More evidence needed on the effectiveness of care farms

Care farming is the therapeutic use of agricultural and farming practices. People value the farms, but the evidence on their effectiveness is limited.

What is this review about?
Care farming (also called social farming) is the therapeutic use of agricultural and farming practices. Service users and communities supported through care farming include people with learning disabilities, mental and physical health problems, substance misuse, adult offenders, disaffected youth, socially isolated older people, and the long-term unemployed.

This review aims to understand the impact of care farming on quality of life, depression and anxiety, on a range of service user groups. It also aims to explore and explain the way in which care farming might work for different groups.

What studies are included?
The review included randomised and quasi-randomised controlled trials; interrupted time series and non-randomised controlled observational studies; uncontrolled before and after studies and qualitative studies. Study participants were those who typically receive support at a care farm. Studies conducted in a setting that met the accepted definition of a care farm were included, but farming interventions that were carried out in a hospital or prison setting were excluded.

The total number of included studies in this review are 18 qualitative studies and 13 quantitative studies, one of which was a mixed-methods study.

What are the findings of this review?
The qualitative interview studies showed that people valued, amongst other things, being in contact with each other, and feeling a sense of achievement, fulfilment, and belonging.
Some groups seemed to appreciate different things, indicating that different groups may benefit in different ways but, it is unclear if this is due to a difference in the types of activities or the way in which people value different things from the same activity.

There is a lack of quantitative evidence that care farms improve people’s quality of life, but some evidence that they might improve depression and anxiety.

Larger studies involving single service user groups and fully validated outcome measures are needed to prove more conclusive evidence about the benefits of care farming.

What do the findings of the review mean?
There is a lack of evidence to determine whether or not care farming is effective in improving quality of life, depression and anxiety. More evidence is available for those with mental ill-health, but firm conclusions cannot be drawn.

Despite the current lack of robust evidence to support the effectiveness of care farming, there are strong arguments to support a more integrated approach to care farming as a viable alternative or adjunct to mainstream approaches for mental health problems. Lack of choice, gender inequalities, and over-burdened statutory services indicate the need for a credible alternative treatment option.

There needs to be a concerted effort to increase awareness among commissioners of health care, frontline service providers, and potential service users about care farming, how – and for whom – it might work. Models across Europe that offer a more integrated approach between green care and statutory services could provide valuable learning.

The evidence for care farming for other service user groups is not as well developed as it is for those with mental health problems, but that is not to say there is not a need. Disaffected youth, adult offenders, and people with dementia represent significantly large vulnerable population groups where current service provision struggles to meet demand.

The need to continue to improve and provide high quality research in these areas is therefore pressing.