually know the answer to that (Tilly, parent, interview)

He's got quite a few friends there that he speaks to. He's got in quite a few friendships with girls but he don't understand things like that that's the problem. Trying to get through to he him that he can't […] how do I put it, that he's got to be sensible, you know he don't understand things about sex or age restriction, it doesn't seem to go in. He would like a girlfriend yeah, but I think it would be best if he had friends that were girls. I mean he had a girlfriend, she came round a few times. And her Mum comes to me one day and says she caught them up in the bedroom and then I stopped that because I thought she obviously isn't keeping an eye on them. And she knew I didn't want that, for something to come of it, they're of that age, she could have got pregnant (Cassandra, parent, interview).*

A lack of wider services and systems of support from social and other services for people to be more independent resulted in parents being further susceptible to closing off potential occasions where participants could have more control, choice and personal autonomy, forcing them to rely on ever smaller and closer social networks of support.

He's got no confidence in himself at all and I think a lot of that is also within the family […] I don't know […] mum's very controlling of him and again I don't think he gets to choose a lot of things, everything is chosen for him and I worry about that because I see why mum worries but I also see for Jed that it's not particularly healthy (Sarah, staff member, interview)

Well Jed had this one friend from school […] when he left college they did used to play snooker together and things like that but I don't know if I've done the right thing or not really, in protecting him cause you know he [Jed] is very vulnerable but then he has got to have friends. I think he liked [friend] very much but he was so needy that he didn't have his mum around he just had his dad and he needed […] he seemed to attach himself to me and I can't cope with it […] so I decided to stop him seeing [friend] it wasn't a good friendship he was too vulnerable for it […] but then also he doesn't have many opportunities for socialising now which worries me, he's just got me really (Carol, parent, interview)

Parents continually grappled with protective attitudes on the one hand and a desire for greater autonomy (for their children) on the other (Power, 2013). Indeed, whilst parents wanted to give their adult children the chance to live more independently in the future, they were unsure of how this would happen or whether more personal autonomy was a realisable goal for them.

> *To be perfectly honest with you I don't know and I don't like to think about the future. I can't imagine him not being with me and I don't want to imagine him not being with […] I mean in his mind he says to me he's going to move in with his girlfriend but who knows [laughs] that's obviously because his sister's gone and got married and had children, so and you know cause he tries to upset people, he'll say, I don't want to live with you anymore you know I want live by myself* (Sally, parent, interview)

Other studies have found that caring for people with disabilities at home changes the meaning and relational configurations of the home space. For example, Yantzi, Rosenberg & McKeever (2007) observe that whilst the home environment normally denotes a space that is relatively free from constraints, the home when it is also a 'site of caring', often denotes the careful monitoring of movement and behaviours. This was true for some of the people who took part in this study and parents often felt obliged to manage their children's behaviour at home in ways that ensured their safety.

> *Even now we have to watch him cause he does cut himself you know we don't have cans in the house any more, cause he used to keep the cans and break them up and scratch all his arms up and everything* (Janice, parent, interview)

> *When his girlfriend comes round, he'll say 'oh can we go upstairs mum' but I tell him he's got to stay downstairs where I can keep an eye on him […] cause I don't really trust them to be on their own, who knows what they'd be getting up to up there […] I know that sounds a bit full on but I do have to be careful, cause he's not got the maturity really* (Cassandra, parent, interview)

In these contexts, the domestic space can therefore be seen to have merged with a space for carrying out caring duties, thus resulting in the institutionalisation of the home space (Milligan, 2000) and heightening participants' sense of isolation and feelings of confinement.

> *Get bored stuck in the house, and mum going on at me [...] yeah it's a bit rubbish really* (Neil, participant, visual elicitation interview)

Whilst these findings reflect the experiences of some of the younger people with intellectual disabilities who took part in this study, Robert's home life was characterised by a different set of experiences given that he was somewhat older and had been living in a residential home for a number or years. Indeed, Robert was not subject to protective parental practices and attitudes (his mother being elderly and living quite far away) and was given a relative degree of freedom to pursue his interests and hobbies.

At the same time, Robert's home life within this more institutionalised setting was beset with numerous challenges. Indeed, he found it difficult to get on with some of the other residents and avoided spending time in the home's communal living spaces because they were too noisy, preferring instead to spend time alone in his room.

> **Robert***: Cause when I'm at home I find some people hard to get on with.* **Researcher***: And why is that do you think?* **Robert***: Cause they're shouting and screaming* **Researcher***: So there are some arguments that happen at home?* **Robert***: Yes. And it's hard to concentrate.* **Researcher***: And do you find yourself being involved in many arguments?* **Robert***: No try to keep out of it, stay in my room a lot [...] when there are other people around you and you're trying to watch the telly, it's just tapping, tapping, tapping* (Robert, participant, visual elicitation interview)

Robert has also found it difficult to form meaningful relationships with some of the staff that work at the residential setting where he lives, and feels frustrated by what he perceives to be unsupportive and insensitive attitudes.

> *Some of the staff here are no good, they don't help you [...] don't listen, just sit around and watch t.v. [...] lazy*! (Robert, participant, visual elicitation interview)

All these factors combine to make Robert's home life quite stressful and isolating at times and have prevented him for forming the kinds of loving and supportive relationships one would hope to encounter in the home environment. Robert has expressed a desire to move out of the residential setting where he currently lives and secure a more private residence (possibly sharing with just one or two other people). However, these preferences have not, as yet, been adequately responded to and there is little hope that Robert will be in a position to make the changes he desires any time soon. This demonstrates the difficult circumstances that people with intellectual disabilities often face when leaving the family home and the limited options that are available to them to secure more independent forms of living in their local communities.

Explicit attention to the emergent properties of space and place demonstrate ways in which people with intellectual disabilities 'perceive, navigate, conform to or contest different discursive cultures and physical infrastructures of the home' (Stephens, Ruddick and Mckeever, 2015, p. 213). The way in which the home space is inhabited and interpreted in the context of specific relational networks helps determine the home's meaning and status as both a space of affirmation and belonging, but also one of parental control, limited personal autonomy and/or lack of supportive relationships. Indeed, protective attitudes, a lack of choice as well as existing social care funding and structures has resulted in the closing off of many opportunities and possibilities for the participants in this study. This has prevented some participants from forming meaningful connections with other people in their local communities in ways that enable belonging to flourish.

7.5. Care Farms: transitional spaces of belonging for people with intellectual disabilities

As I have demonstrated throughout this chapter, everyday experiences of belonging emerge in varying intensities across an array of different spatial scales, in the lives of people with intellectual disabilities. These findings therefore offer an important challenge to 'static designations of spaces' (Hall and Wilton, 2016, p. 12) as pre-determinedly inclusive or exclusionary, designations that too often prevail in social and educational policy discourses (Holt, 2010; Goodfellow, 2012). The people with intellectual disabilities who took part in this study were often subject to exclusion and marginalisation in mainstream settings and

community spaces. This reminds us that mere physical presence in public spaces is not tantamount to genuine belonging. By contrast, participants often experienced feelings of acceptance, safety and security in marginal spaces, such as day centres, specialist schools and within the private sphere of the home (although not always!). At the same time, spending prolonged amounts of time in these more segregated environments can entrench existing notions of where people with intellectual disabilities 'belong' (and where they do not). In this way, participants become bounded by specific social and spatial orders over time. Whilst these spatial orders meet the needs of participants in some ways (by offering them 'safe' spaces of acceptance) they can also frustrate belonging by preventing them from participating in their wider communities in ways that are meaningful to them. These findings therefore demonstrate people's desire for connections and engagements with non-disabled people and ways in which these desires are hindered by their continued marginalisation and exclusion (Duff, 2011).

According to Bigby (2014) whilst people with intellectual disabilities may 'become known' in local areas, these brief encounters often do not develop into more meaningful relationships. This demonstrates how belonging is not merely about being placed within an environment we generally think of as inclusive but 'fitting in within a specified place or environment' (Power, 2013, p. 69). Beyond the immediate supportive relationships found within marginal spaces (such as the home, school or day centres) the process of creative belonging therefore involves bridging connections with local community members and allies in ways that may widen a person's support networks (Hall, 2012a; Power, 2013).

In view of these observations, I suggest that care farms can provide a transitional space of belonging in which participants are able to realise their potential (what a body can do) in a safe and accepting environment (Hall and Wilton, 2016; see also Parr, 2008). In chapter five, I observed how participants' interactions with various features of the farm landscape and the sense experiences that arise as a result helped them to develop strong embodied and emotional attachments to these places and the human (and non-human) bodies that share them. What is more, this sense of place was important for people's wellbeing and sense of belonging because it conferred feelings of 'ontological security', whilst also providing participants with opportunities to enhance their social networks and to make friends.

Importantly however, care farming activities generally take place on 'normal' working farms, thereby enabling meaningful engagement with the wider community/members of the public, and not just other service users and farm staff, thereby facilitating new forms of 'outside' as well as 'inside' belonging.

In the context of care farming, this process of creating belonging involved doing things like face-to-face selling of farm produce to local restaurants and cafes, attending farm fairs and workshop events, meeting visitors to the farm, helping to show members of the public around on farm open days and helping to run charity and other events (some examples illustrated below).

Figure 7.8 Photograph taken by the researcher of Neil (with Neil's permission) selling eggs to a local café (face obscured at participant's request).

And we had an exhibition with lots of pictures and stuff of what's been happening at the farm, and everybody who attends here was invited and loads of people came, people from the local community and it was a really great way of getting everyone together and the co-farmers loved it, showcasing their work like that, yes I think it was a very positive thing (Sandra, staff member, interview)

And he was able to show them around quite proudly, because he's been here quite a while now and I think he is beginning to feel a sense of ownership, and he was a bit nervous but found himself able to step up to that responsibility of you know, the older statesman kind of thing (Lisa, staff member, interview)

Jed*: I made it [wooden chessboard] for the Christmas coffee morning.* **Researcher***: And did you go to the coffee morning?* **Jed***: Yes.* **Researcher***: And did you enjoy it?* **Jed***: Yes* **Researcher***: And what happened at the coffee morning?* **Jed***: People came to buy stuff* **Researcher***: And you raised quite a bit of money didn't you, for the farm, from selling the things that you make here?* **Jed***: Yes.* **Researcher***: And how does that make you feel?* **Jed***: I feel […] I felt very proud.* (Jed, participant, visual elicitation interview)

The examples above therefore demonstrate how care farms can provide 'safe havens' (Power and Bartlett, 2015a, p. 1) of care and support in an everyday environment, but within which people with intellectual disabilities can begin to experience more active forms of citizenship. This has helped some participants to feel more confident about spending time with strangers and to feel like they have a more visible presence in their local communities.

Researcher*: So how do you feel now, when you meet new people?* **James***: OK, fine really.* **Researcher***: And why do you think that is?* **James***: Just used to it.* **Researcher***: And what do you think has helped you to become more used to meeting new people?* **James***: [name] farm, just seeing lots of people, showing people round the place.* (James, participant, visual elicitation interview)

And so we like that idea of learning a skill and enjoying it, they do actually enjoy the wood working and making something and then selling it and they also get that experience of interacting with the public in a safe environment. And for Jack I think,

increasing meaningful social interactions, this objective is very valid because he hasn't been out that much (Lisa, staff member, interview).

Some of the people who took part in this study described feeling very proud of the work that they did on care farms and felt that they were making a valuable contribution to farm life and to their wider community.

Jed: *I've been helping people that come over from the schools on Mondays and Wednesdays.* **Researcher**: *And how does that make you feel, having that responsibility?* **Jed**: *It makes me feel helpful […] showing people how to do things […] I feel like I am helping to run a care farm business.* (Jed, participant, visual elicitation interview)

They work alongside the other farm staff and that's always sort of seen as a positive thing, cause it kind of reinforces the sense that some co-farmers have […] they're contributing to the life of the farm […] I think they just feel part of the farm community, you know when [name] one of the farm staff says hello to the co-farmers and asks them how they're doing, you can see there's a real positive response, you know, they're being acknowledged by someone who's on the farm, who works on the farm (Sandra, staff member, interview).

Opportunities to engage in more active forms of citizenship also enabled participants to forge new relationships with the wider public based on reciprocity and mutual respect.

The farming community is simply wonderful it gathers around you and starts to help you when they realise what potential there is here […] it's definitely not a place with lack of inclusion, it's got its own vibrant thriving community of many people who bring their skills which is very enriching for the boys and everybody respects one another, we all need each other in the farming community, yesterday there was a chap on the farm who was literally able to talk the bull into a cattle crush so he can look at his feet you know an incredible skill. We need that chap but he equally respects the guys in the morning who put out the hay, we've all got a job to do, that's why it works I think (Linda, staff member, interview)

Participation in care farming activities therefore demonstrates how existing social and spatial orders can be disrupted and reconfigured to produce new assemblages in and through new forms of belonging are enabled to emerge. As participants engaged with features of the care farm environment emotions, bodies and relational capabilities began to 'cross boundaries getting through to blur distinctions between inside and outside and excluded and included positions' (Hall, 2012a, p. 246). Forming meaningful relationships with the wider community through activities like care farming can, therefore, open up new and positive possibilities for what it means to be to 'belong' to society, beyond a narrowly defined conception of inclusion prevalent in policy discourse (Hall, 2012a).

When compared to other types of social care provision, such as day care centres, care farming was described as lacking that 'institutional element'. This reflects the fact that many people with intellectual disabilities want more than to be cared for and kept safe, they also want to be given the opportunity to exert more choice and control over their daily lives and to engage in activities that they perceive to be meaningful and worthwhile.

> *I think that the value of these kinds of projects, is that it offers people the opportunity to do something meaningful and worthwhile. I've seen what happens at these [day centres] [...] and maybe people don't want to just sit around watching t.v. or do colouring in or whatever. I mean they might be safe and everything but it's not enough, people want more than just to be safe don't they?* (Sandra, staff member, interview)

The significance of participation in meaningful work and/or activities which are viewed as culturally a 'good thing' (such as food production) resides in their ability to convey to the wider community that socially excluded or marginalised groups are capable of making a valuable contribution to society. To this end, engaging in care farming activities can help some people to feel less distanced from the society that excludes them, such that a true sense of belonging within their local communities may be found.

However, whilst care farming may facilitate more social contact between users and the local community during time spent at the farm, encouraging participants to engage with non-disabled people in their everyday lives can present more of a challenge. Indeed, whilst users of care farms are more likely to have more regular contact with members of the local

community than they might otherwise, time spent with non-disabled people (other than family) appeared to remain a relatively uncommon phenomenon. For some participants, the majority of their time was spent with farm staff and other service users or with family when not at the farm. It is also important to note here, that people with intellectual disabilities may not always want to spend time with people that do not make up their pre-existing social networks of friends and family, and some participants expressed concerns about speaking to new people because they might not be friendly or nice to them.

> **Researcher***: So how do you feel, when you meet new people?* **James***: Still a bit nervous, sometimes.* **Researcher***: And why is that do you think?* **James***: Cause you gotta be careful […] don't know if they are nice or gonna stay stuff to you.* **Researcher***: What kind of stuff?* **James***: Dunno, horrible stuff shout out you.* **Researcher***: And how does that make you feel?* **James***: Don't like being out there some times.* (James, participant, visual elicitation interview)

Whilst facilitating new forms of belonging may be an important step for many people with intellectual disabilities, this may be harder to realise for those individuals who have had negative experiences in their dealings with non-disabled people and who might therefore prefer to seek 'safe' spaces of acceptance. As I demonstrated in the previous chapter, some participants experienced the care farm as a space of retreat or sanctuary. Whilst regular contact with non-disabled people on care farms was still relatively common for these individuals (given that these spaces typically operate as working farms) staff acknowledged that these interactions needed to be carefully managed to ensure that participants did not become anxious or uncomfortable.

> *Some people don't want to mingle with people they don't know […] they find that sort of thing difficult, so we have to be careful in these kinds of scenarios. Of course we want people to feel more included and to have more contact with all different kinds of people, but these things take time and you have to tread carefully, cause some of the people that come here, they're very vulnerable and we don't want to make people unnecessarily uncomfortable* (Sian, staff member, interview)

This demonstrates how the farm space is inhabited and interpreted within the context of specific relational networks and ways in which this determines their meaning and status for different people. Indeed, some people who took part in this study preferred to utilise the farm space in much the same way as they utilised marginal spaces and settings, opting instead to keep contact with 'outsiders' to a minimum. Forging wider networks and spaces of belonging may, therefore, be more difficult to achieve for some people in this context, based on past experiences as well as people's own desires and preferences.

Figure 7.9 Video frame of Eliot in the farm kitchen, baking a cake.

> *Spending time in the kitchen is important for Eliot [...] it's his time to get away from all the hustle and bustle of the farm, this is a nice private space where he can do his cooking which he really he enjoys [...] and he doesn't really having to have much contact with anyone from the farm here, and I do think that is really important for him, he needs that 'time out' so to speak* (Sarah, staff member, interview)

> *I think it's about thinking about that person's individual needs, some people just want a quiet space, where they can get on with a task without too much disturbance. So if by creating the right environment they can function and work that seems to me to be the right...it's no different to providing wheelchair access for people in wheelchairs. It's about understanding their disability properly and responding to it. And the farm environment as I've said is uniquely able to do that, I think there are situations where*

you can control the level of engagement with the rest of the farm to suit people's different needs (Linda, staff member, interview).

These findings therefore speak to the therapeutic landscapes literature that identifies a tension between the desire for safe refuge (as described in chapter 6) on the one hand, and positive experiences of 'relatedness' or sociality on the other (Brewster, 2014).

As the previous two chapters have demonstrated, the care farm was a place where participants could embody their new identities as 'farm workers'. This was important for some participants, because it endowed them with a sense of pride and enhanced self-esteem. Throughout our lives we may embody many different identities (i.e. student, employee, volunteer, husband, wife, parent). Given this, it is important that people with intellectual disabilities have the same opportunities to change and develop in ways that enable them to flourish. To this end, care farms must be flexible with regards to how they deliver services, with an emphasis on determining the appropriate frequency and duration of attendance to meet individual needs. A report by Natural England (2016) found that the majority of clients (90%) attend care farms between one and three times a week. Generally speaking, this was the case for the people who took part in this study, many of whom attended a care farm one or two days per week, although one individual attended four days per week.

Some of the people who took part in this study said that they would like to attend a care farm more often than their allocated 1-2 days. For these individuals, care farming was an important activity because of its ability to structure their week in ways that were meaningful and constructive. Some of the parents and staff who took part in this study also felt that additional days spent at the farm would benefit participants, because this would be more representative of a 'normal' working week. This, in turn, can help people with intellectual disabilities to feel like their everyday experiences are more closely aligned with adults without disabilities, many of whom engage in paid employment.

> **Researcher***: So how does it feel, engaging in these sorts of activities?* **Jed***: Helpful*
> **Researcher***: And why do you think that is? Jed: I am helping to run a care farm business*
> (Jed, participant, visual elicitation interview)

However, participants were typically prevented from attending a care farm on additional days because of funding constraints. Care farms typically charge a fee of around £50 per day for people to use these services (Care Farming UK, 2017). Whilst this is cheaper than some of the other health, social or community based services that people with intellectual disabilities utilise (Natural England, 2016), people's limited personal budgets mean that they typically cannot afford to attend more than one or two days per week. This is compounded by the fact that care farms settings are often located in rural and hard to reach locations, which makes the cost of travel an additional factor to consider.

> *The problem isn't the cost of him going to the farm […] the issue is the cost of the taxi getting him there. I'd like to get him more days there, but a lot of the budget is used on travel and there's not enough left over* (Sally, parent, interview)

This highlights the fact that care farming not constitute a form of paid employment, rather people pay a fee to engage in these sorts of activities. This begs the question, if people perceive care farming as their 'work' why are they paying for these services as opposed to receiving a wage? During fieldwork, careful consideration was given to this question (among others) and a significant amount of time was spent at the care farm settings involved in this study observing how these spaces were managed and the interactions between staff and service users. Generally speaking, whilst service users were encouraged to be 'team players' and engage in work-based activities wherever possible, they were nevertheless given the freedom to work at their own pace, to exert choice over the activities they performed and could refuse to take part in an activity if they did not want to. My own observations were supported by staff, who demonstrated a commitment to providing service users with meaningful choice and control, when engaged in care farming activities.

> *I think it's really important to be clear with regards to expectations. At the end of the day what we are trying to offer is a service, it's not a job […] it's not a paid job. We want people to get us much as they can out of coming here, but it's really about giving them choice. If they don't like an activity then they don't have to participate. Similarly, we really encourage people to engage in the activities that they do enjoy […] it's about*

giving people confidence and a sense of fulfilment really (Lisa, staff member, interview)

What is more, whilst the activities employed on care farms were meaningful in the sense that they fulfilled a specific purpose (i.e. feeding and cleaning animals), these were always done with some additional benefit in mind, such as therapeutic gain or skills acquisition. Given this, the therapeutic potential of care farming often resides in its ability to provide service users with opportunities to participate in meaningful and productive work in an environment where individual care and support needs are carefully considered. These spaces may, therefore, be contrasted with everyday spaces of employment where the focus is rather more on employee outputs than on individual wellbeing. At the same time, if engaging in work-like activities is the route through which some people experience a greater sense of belonging in their local communities, then perhaps securing paid employment is a desirable end-goal for these individuals. To this end, care farms are arguably well placed to provide people with some of the necessary skills to secure paid employment in the future, wherever possible.

Skills acquisition is clearly an important outcome. Our clients learn a lot during their time here […] caring for animals, growing food, dealing with public and handling money. These are all valuable life skills, and some of our guys they have gone on to secure paid employment and I think their ability to do this was directly related to the skills they had learnt here (Linda, staff member, interview)

I think those basic skills […] having to get up at the same time everyday, been responsible for something and being needed, that gives people the confidence they need to go on in to the world of work, if that is what they want (Liam, staff member, interview)

Whilst some people wanted to spend more time at care farms, others were happy with the amount of days that they were already allocated (i.e. one or two days per week). This allowed people to benefit from care farming activities whilst also having the time to utilise other services and activities available to them in their local communities. However, this was not the case for everyone. For example, as I noted in chapter six, Jed attends a care farm 4 days per week and those around him have expressed concerns that he is not being given enough time

to do other things during the week, apart from care farming. This illustrates the risks of these kinds of activities, particularly when it restricts opportunities to pursue other interests and hobbies, thereby reinforcing existing notions of what people with intellectual disabilities can and want to do.

For these individuals then, care farming was less about experiencing a 'normal' working week, and more about providing people with much needed socialising and leisure opportunities. As demonstrated in chapter six, engaging in care farming activities endowed some participants with the confidence, skills and resources needed to make certain changes to their life. This included becoming more independent, meeting new people and making friends. These findings therefore suggest that achieving a sense of belonging does not necessarily entail the perception that one is engaged in work-like activities. Once again, this reveals the multifaceted (and sometimes contested) nature of belonging and ways in which the farm space is inhabited and interpreted within the context of specific relational networks, that determine their meaning and status for different people.

Also important to note here, is the fact that whilst care farms have the potential to facilitate new and varied forms of belonging, engaging in these sorts of activities should not be regarded as a prerequisite for belonging. Indeed, activities like care farming (or comparable activities, such as environmental projects, voluntary activities, or community arts projects e.g. Hall, 2005; 2010, 2012; Hall and Wilton, 2011; Parr, 2008) are not the only means through which people with intellectual disabilities may begin to experience new forms of belonging in their wider community. For example, Power and Bartlett's (2015) study suggests that people with intellectual disabilities are self-building spaces of belonging in all sorts of places within their local neighbourhoods (examples include local fish and chip shops, bingo halls, allotments and marinas) in what is described as a 'post-service' landscape.

In this context, it is important to recognise that people with intellectual disabilities enrolled on care farming programmes may, in time, desire opportunities to seek out new and alternative ways of belonging to society that does not necessitate embodying the identity of 'farm worker' or 'farm helper'. Indeed, whilst some people with intellectual disabilities may wholly embrace such identities and want to continue engaging in these kinds of activities for

personal gain, other people may prefer to attend a care farm for a limited period of time before moving on to other things, whilst others might decide that care farming is not for them. Given this, care farm organisations, health and social care providers as well as parents, carers and people with intellectual disabilities themselves must work together to ensure that new challenges and opportunities are made available to people as and when they desire them.

Chapter 8. Considering the therapeutic landscape experiences of people with intellectual disabilities engaged in care farming activities

8.1. Introduction

Drawing on the therapeutic landscapes literature and key strands of non-representational thinking, I have argued in this thesis for an approach to research on therapeutic landscapes that focuses on the material, embodied, relational and inter-subjective elements that foreground people's therapeutic landscape encounters. Specifically, I sought to:

- Examine the experiences of people with intellectual disabilities engaged in care farming activities, from the point of view of individuals as active and embodied participants;

- Explore how participants' embodied engagement with various features of the care farm environment facilitate or inhibit the formation of a therapeutic landscape experience;

- Explore the ways in which these different forms of socio-environmental engagement may impact (positively or negatively) on people's wider networks of social, material and spatially situated relationships; and

- Consider the extent to which care farming activities destabilise or disrupt habituated practices and socio-spatial positions and relations to produce positive wellbeing outcomes

In drawing together the empirical arguments presented in the preceding three chapters, this chapter discusses how the research objectives have been answered in this thesis. Consideration is also given to how this work has contributed to the fields of health geography and disability studies, at theoretical and methodological levels.

8.2. Empirical contributions: What are the benefits of care farming for people with intellectual disabilities?

In this thesis, I have set out a particular theoretical and methodological approach through which to meet the objectives of the research. In doing so, I was able to elucidate some of the embodied, emotional and social benefits that people with intellectual disabilities gain from

engaging in care farming activities, as well as the wider impact that participation in these kinds of activities have on people's everyday lives. This section shall, therefore, provide a summary of my empirical findings, with reference to the wider literature.

8.2.1. Healthier bodies

As with other outdoor activities, care farming engages people in a range of activities with the potential to improve or enhance physical health and wellbeing. Indeed, activities undertaken on care farms, such as feeding and caring for animals, planting and growing food or general maintenance, require more physical effort than activities offered at regular day care centres and therefore have the potential to stimulate participants to be more active. These findings are significant, given that physical inactivity is one of the key lifestyle factors causing ill health and increased risk of chronic diseases in people with intellectual disabilities (Bergstrom et al, 2013; Emerson, 2005; Robertson et al, 2000).

Whilst care farming activities required participants to move their bodies more energetically, participants rarely describe the work undertaken as being too exerting. This was, in part, because they were able to work at their own pace but also because they were participating in activities that they enjoyed. This is supported by other research, which suggests that outdoor based activities have the potential to increase the frequency and intensity of physical exercise, due to the enjoyable nature of the activities undertaken which in turn, can provide a positive distraction from the actual exercise itself (Hartig *et al.*, 2014).

Care farming can also encourage some people to be more active generally. For example, spending prolonged amounts of time outdoors engaging in physically demanding work helped some participants to feel fitter and stronger and more confident 'in' their bodies. As a result, some participants are now able to walk for longer distances without getting tired, whilst others now regularly cycle to places rather than relying on other people to drive them. Other participants have reported feeling noticeably stronger since taking part in care farming, and have initiated their own exercise regimes at home.

Whilst care farming encouraged some participants to pursue more active lifestyles, other people continued to lead very sedentary lives when not at the farm. This illustrates that whilst

open outdoor settings can encourage people to move differently (i.e. to be more physically active) these changes do not always transcend to other aspects of people's lives, especially when they spend a significant amount of time at home (where physical activity is impeded). It is also important to note here that participating in physical work is not always perceived to be beneficial or enjoyable. For example, one participant found it difficult to participate in some of the activities conducted on the farm due to persisting poor health and a physical impairment. This meant that he was unable to receive the kinds of benefits enjoyed by other people, and it is not clear that care farming had encouraged him to be more physically active generally, or to feel 'healthier'.

Working on a care farm provided users with opportunities to grow their own food, as well as cooking and eating together. This exposed participants to many different tastes, flavours and textures and introduced them to healthier and more varied diets. This also had the potential to improve people's general eating habits. This may be especially important for people with intellectual disabilities, who often have less nutritional diets compared with non-disabled people, which is one of the major causes of morbidity and premature death within this population group (Emerson *et al.*, 2011; Maiano, 2011). However, being exposed to a more varied diet did not always constitute a positive experience for participants, and some people became uncomfortable when offered new foods. For these individuals, there is no evidence to suggest that their eating habits have changed significantly, since attending a care farm.

8.2.2. Subjective wellbeing

Care farms provide people with opportunities to engage in an enjoyable and rewarding set of activities in an environment where they can feel safe and well supported. This can help some people to feel less anxious. Indeed the participants in this study described feeling happier and more relaxed as a direct result of participating in care farming activities. This supports other research, which suggests that there is a positive correlation between participation in care farming activities and subjective happiness, life satisfaction and general mental wellbeing for a range of service users (Pedersen, Nordaunet, *et al.*, 2011; Leck, 2013; Bragg, 2014).

Engaging in noisy, rhythmic or physically demanding work helped some people to lose themselves in the activity at hand and facilitated a state 'in which people are so involved in

an activity that nothing else seems to matter' (Csikszentmihaly 2002, 4, cited in Pitt 2014). The kind of experience that this evokes may be considered therapeutic in the sense that it enables people to forget their fears and anxieties for a time, through engaging in a different set of experiences and place relations.

Spending time with farm animals, touching them, feeding them and generally caring for them, helped some people to feel calmer or less anxious and provided people with a sense of reassurance, stability and security, through the routines this necessitated. These findings therefore support a longstanding body of evidence which suggests that contact with animals can have certain psychological benefits, such as the potential to reduce levels of anxiety and depression (Folse, Mindler, Avcock, & Santana, 1994; Garrity, Stallones, Marx, & Johnstone, 1989; Hoffman et al., 2009; Scouter & Miller, 2007; Seigel, 1990). Whilst the majority of research in this field mainly focuses on the wellbeing benefits of contact with domestic pets (e.g. cats and dogs) farm animals, just like domestic ones, were perceived to provide a non-judgemental form of emotional support thereby reducing perceptions of stressful life events and protecting against anxiety (Collins and McNicholas, 1998b). The therapeutic potential of such encounters appears to reside in the behaviours displayed by farm animals and ways in which these influenced participants' own behaviours and actions. For example, the behaviours that these animals displayed typically creates an impression of faithfulness and dependability and unlike many human relationships did not, therefore, impose a strain or concern about this relationship's continued stability (Cobb, 1976; Collins & McNicholas, 1998). This facet of care farming was important for participants with intellectual disabilities, who were often subject to discrimination, rejection and sometimes abuse in their everyday interactions with other humans.

Whilst animals on care farms often provided a source of connection and reassurance, at certain times and in certain situations, they could also enhance feelings of anxiety. This was especially evident when animals behaved in ways that were unexpected or uncharacteristic. However, whilst animal behaviours could sometimes be unnerving, they also provided participants with a valuable life lesson. Namely that other bodies (human and non-human) possess their own agency, and will behave in ways that you cannot always expect or control

(Gorman, 2017b). This taught participants how to cope with unpredictability in their everyday lives and helped them to build resilience when faced with anxiety inducing situations.

Another way in which care farming helped people to build resilience concerned being outdoors in all weathers. For people who are highly sensitive to things like bright light, high winds or hot temperatures, being outdoors could, in fact, be a profound source of anxiety. However, care farming, and the opportunities this afforded for being outside, helped some participants overcome certain sensory issues. Engaging in care farming activities can, therefore, help people to manage their anxiety and to become more resilient to external forces, which would have once seemed so intimidating. This is important for people with intellectual disabilities who are often prevented from spending time in everyday or commonplace outdoor spaces (e.g. public parks, woodlands and gardens) due to a range of sensory, physical, social and attitudinal barriers (Nind 2009; Sensory Trust, 2008).

For some people who took part in this study the care farm came to symbolise a place of escape, somewhere to go to in order to feel happier or more relaxed. This supports other research on therapeutic landscapes that utilises the concept of retreat to explain the therapeutic power of settings such as the holy well (Foley, 2011) and other pilgrimage sites (Gesler, 1992; 1996; 2005) as well as places with a reputation for healing (Gesler, 1992; 2003) yoga centres and other spaces of retreat (Lea, 2008; Conradson, 2011). This illustrates the importance of being able to remove oneself from situations that are considered stressful or harmful, and immerse oneself in an entirely new and different set of experiences. This may be especially important for people with intellectual disabilities who typically experience marginalisation in so-called 'everyday' spaces and who might, therefore, seek safe spaces of acceptance where they are able to perform habituated routines and identities without fear of unwanted surveillance or discrimination.

Whilst care farming provided participants with opportunities to engage in a set of enjoyable experiences that helped them to feel happier and assuage feelings of anxiety or distress, these experiences did not always transcend beyond the care farm. Indeed, some people who took part in this study did not necessarily feel happier or less anxious when they returned to their

ordinary or everyday places, thereby making the wider impact of care farming for these individuals less self-evident.

8.2.3. Enhanced capabilities

A typical day at a care farm is generally structured around a series of set routines and activities. Animals need feeding at the same time every day, and there are various other chores (such as watering the plants, cleaning animal pens or collecting eggs) that are regularly performed to ensure the smooth running of a working farm. Engaging in farming activities therefore enabled participants to inhabit regular routines, and provided them with a sense of continuity and stability. This was perceived to be important for participants' confidence because it provided structure to their week, and engaged them in a set of activities that were both meaningful and purposeful. These findings therefore support other research, which suggests that part of the success of care farming as a form of rehabilitation, appears to reside in its ability to promote self-esteem through participation in meaningful and productive work (Hassink, 2008; 2011).

Engaging in care farm activities encouraged participants to move their bodies in new and different ways. As discussed in chapter five, performing rhythmic or repetitive movements, such as digging, weeding or stacking logs, helped participants to embody and retain these skills. This helped some participants feel more confident in themselves and in their ability to do certain things. This included doing things like getting up and getting ready in the morning; making their own lunches; performing household chores, such as cooking or cleaning and helping in the garden and travelling more independently.

Whilst engaging in care farming activities has encouraged some participants to become increasingly confident in their bodily capabilities, others have found it more difficult to demonstrate these newfound capabilities in other spaces and places. Indeed, some of the people who took part in this study have not demonstrated new levels of independence in their everyday lives, and still rely on other people to do things for them. These findings therefore demonstrate how enhancing personal autonomy and independence in the everyday lives of people with intellectual disabilities, is a difficult goal to realise for many people (Power, 2013b).

8.2.4. Enhanced social networks

Whilst care farms offered people the opportunity to participate in productive work activities, they also provided a space where people could engage in meaningful social interactions. These kinds of encounters were very important for participants, because they helped them to physically connect with other people and provided opportunities for socialising with peers. These findings are therefore significant in the context of the wider disability literature, which suggests that people with intellectual disabilities typically experience social, spatial and cultural exclusion in their everyday lives (Goodley, 2016; Power and Hall, 2017).

During fieldwork, I observed the different ways in which care farms acted as inherently social spaces (e.g. through shared movements, expressive touch, talk and laughter) and how this enabled participants to develop strong social networks within these settings. This supports other research that highlights the dual benefit of being able to participate in informal work activities and opportunities that these afford for socialising (Milligan et al. 2013; Sempik *et al.*, 2005)

Some participants who took part in this study said that care farming had helped them to make friends, and some had even begun to spend time with friends they had made on care farms doing other things, like going to the cinema, going to the pub or attending local football matches. For these individuals, time spent socialising with friends had decreased significantly since leaving school or college, and care farming provided them with new opportunities to form meaningful adult relationships. What is more, these enhanced social networking opportunities were described as having a significant impact on participants' confidence and self-esteem, and it was felt by parents and farm staff alike that participants were happier as a result of having more active social lives. These findings therefore support other research, which demonstrates the importance of friendships for health and human happiness (Demir, 2015; Holmes and Grecco, 2015).

It is important to note here, however, that not everyone who participated in this study spent time with other users outside of the farm setting. Indeed, some people did not describe themselves as having made any particular friends since attending a care farm, and did not express an inclination to socialise with other users of care farms at other spaces and places.

This demonstrates how the farm space is inhabited and interpreted within the context of specific relational networks and ways in which this determines their meaning and status for different people.

8.2.5. Facilitating belonging

Beyond the immediate supportive relationships found within marginal spaces (such as the home, school or day centres) the process of creative belonging involves bridging connections with local community members and allies in ways that may widen a person's support networks (Hall, 2012a; Power, 2013). In the context of care farming, this process of creating belonging involved doing things like face-to-face selling of farm produce to local restaurants and cafes, attending farm fairs and workshop events, meeting visitors to the farm, helping to show members of the public around on farm open days and helping to run charity and other events.

It is suggested therefore, that care farms can provide 'safe havens' (Power and Bartlett, 2015a, p. 1) of care and support in an everyday environment, but within which people with intellectual disabilities can begin to experience more active forms of citizenship. These findings therefore support other research on therapeutic landscapes, and observations on the way in which dedicated community spaces and activities (e.g. men in sheds or memory boxes) can motivate a desire to 'venture' amongst marginalised individuals feeling increasingly alienated from their local communities and networks (Milligan *et al.*, 2015; Phillips and Muirhead, 2015).

It is important to note here however, that whilst care farms have the potential to facilitate new and varied forms of belonging, engaging in these sorts of activities should not be regarded as a prerequisite for belonging. Indeed, activities like care farming (or comparable activities, such as environmental projects, voluntary activities, or community arts projects e.g. Hall, 2005; 2010, 2012; Hall and Wilton, 2011; Parr, 2008) are not the only means through which people with intellectual disabilities can experience forms of belonging within their wider community. In this context, it is important to recognise that people with intellectual disabilities enrolled on care farming programmes may, in time, desire opportunities to seek

out new and alternative ways of belonging to society that does not necessitate embodying the identity of 'farm worker' or 'farm helper'.

8.3. Theoretical contributions: Landscapes, wellbeing, bodies.

Having outlined my empirical contributions, I shall now summarise my theoretical contributions to the field(s) of therapeutic landscapes and disability studies. Consideration is also given to how the theoretical framework(s) developed in this thesis enabled me to develop new insights into participants' therapeutic landscape experiences, at the care farm and beyond.

8.3.1. Theorising therapeutic landscapes

In the therapeutic landscapes literature, the assumption that certain landscapes are intrinsically therapeutic has received closer scrutiny in recent years (Andrews, Evans and McAlister, 2013; Doughty, 2013; Gorman, 2017b). This has led some key thinkers in the field to argue for a relational approach to therapeutic landscapes (Conradson, 2005; Foley, 2011; Andrews, 2015). On a relational analysis, the attribute 'therapeutic' is often more precisely assigned to particular forms of self-landscape encounter rather than the landscape itself. On this view, landscapes do not possess inherent features with the capacity to enhance or restore wellbeing; rather therapeutic properties are relational properties that reside in people's interactions with features of their environment.

These observations therefore encourage health geographers to focus on the dynamic, affective, social and material experiences of health and wellbeing, as this relates to place. In this vein, recent research has sought to elucidate the more immediate, momentary and sensory aspects of people's therapeutic landscape encounters. These are what Andrews et al (2014) describe as the non-representational or 'basic ingredients' of wellbeing, the coming together of human and non-human bodies as a series of powerful sensory happenings. Indeed, whilst the majority of qualitative research in the field of health geography is very adept at accessing the personal, historical and/or socio-cultural meanings and processes that people attach to place, less attention has been given to the various sense encounters (e.g.

the senses of sound, taste, touch and smell, as well the less commonly acknowledged senses of proprioception or kinaesthesia) that constitute a therapeutic landscape experience.

Drawing on these insights and observations, this thesis sought to explore the material, embodied and performed elements that foreground people's therapeutic landscape encounters. In doing so, I was able to discover that activities conducted on care farms can create experiences that are alluring or repellent, therapeutic or harmful. By attending to the more immediate and momentary aspects of wellbeing I was therefore able to elicit some important aspects of participants' experiences, that may have been lost using other theoretical approaches. Certainly, the care farm setting came to represent an important space of wellbeing for participants. Indeed, participants (as well as staff, parents and carers) generally described care farming in positive terms and participants derived numerous benefits from engaging in these kinds of activities. Yet attending to participants' 'base level' sense encounters revealed a rather more complicated picture. For example, participants did not always enjoy spending time outdoors, whilst others experienced certain farm sounds, smells and tastes as unpleasant or unnerving. This illustrates the importance of attending to the processes of change and disruption that lead to the formation of specific assemblages (Gorman, 2017b), as well as the more meaning laden processes and structures that are relevant to wellbeing.

Within the therapeutic landscapes literature, the majority of studies in this field have tended to focus almost exclusively on the wellbeing benefits of specific 'health giving' sites with very little attention being paid to what happens once participants return to their 'ordinary places'. As Willis (2009) highlights, this makes it very difficult to ascertain the longer term benefits of these kinds of interventions and calls into question the extent to which so-called therapeutic landscapes are truly transformative, thereby inferring a longer term impact on health and wellbeing; or merely palliative, implying an immediate but only temporary effect. Whilst Willis (2009) couches this debate in terms of therapy versus palliation, the latter term is generally used in end of life research to refer to specialised medical care for people with serious illness. As such, I argue that the term palliation is not particularly useful when trying to understand the wider impacts of therapeutic interventions (like care farming) on the everyday lives of people with intellectual disabilities (given that the label 'disability' is not tantamount to

serious illness). Rather, it is more useful to think of the therapeutic potential of these kinds of interventions in terms of their transformative power and the extent to which they may be considered therapeutic, (implying wider or longer term benefits) or ameliorating (thus making a difficult situation temporarily better). In my own study this particular theoretical approach motivated me to explore the wider impact that care farming had on the everyday lives of people with intellectual disabilities. This was an important avenue for exploration, not only because it helped me to understand the transformative potential of these kinds of interventions, but also the broader socio-spatial environments in which people live and ways in which these can limit that potential.

In this thesis, it was also my aim to offer a fuller theoretical account of the concept of belonging, and its treatment within the therapeutic landscapes literature. Following others working in the field (e.g. Power, 2013; Wright, 2015; Hall, 2012; Wood & Waite, 2011) I define belonging as an emotional and embodied attachment to place, of feeling ontologically secure or 'at home' in familiar surroundings. Spaces that facilitate belonging are therefore described as 'safe havens' (Power and Bartlett, 2015) or affective sanctuaries (Butterfield and Martin, 2016) and denote the myriad ways in which people can experience feelings of belonging within different spaces and settings. Whilst everyone may be said to belong somewhere Wood and Waite (2011) argue that some people belong to particular groups or places with a greater intensity than others. The notion that belonging can emerge on differing scales or degrees of intensity, therefore offers a challenge to 'static designations of spaces' (Hall and Wilton, 2016, p. 12) as pre-determinedly inclusive or exclusionary. This recognition is important for those working in disability studies, as it seeks to elicit the complexity of people's lives beyond binary discourses of exclusion versus inclusion. To this end, this study has sought to demonstrate the multifaceted (and often contested) nature of belonging, and ways in which belonging emerges in varying intensities at different times and for different people across an array of different spatial scales. These intersectional and multi-layered aspects of belonging are rarely accounted for in the literature.

8.3.2. Disability studies: affect, sensation, assemblage

Running throughout this thesis is a particular theoretical approach to disability studies, which I shall summarise here. The dominant model for exploring the disadvantages and challenges experienced by disabled people within the social sciences is the social model of disability (see chapter 2). By way of asserting the disabled person's right to equal treatment by non-disabled people, the social model draws inspiration from Foucauldian perspectives on discourse and the body. Such approaches tend to emphasise the regulatory or oppressive aspects of body production and ways in which the body is socially constructed through discourses that are based on shared understandings, discursive practices and social norms (Feely, 2016).

Some key disability scholars have argued, however, that such approaches have led to a neglect of the body as material entity and thus fail to acknowledge the lived reality of people's physical and mental impairments (Thomas, 2007; Stalker, 2012). These observations reflect a so-called relational turn in critical disability studies (Hall & Wilton, 2016) that seeks to recognise firstly, that the physical and mental state of the body 'its fleshy reality' (Hall, 2000, p. 223) is central to an individual's experience of health and impairment and secondly, that this physicality is not purely biological, but in fact a complex interaction between society and biology (Macpherson, 2010). Here, disability is conceptualised as an 'emergent property located, temporarily speaking, in terms of the interplay between biological reality of physiological impairment, structural conditioning (i.e. enablement/constraints) and socio-cultural interactions/elaboration' (Williams, 1999: 810, cited in Hall & Wilton, 2016).

Recent work by disability geographers (e.g. Hall and Wilton, 2016; Imrie, 2003; Imrie and Edwards, 2007; Macpherson, 2010; Stephens, Ruddick and Mckeever, 2015) has argued that non-representational conditions and concerns have the potential to take this relational project forward in two important ways. The first concerns the Deleuzian inspired concept of affect and sensation. To recap, affect is defined as the purely physical interaction that occurs within assemblages of bodies and things. These can then give rise to less than fully conscious experiences (sensations) that precede full cognition (thoughts and emotions). Whilst constructionist epistemologies tend to focus on the representation of embodied experience, non-representational approaches to the body and sensation enable researchers to discuss

actual, visceral and embodied experience (Feeley, 2016). This approach offers a new way of doing disability research, one that seeks to elicit aspects of people's experiences often overlooked. In my own research, this motivated me to account for the body and embodied experience during the research process using a variety of visual methods that are capable of grasping 'the most profound type of knowledge (which) is not spoken at all' (Bendix 2005, 10). For example, the opportunity to attend to facial expressions, movements, sensations and behaviours in minute and extensive detail helped me to imagine what it might feel like to hate bright light or sudden noises, the calming effect of a reassuring touch or gesture, or sense of frustration at being physically unable to perform a particular task. Such work allows researchers to move beyond purely discursive accounts of disability centred on meaning and identity, to also consider actual visceral experience. This is important, because in order to understand the challenges that people with disabilities face, it is first necessary to understand how people experience the world as embodied and emplaced beings.

Another way in which non-representational theory contributes to a relational understanding of disability concerns the concept of assemblage, defined as the 'collection of multifarious elements- living and non-living – that come together temporarily, and work together to produce something' (Müller, 2016, p. 28). Such an approach views bodies not as individually bounded objects, but emergent entities that become more and more describable as they come into contact with (and are potentially disabled by) particular landscapes and social environments' (Macpherson, 2010, p. 4). In my own work this encouraged me to explore the material environments (e.g. the care farm, home, disabled centres and spaces of recreation) that participants live in, and to consider what their bodies could and could not do within different contexts. This approach was particularly useful in the final substantive chapter, where I sought to examine how embodied becoming is shaped and constrained by the working of various assemblages, encompassing networks of practitioners, parents, other service users, policymakers as well as particular spatial configurations and arrangements, including social care systems, home networks, transport, employment arrangements, and social networks. In doing so, I was able to elucidate disabled bodies' desire for connection and reciprocal relations with other bodies and things and ways in which these desires are frustrated by processes of reterritorialization (Deleuze and Guattari, 1987) that maintain borders and boundaries, thereby limiting possibilities for meaningful engagement.

As with the social model, this particular approach to disability studies therefore conceives of disability as a process, rather than something that is biologically determined. At the same time, non-representational theory's focus on affect, sensation and embodiment necessitate recognition of the diverse and difficult materialities of the lived impaired body (Hall & Wilton, 2016). In my own research, this enabled me to refocus attention on to people's lived experiences of disability, whilst also recognising the social, material and political barriers that are the root cause of marginalisation and exclusion.

8.4. Methodological contributions: video as a method for capturing affective experience

In this thesis, I have outlined an approach to therapeutic landscapes that conceives of wellbeing as an affective environment or atmosphere that emerges through the physical interactions between bodies, then feeling of those interactions prior to meaning. In my own research this required me to focus on certain events, activities or social interactions, the sense experiences that ensue and the wellbeing outcomes that arise as a result of these interactions. Whilst there has been a distinct lack of engagement with video methods in health geography, I argue that such methods are especially useful for a non-representational inspired study on therapeutic landscapes.

In my own research, digital video was a valuable tool through which to engage the full sensuality of participants' lived experiences, that is, the sights, sounds, smells, tastes and tactile sensations that make up the character of a place. Watching the videos back helped me to focus on the complex material interactions between human and non-human bodies and to access the sensed or felt qualities of those interactions, for example, the 'feel' of a cold winter's day on the farm, the 'smell' of the piggery or 'touch' of an animal's fur. Inviting participants to view their video footage was also a powerful visual resource through which to evoke participants' own recollections of the multi-sensual nature of their experiences, as interpreted by them.

Others have noted that video is a useful geographic research tool because of its ability to capture movement and the flux and flow of encounter (Garrett, 2012, p. 378). Indeed, the use of a video camera in research is arguably a most effective means of recording the experiential stream of time in the field, as well as the various tempos and rhythms of everyday

life (McHugh, 2000). In my own research, video allowed me to record the way in which participants engaged with and moved through the farm landscape. For example, close analysis of certain video clips enabled me to observe the fluidity and purposiveness of participants' movements as they became increasingly more accustomed to a particular activity or environment. Whilst others made me cognisant of the way in which a sudden noise (e.g. a chicken clucking or cow mooing) or a new and unfamiliar task had a 'slowing down' effect that inhibited a participants' capacity to act, as evidenced by a sudden lack of engagement or physical withdrawal from an activity or social situation. When analysed and interpreted in this way, video data therefore offers a novel means of illuminating the ways in which affect is felt between individuals, either positively or negatively, and how this bears on their capacity for engagement.

One obvious criticism of attempts to capture or analyse affect concerns the fact that any kind of reflection on a pre-cognitive feeling state ends with a fully cognitive interpretation of that state, influenced by the beliefs, history and socio-cultural position of the person doing the interpreting. In other words, attempts to expose a 'vibrant sensory happening' signify an attempt to represent that which is non-representational. This presents something of a paradox, since no matter how creative our mode of delivery, moves to represent the non-representational aspects of life will inevitably 'deaden' it or mis(represent) it to some degree (Andrews, Chen and Myers, 2014, p.213).

Of course, by reflecting on affective events in this way I inevitably lost some of the pre-conscious or non-representational aspects of wellbeing that was my aim to capture. However, by video recording these 'wellbeing happenings' as they unfold in real-time space (now forever visible for others to witness and interpret) I do feel I have gone some way to preserving something of the vibrancy or immediacy of the interactions described. This is not to say that video somehow offers a kind of detached or objective means of capturing affect, merely that video has the potential to present to the viewer certain affective experiences 'the sparkle and character of an event' (Rossenstein, 2002, p. 6) that until now have been largely ignored or 'regarded as barely relevant background' (Andrews, 2014, p. 339).

Whilst video may be an effective method for capturing the 'here and now' of embodied experience, researchers studying affect should be more cautious when using these methods

to build the so-called bigger research picture (Kearns, 2014). For example, following Andrews et al (2014) it was my aim in this study to uncover some of the immediate, momentary and fleeting aspects of wellbeing as these occur in everyday life. Yet attention must also be given to the disruptive power of such affective atmospheres, if wellbeing is to become a stable and measurable outcome over the longer term (Atkinson, 2013). To this end, it is also necessary to look at the processes (social, cultural, political, and economic) that are involved in the creation of localised assemblages that we understand to be affective in different ways. This required me to examine the representational or more meaning laden processes and symbolic structures that are relevant to wellbeing. What is more, whilst video is no doubt useful at capturing some of the elements described here, these objectives are perhaps better achieved when done in conjunction with other methods, such as interviews or participant observation.

What is more, whilst video is a useful means of capturing the more immediate and sensory aspects of experience (wellbeing happenings) understanding the wider impacts of participation in these sorts of activities necessitated additional modes of inquiry. Indeed, making these sorts of inferences required me to access the experiences, beliefs and practices of participants, family members and care farm staff through in-depth qualitative interviews (as well as my own experiences, beliefs and practices through observational field notes). In doing so I was able to explore not only the material, embodied and performed aspects of people's therapeutic landscapes encounters, but also the historical, socio-cultural and/or political contexts through which such encounters become meaningful.

In sum, whilst our place experiences have many felt or physical stages that precede interpretation or representation, one must also acknowledge that the shared social and cultural meanings we attach to these experiences are symbolically produced and reproduced over time. Hence any attempt to document or represent individual corporeal and sensory experience should always be done within a broader sociocultural lens (Sunderland *et al.*, 2012) in order to provide a more holistic understanding of social life.

8.5. Study limitations

This study was not able to recruit any female participants and all of the participants who were recruited were White British. This demonstrates a lack of diversity in the population sample.

Whilst my participant sample was broadly representative of care farm users as a whole (the majority being White British men of college or school leaving age) the study findings may have been enriched by including the experiences and perspectives of people from a broader range of socio-demographic backgrounds.

Some of the photographs taken by participants that are included in thesis are of poor visual quality. This may be attributed to the fact that the cameras that I supplied were disposable ones and therefore relatively inexpensive. Had I had the budget to supply participants with digital cameras, the quality of these images may have been enhanced. Whilst this does little to enhance the viewer's experience it was decided that, on balance, it was better to include these poor quality images because they represented important aspects of participants' lives that they had chosen to capture for the purposes of the research.

Finally, it is important to note here the participants who took part in the study were not given the opportunity to use the video recording technology themselves. As I argue in the previous section 8.4, the use of video in ethnographic research offers the researcher a unique opportunity to witness and record people's experiences as they unfolded in real-time. Given this, it was very important in this study that participants themselves featured in these videos. On a more practical note, I did not have the resources to supply all of our participants with the necessary training and equipment. That said, the participatory process could arguably have been enhanced had participants been allowed to do some filming of their own.

8.6. Concluding remarks

In this study it was my aim to explore the therapeutic landscape experiences of people with intellectual disabilities engaged in care farming activities for health and wellbeing. In drawing together the arguments presented throughout, I argue that this thesis contributes to the fields of health and social geography in the following ways. Firstly, it contributes to the field of therapeutic landscapes by drawing attention to the transformative power of the therapeutic encounter, as well as the broader socio-spatial environments in which people live and ways in which these can limit that power. Secondly, it contributes to disability scholarship by moving beyond purely discursive accounts of disability centred on meaning and identity, to consider actual visceral experience, as this relates to health and impairment.

Methodologically, this thesis has contributed to the field of health geography and disability studies by utilising innovative methods of enquiry, in particular video, which offers a novel technique for witnessing and interpreting affective experience.

9. Conclusion

The continued exclusion of people with intellectual disabilities from mainstream society is no more apparent than if one attends to their participation (or lack thereof) in outdoor spaces and activities. Indeed, despite recent efforts to encourage marginalised groups to access natural environments for physical and mental health benefits, people with intellectual disabilities remain largely absent from this agenda. This reflects a tendency at both a national and local level to focus on the physical barriers that prevent people with limited mobility from accessing natural environments. Yet people with intellectual disabilities are typically excluded from enjoying local parks, gardens or woodlands due to a range of physical, social and attitudinal barriers. Green care initiatives, like care farming, may therefore be situated within recent attempts to provide people with intellectual disabilities with safe and inclusive access to outdoor environments.

However, there has been very little research to date that has offered an in-depth exploration of the health and wellbeing effects of care farming for this particular group. As I have argued in this thesis, this poses a very specific problem. Indeed, care farming is increasingly being advocated as a viable (and cost effective) alternative to more traditional forms of health and social care. Yet the views and experiences of people with intellectual disabilities (the UK care farm industries main service user) have rarely been sought. This also reflects a broader problem within the literature, namely a dearth of studies that have adequately captured the lived and embodied experiences of people with intellectual disabilities engaged in nature-based interventions for health and wellbeing. Observations on the relative limitations of previous studies in this field therefore motivated me to utilise an alternative theoretical and methodological approach through which to explore the health and wellbeing benefits of care farming for people with intellectual disabilities.

Theoretically, this thesis is situated within the field(s) of social and health geography. Specifically, the research draws together recent work on therapeutic landscapes, non-representational theory and disability geographies to build a conceptual framework, through which to explore the wellbeing benefits of care farming for people with intellectual disabilities. To this end, I have argued for an approach to research on therapeutic landscapes that focus on the material, embodied, relational and inter-subjective elements that

foreground people's therapeutic landscape encounters. This particular theoretical approach enabled me to elicit some important aspects of participants' experiences, as this relates to care farming, which may have been lost using other theoretical approaches. For one thing, it enabled me to draw attention to the various sense encounters (e.g. the senses of sound, taste, touch and smell, as well the less commonly acknowledged senses of proprioception or kinaesthesia) that are important for wellbeing. A comprehensive relational analysis of the therapeutic power of care farming settings also encouraged me to examine the wider network of socio-environmental relations within which participants were embedded as well as the transformative potential of care farming interventions on the everyday lives of people with intellectual disabilities. Finally, this particular approach to research on disability studies enabled me to refocus attention onto people's lived experience of disability, whilst also recognising the social, material and political barriers that are the root cause of marginalisation and exclusion.

Methodologically, this thesis has contributed to the field of health geography and disability studies by utilising innovative and inclusive methods of enquiry. Specifically, the research adopted an in-depth qualitative ethnographic approach in order to access first-hand the views, experiences and actions of people with intellectual disabilities engaged in care farming activities. This included the use of video methods, which I argue have the potential to aid a study on the therapeutic landscape experiences of people with intellectual disabilities in two important ways. Firstly, video was a useful technique for witnessing and interpreting embodied sensory experience. Secondly, video was an empowering visual medium for doing research that helped me to elicit the experiences of people with intellectual disabilities first-hand, without having to rely on the views and perspectives of other people.

Empirically, this thesis has sought to gather more in-depth information on the embodied, emotional and social benefits that people with intellectual disabilities gain from engaging in care farming activities. Being outdoors in all weathers, engaging with farm animals, moving bodies, making friends and sharing new experiences helped some people to feel happier and healthier, enhanced their social networks and feelings of belonging and introduced new levels of independence and personal autonomy to their everyday lives. However, whilst care farming was shown to confer numerous benefits to the people with intellectual disabilities

who took part in this study, adopting a critical approach to therapeutic landscapes research reveals a rather more complicated picture. Indeed, not everyone experienced the care farm environment positively, all of the time. Similarly, whilst care farming provided some people with opportunities to engage in a set of enjoyable experiences that helped them to feel happier or healthier, these experiences did not always transcend beyond the care farm setting, thus making that wider impact of care farming interventions on the lives of these individuals less self-evident.

9.1. Implications for policy and practice

In the context of austerity policies and increasingly individualised forms of care and support, geographers are becoming more attuned to the relations of care that are taking place within a growing myriad of 'ordinary' or everyday spaces (Power & Hall, 2017). This thesis has sought to build on this work by considering the role of care farms as potential spaces of wellbeing for people with intellectual disabilities. In doing so, the research highlights the persistent failures of current biomedical and public health approaches to health and social care, that tend to focus on the presence or absence of certain medically defined conditions that people experience. Instead I argue for a broader definition of wellbeing, one that fully accounts for the emotional and social lives of people with intellectual disabilities, their embodied experiences and emotional capabilities. This, in turn, has significant implications in terms of public health policy, as it demands a move away from interventions that seek to enhance 'individual-directed acquisition of the components of wellbeing' (Atkinson, 2013 p. 139) to consideration of how resources can be mobilised (e.g. capabilities, social integration, security and therapeutic experiences) within different social and spatial contexts. This work also seeks to challenge existing social policy and practice that designate spaces as pre-determinedly inclusive or exclusionary, by highlighting the myriad ways in which belonging can emerge (and fail to do so) across an array of different spatial scales. These findings indicate that people with intellectual disabilities require more support (not less) to access various community services and spaces, and that fostering a true sense of belonging is a process that takes time and concerted input from a range of people including policy makers, health and social care professionals, commissioning bodies, family members and people with intellectual disabilities themselves.

9.2. Recommendations for future research

This thesis has identified a need for further research on the health and wellbeing benefits of nature-based interventions and activities (e.g. farming, gardening, walking or running in nature or conservation work) for people with intellectual disabilities. In addition, careful consideration needs to be given to the barriers (material, social, cultural, political) that prevent people with intellectual disabilities from accessing outdoor spaces for health and wellbeing and ways in which these barriers may be surmounted. Related to this is a need to utilise the therapeutic landscapes concept more broadly to consider the everyday environments in which people with intellectual disabilities live, in the context of austerity policies and increasingly individualised forms of care and support, as well as the closure of (and constrained access to) publicly funded spaces of care. For example, to what extent are people with intellectual disabilities able to negotiate and sustain adequate spaces of wellbeing in what has been described as a 'post-service' landscape? Finally, a non-representational approach to disability studies is an avenue that deserves further exploration. Specifically, how does the working of various assemblages (encompassing networks of practitioners, parents, other service users, policymakers) as well as particular spatial configurations and arrangements (e.g. social care systems, home networks, transport, employment, and social networks) shape and constrain able-bodied becoming? Furthermore, how might non-representational theorising, with its focus on the more-than-discursive aspects of human experience, enable researchers to explore and affirm oft discounted disabled lives that do not involve the discursive aspects of subjectivity (e.g. people with profound and multiple learning disabilities or those with advanced dementia).

9.3. Concluding remarks

In summary, the way that this thesis conceptualises therapeutic landscapes highlights the importance of attending to the transformative power of the therapeutic landscape encounter as well as the wider context through which these types of engagement are made meaningful. The approach to disability developed in this thesis also demonstrates the need to attend to lived and embodied experience of health and impairment, and the ways in which an individual's social and material relations with other bodies and things serve to produce and

reproduce the disabled body, over time. These theoretical developments hold much promise for future research in the fields of health and social geography.

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Appendices

Appendix 1

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TALKING ABOUT CARE FARMING

PARTICIPANT INFORMATION SHEET

We would like to invite you to take part in a research study. This information sheet tells you about the study. Please read the information sheet, or ask someone to read it with you. This information sheet is for you to keep.

You can talk to your family and friends about the study. Ask them what they think about it.

What will the research study find out?

This study will find out what people think about care farming. We want to know about your experiences during your time at [name of care farm]. We want to know if you think your time at [name of care farm] has helped you.

Why do you want me to take part?

We are inviting you to take part because you have recently started at [name of care farm] and we would like to know more about your experiences and what you do there.

What will the study involve?

If you choose to take part, I will visit you a number of times over 12 months.

I would like to video record you during your time at [name of care farm].

I would like to video record you when you are at home.

I would like you to take photographs of the other things that you enjoy doing (such as meeting friends, going shopping or playing sports)

I will use these videos and photographs to understand more about your experiences at [name of care farm] and about your everyday life.

I would also like to meet with you twice over 12 months to ask you some questions. Each meeting will last about one hour.

During these meetings I will ask you to watch some of the video recordings taken of you.

I will ask questions about what you are doing in these videos recordings. I will also ask you questions about how you felt during these video recordings.

We will also ask if we can speak to your family or carers who support you.

Has ethical approval been granted for this study?

This study has been reviewed by the Faculty of Health and Medicine Research Ethics Committee, and approved by the University Research Ethics Committee at Lancaster University.

When will the study take place?

This study will take place between June 2014 and June 2015. If you chose to take part you will be involved for around 12 months.

Will taking part in the study benefit me?

If you do decide to take part you may find it interesting but it may not benefit you.

Are there any risks?

I do not expect there to be any risks to you if you decide to take part. However if you become upset during the study you can tell the researcher or you can contact one of the numbers provided at the end of this sheet.

What will happen if I decide not to take part in the study?

You do not have to take part in this research study. It is OK to say no. If you don't want to take part, this will not affect the care and support you receive.

What if I change my mind and do not want to take part during the study?

You can change your mind about taking part, or stop, at any time. You do not have to give a reason. If you change your mind this will not affect the care and support you receive.

What if something goes wrong & I want to complain?

If you wish to make a complaint or raise concerns about any aspect of this study and do not want to speak to the researcher, you can contact:

Professor Susan Cartwright
Tel: (01524) 592127
S.Cartwright@lancaster.ac.uk
Division of Health research
Lancaster University
Lancaster
LA1 4YG

Professor Paul Bates

Tel: (01524) 593718

P.Bates@lancaster.ac.uk

Appendix 2

Summary Information Sheet

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This study will find out what people think about care farming. I want to know about your experiences during your time at [name of care farm].

I want to know if you think your time at [name of care farm] has helped you.

This study is being carried out by Alex Kaley at Lancaster University.

It is your own decision about whether you want to take part in the study or not.

I will meet with you and invite you to decide if you want to take part in the research study. If you say yes, you will be asked to sign a consent form.

Each person taking part in the study will be involved for about a year.

I would like to video record you during your time at [name of care farm].

I would also like to meet with you twice over a year to ask you some questions. During these meetings I will ask you to watch some of the video recordings taken of you.
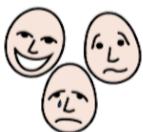
I will ask questions about what you are doing in these videos recordings. I will also ask you questions about how you felt during these video recordings.

Appendix 3

TALKING ABOUT CARE FARMING

PARTICIPANT CONSENT FORM (SERVICE USERS)

This form asks if I will take part in a research study.
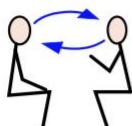
A researcher will ask me questions about my time at [name of care farm]

A researcher will ask me questions about what I do when I am not at [name of care farm]
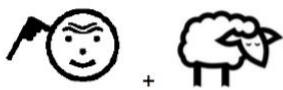
I will help to make a video about my experiences
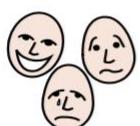
This study will find out what people think about care farming. We want to know about your experiences during your time at [name of care farm].

We want to know if you think your time at [name of care farm] has helped you.

This study is being carried out by Alex Kaley at Lancaster University.

Please write your initials in the box if you agree with what it says   **Initials**

I have been given an information sheet about the study

I have asked all the questions I want to

I have been given enough answers to my questions.

I know it is OK to say 'No' to taking part in the study. I don't have to take

part. I don't have to say why.

Saying 'No' will not affect me in any way. ☐

I know I can change my mind and say 'No' later on. ☐

I understand that the researcher will ask me questions about care farming and about my everyday life ☐

I understand that conversations between me and the researcher will be private ☐

I understand that if the researcher thinks I am at risk after talking to me, she may need to tell other people what I have said ☐

I know the researchers will write about the study results. The results will not include my name. No one will be able to identify me from the results. ☐

I agree to taking part in the research study ☐

Participant signature of consent

Signed …………………………………………………………………………………..

Name …………………………………………………………………………………

Date …………………………………………………………………………………..

Witness signature:

Signed …………………………………………………………………………………

Name …………………………………………………………………………………

Date…………………………………………………………………………………

CONSENT TO MAKE AND USE VIDEO IMAGES

The researcher would like to video record you during your time at [name of care farm]

The researcher would like to video record you when you are at home

The researcher would like to video record you doing other things that you enjoy doing (such as meeting friends, shopping or playing sports)

The researcher will use these videos to understand more about your experiences at [name of care farm] and about your everyday life.

Please write your initials in the box if you agree with what it says

I understand that I will be videotaped during this study

I agree to being videotaped

I know it is OK to say 'No' to being videotaped. I don't have to take part. I don't have to say why.

Saying 'No' will not affect me in any way.

I know I can change my mind and say 'No' to being videotaped later on.

I understand that if I change my mind and say 'no' before the study has ended the researcher will not use videos of me in the research.

I understand that videos taken of me during the study will not be owned by me but will belong to Lancaster University

I agree to videos of me being used in presentations about the study

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I understand that by showing videos of me in presentations, people may be able to recognise me in these images and that my identity will not be secret

I agree to taking part in the research study

Participant signature of consent

Signed ………………………………………………………………………………

Name ………………………………………………………………………………

Date ………………………………………………………………………………

Witness signature:

Signed ………………………………………………………………………………

Name ………………………………………………………………………………

Date: ………………………………………………………………………………

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Appendix 4

Applicant: Alexandra Kaley
Supervisor: Prof Christine Milligan
Department: DHR

LANCASTER
UNIVERSITY

21 May 2014

Dear Alexandra and Christine,

Re: Green Care in Agriculture: an ethnographic study exploring the wellbeing effects of care farming for adults with intellectual disabilities using moving image methodologies

Thank you for submitting your research ethics application for the above project for review by the Faculty of Health and Medicine Research Ethics Committee (FHMREC). The application was recommended for approval by FHMREC, and on behalf of the Chair of the University Research Ethics Committee (UREC), I can confirm that approval has been granted for this research project.

As principal investigator your responsibilities include:

- ensuring that (where applicable) all the necessary legal and regulatory requirements in order to conduct the research are met, and the necessary licenses and approvals have been obtained;

- reporting any ethics-related issues that occur during the course of the research or arising from the research to the Research Ethics Officer (e.g. unforeseen ethical issues, complaints about the conduct of the research, adverse reactions such as extreme distress);

- submitting details of proposed substantive amendments to the protocol to the Research Ethics Officer for approval.

Please contact the Research Ethics Officer, Debbie Knight (01542 592605 ethics@lancaster.ac.uk) if you have any queries or require further information.

Yours sincerely,

S.C. Taylor

Sarah Taylor
Secretary, University Research Ethics Committee

Cc Fiona Aiken, University Secretary, (Chair, UREC); Professor Paul Bates (Chair, FHMREC)