Improving access to social farms for people with dementia, including people from India, Bangladesh, and Pakistan

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Key points

1. Participating in farm-based activities can have physical and mental health benefits for people living with dementia and reduce social isolation.
2. There is a wide variation in access to social farms by people living with dementia.
3. More consideration needs to be given to the acceptability of social farms for people with dementia from India, Bangladesh, and Pakistan, as many people of this heritage have a farming background, and certain animals have positive meanings.
4. Levesque's conceptual framework for access is a useful tool for social care researchers, as it examines access from both a system/provider and client perspective, and it can easily be changed into lay terms for public contributors.
5. Building into a project the opportunity for people to try a service for the first time, has the potential to improve access to that service in the longer term.
6. Health and social care professionals have limited awareness of social farms and how people living with dementia may benefit physically, mentally, and socially.

Abstract

Introduction

This article reports on a recently completed mixed methods project (January 2023 to April 2024) funded by the National Institute for Health and Care Research Three Schools Dementia Programme

Background and context for the project

Social farms (also known as care farms and farm-based services) are a relatively new and rapidly expanding form of social care in England. Social farming is defined as the use of commercial farms or agricultural landscapes to provide health (both physical and mental) and social benefits through farming, following a facilitated or structured programme on a regular basis. Research suggests that some people living with dementia value the opportunity to visit a social farm, but work to date has mainly involved younger, married white men. Therefore, we conducted a study that aimed to find out how accessible social farms in England are for people living with dementia, including people from India, Bangladesh, and Pakistan.

Research design and methods used.

We used a concurrent transformative mixed-methods design. This meant that data were collected at the same time using a combination of methods (survey and interviews). We used Levesque's conceptual framework for access to healthcare to guide activities.

Key findings

We found a wide variation in access to social farms by people living with dementia. This was due to a range of factors, including a general lack of awareness about social farming amongst health and social care professionals, as well as people living with dementia and their carers. Cultural considerations and socioeconomic factors were found to shape perceived acceptability of the service.

Implications for practice

More consideration needs to be given to the acceptability of social farms for people with dementia from India, Bangladesh, and Pakistan, as many people of this heritage have a farming background, and certain animals have positive meanings.

Introduction

This article reports on a recently completed mixed methods project (January 2023 to April 2024) funded by the National Institute for Health and Care Research Three Schools Dementia Programme. In this article, we outline the methods and key findings from the project before discussing some of the lessons learnt, including the value of building into a project the opportunity for people to try a service for the first time.

Background and context for the project

Traditional support services, such as day care and support groups, are under pressure and may not always be appropriate for a person with dementia. Such services are often indoors, and activities are sedentary, which may not suit everyone. Many people with dementia like to be outside in nature and enjoy being active, as work by Mapes (2017) and others has shown (e.g., Evans et al, 2019). Hence, care professionals are encouraged to consider a wider range of community options, to promote quality of life and a chance to engage in meaningful activities with others.

One such option is social farming. Social farms (also known as care farms and farm-based services) are a relatively new and rapidly expanding form of social care in the UK. Social farming is defined as the use of commercial farms or agricultural landscapes to provide health (both physical and mental) and social benefits through farming, following a facilitated or structured programme on a regular basis (Bragg, 2021). Over the last decade, it is estimated that the number of social farms in the UK has increased from 180 to just over 400. Around 20% of social farms support people living with dementia (Bragg, 2021). Research shows that people living with dementia value being on a social farm because it provides a chance to be in nature, enjoy familiar and traditional activities (such as feeding animals and tending to plants) and experience an everyday (rather than a care) setting (Pedersen et al, 2022). While social farming has grown in the last decade, the full potential of this service is not currently being realised within the UK (Bragg, 2021). As one expert notes: there is a 'latent potential for care farming to expand as an option in health, social and educational care' (Bragg, 2021, page 4).

One potential reason for the lack of uptake is because some people are not aware of or signposted to this service. Studies conducted in Norway and the Netherlands (the front runners in this form of social care) have found that attendees tend to be younger, married men; older widowed women were more likely to use day care (De Bruin et al., 2021; De Bruin et al., 2020; Ibsen & Eriksen, 2021). This suggests that some bias, or misperceptions might exist about who social farms are for, and who might want to go. Another study conducted in the UK found that most social farms are in rural areas, and so people living in deprived urban areas are unable to benefit (Mitchell et al., 2021). Data on ethnicity is not available, as it is neither reported in studies nor collected by social farm managers. It is important that newly expanding services like social farms are accessible, otherwise there is a risk that the structural inequalities related to people with dementia recently identified by the Office of Health Economics are exacerbated (Hodgson, et al, 2024).

Therefore, we conducted a study that aimed to find out how accessible social farms in England are for people living with dementia, including people from India, Bangladesh, and Pakistan.

People involved.

The project was co-led by Ruth Bartlett based at the School of Health Sciences, University of Southampton, and Alex Kaley from the School of Health and Social Care at the University of Essex. Other members of the project team included: Sara Mckelvie (Primary Care) University of Southampton, Denise Tanner (Social Care), University of Birmingham; Faraz Ahmed, Lancaster University. A full-time research fellow – Mohammed 'Naz' Hussain – was employed to manage the project. Hussain's background and cultural competencies enabled us to recruit people with dementia from India, Bangladesh, and Pakistan, to the project relatively easily. Three undergraduate interns, one of whom could speak a south Asian language, joined the team on a part-time basis for ten weeks. Gordon Malcolm (Dementia Adventure) was a partner on the project; they were tasked with ensuring the comprehensive involvement of individuals with dementia, their carers and social farm staff in the project. They leveraged their expertise in supporting people with dementia and family carers in areas such as co-production and the development of dementia support services.

Research design and methods used.

The project was a concurrent transformative mixed-methods design (Tashakkori and Terrel, 2003). Data were collected at the same time using a combination of methods (survey and interviews). This design was the best way of addressing an exploratory research question within the 15 months' timeframe. Access was a key concept informing the study, hence the transformative [theory-driven] element in the design (9).

We used Levesque's conceptual framework for access to healthcare to guide activities. With this framework, access is defined as 'the opportunity to reach and obtain appropriate health care services in situations of perceived need for care' (Levesque et al, 2013. p.4). It incorporates five dimensions of accessibility with a corresponding ability of people to interact with them. These five dimensions are (1) approachability - people with care needs can identify that some form of services exists, they can be reached, and will have an impact on the health of the individual (2) acceptability – the service is likely to be acceptable to client groups from diverse social and cultural backgrounds 3) availability and accommodation – service can be reached in both a physical and timely manner 4) affordability – the economic capacity for people to spend resources and time on the service 5) appropriateness – the service meets the clients need and is adequate in terms of the way it is provided. The corresponding abilities are (1a) ability to perceive (2a) ability to seek (3a) ability to reach (4a) ability to pay and (5a) ability to engage.

To address the research aim and to gain a broad understanding of access to social farms, we developed a survey using Qualtrics based on Levesque's conceptual framework for access in collaboration with public contributors. The survey was administered electronically to approximately 100 social farm managers in England. We achieved a response rate of 32% (32 responses). To supplement survey data, additional data about individual farms (e.g.,

postcode, opening times, services provided etc.) were extracted from the Social Farms Gardens website from about 139 social farms.

To examine access to social farms in more depth, we recruited and conducted interviews with 46 people. Fourteen interviews (two individual, 12 dyad) were with people with dementia and their family carer or a volunteer. Eight of these interviewees (all white British) used a social farm and this is where interviews were conducted. Six interviewees (from India, Bangladesh, or Pakistan) did not use a farm. We made a short video about social farms to show participants who had not used this service before. This helped to spark conversations about what people think and feel about this form of support. We conducted four online focus groups (two with care professionals and two with farm managers) (n18). Including different perspectives in the study meant that we found out how differently people think and feel about social farms regarding access.

Towards the end of the project, we organised a knowledge exchange event at Beetle Bank Open Farm – a service run by the organisation Partners in Dementia - where Bartlett, Hussain and Gordon from Dementia Adventure presented findings from the research project and invited discussion about access to social farms for people with dementia. A total of 15 people with dementia and their care partners attended the event, along with members from a volunteer organisation 'Touchstone.' The event involved a tour of the farm followed by indoor activities (potting plants, painting wooden posts, chopping vegetables for the animals) and lunch. See Figure 1. We asked a local amateur photographer who also attends the farm to take photos of the event. Participants gave written consent for their images to be used.

Financial considerations

We offered all non-salaried participants a £25 gift voucher for taking part in the study. A budget was available for Dementia Adventure to collaborate with us on public engagement work. They helped us to establish a lay advisory group made up of people with dementia and family carers, and to organise and run the knowledge exchange event at Beetle Bank Farm.

Key findings and examples of the project

Key findings and examples of project work are presented according to the corresponding dimensions of access proposed by Levesque et al (2013).

Approachability (ability to perceive)

Under the Levesque framework, care services are considered *approachable* when populations with a care need can identify that some form of service exists and can be reached. Overall, our study found there to be a general lack of awareness about social farming amongst health and social care professionals, as well as people living with dementia and their carers. People living with dementia in our project were commonly referred to the service via informal routes i.e., local advertisements, word of mouth and through family carers. Whether or not care professionals were aware of this service was perceived as down to luck or largely dependent on where a social farm was based in the country (i.e., post-code lottery). Our focus group findings suggest that care professionals are keen to learn about the service but need more evidence about the potential benefits and ways of mitigating risk.

Acceptability (ability to seek)

Access to care varies by *acceptability* in the Levesque framework according to the social and cultural factors which underpin provider and patients' attitudes to the service. In our project, cultural considerations were found to shape perceived acceptability of the service. For example, for participants living with dementia from India, Bangladesh, Pakistan, language barriers, religious practices and dietary needs were highlighted as crucial factors influencing the accessibility of social farming for these communities. Another factor was people's perceptions about animals. A person's background and experience also play a role in shaping perceptions of acceptability. For example, previous experiences of racial discrimination within rural settings might dissuade people from minoritised ethnic backgrounds from using this service. Participants reflected on the fact the there is a currently lack of diversity in terms of the social farm workforce, which might add to the misconception that this service is predominately aimed at white men.

Availability and accommodation (ability to reach).

Availability in terms of access refers to the physical existence and location of social farms across the country, and whether these services can be reached in a timely manner. In terms of hours of operation, it was felt that it was important to consider flexibility to accommodate diverse needs. Participants discussed the importance of offering morning and afternoon sessions to cater to individual preferences, and a range of health conditions. We found that opening hours vary and depend on resources and the season. Survey results show that 7% of farms are open once a week, 22% are open two to three times a week, 26% are open four to five times a week, 7% are open more than five times a week, and 19% are openly seasonally or at specific times. Social farms are generally located in the least deprived areas of England and the commonest mode of transport was a car (79%). Service provider shortages and issues to do with staffing and capacity were perceived to act as a potential barrier to access for marginalised groups.

We found that socio-economic status has a role in determining whether this service was financially feasible for people living with dementia, and that some communities may find this service more affordable than others depending on their economic circumstances and access to financial support, such as direct payments. For example, one focus group

participants said: *"If they have had a financial assessment through the local authority, it can usually be commissioned as part of their care package. So, it is one option for people, especially those with a lower income"* (Amanda/FG2/HSC4). Survey results show that 76% of people with dementia had to pay for the service, but for 24% of people living with dementia the service was free (this is because the farm has secured a grant). Of those who pay for the service, costs varied considerably from £7 to £125 a day, or from £20 to £50 an hour. Additional charges were sometimes applied for food and assistance.

Appropriateness.

Participants described how social farming offers a different approach to other forms of social care, emphasising the importance of purposeful activities, engagement with nature and the opportunity for people living with dementia to spend time away from home, and contribute to the running of a farm in meaningful ways. To this end, social farming was observed as having the potential to provide people living with dementia with a sense of purpose within a supportive environment, and opportunities for social connection. Additionally, participants described the therapeutic benefits of being on a farm, through being able to engage in 'hands-on' activities, such as gardening or cooking.

Implications for practice

The project has implications for dementia care practice. Social farm managers need to consider the acceptability of social farms for people with dementia from India, Bangladesh, and Pakistan for whom certain animals have certain meanings. For example, Hindu and Sikh people admire cows as sacred beings, often considering them as deities, whereas for people of Islamic faith, there may be apprehension or fear associated with dogs and pigs due to religious beliefs. In addition. formal care providers, including social prescribers, must be aware of community-based services such as social farms to signpost people with dementia and their family carers to the service. However, as people from India, Bangladesh, and Pakistan communities are less likely to be in touch with professional services additional methods for informing these groups about social farms are needed, such as word and mouth and flyers at community events (Blackmore, et. al. 2018).

Lessons learned.

Organising the knowledge exchange event on a social farm meant that a group of people (mainly women) with dementia from India, Bangladesh, Pakistan, had the chance to visit a social farm for the first time. This meant that not only did a group of people learn about the project and value of social farms, but we also witnessed for ourselves the challenges people might face getting around a farm, as well as the benefit of indoor activities. For example, three of the visitors used a mobility aid and were not able to walk easily across the field to reach the animals. We found this could be managed by carrying chairs so people could sit down when they needed to. Further, involving people with dementia from India, Bangladesh, and Pakistan in the project provided important insights about the meaning of animals, which has not been reported in farm-based studies before.

Future plans

Going forward, we plan to maintain and develop the links we have made with charitable/community-based organisations including Dementia Adventure and Touchstones. We would like to work with members of these organisations to develop new research questions and create plans for future research. We also want to continue to use and develop the 'Levesque's conceptual framework for access to healthcare' in relation to social care. We know from previous work that access is a key factor to the utilisation of a dementia care service. The framework provides a useful guide for investigating access.

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Figure 1 Women potting plants during visit to Beetlebank Farm