

# **Farm-based day care on the market: the case of dementia care services in Norway**

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## **Abstract**

In line with the multifunctional agriculture discourse, care farming is highlighted by governments as a promising service—as an additional source of income for farmers and as a current alternative or supplement to ordinary public care services. Based on the rather modest number of care farming services and their often unstable existence, this paper examines critical aspects of the market relation between providers and buyers when it comes to ensuring sustainable and persistent farm-based day care services. Our analysis is based on interviews with farmers as providers of farm-based day care services for people with dementia living in their own homes and with representatives from the municipal health sector as buyers of these services. One of the findings is that the askew, yet harmony-characterised, power structure between the market actors makes professional ordering of care farming services critical to the providers' endurance and wellbeing. The paper concludes that the market relation between providers and buyers could be strengthened, but vulnerabilities related to such a relationship are inevitable.

*Keywords: Care farming, Dementia care service, Provider, Market relation, Norway*

## 1. Introduction

Care farming is highlighted as a promising service in many Western countries, both as an additional source of income for farmers and as a supplement to traditional public care services (Haugan et al., 2006; Hassink et al., 2012). This kind of service is in line with the multifunctional agriculture discourse, which has been prevailing in the EU's (and, hence, individual countries') agricultural policy communication since the early 2000s (Erjavec and Erjavec, 2020). While agriculture was traditionally regarded as serving the common good through the production of food and fibre, during the last decades, a greater emphasis has been placed on the environmental and social benefits of this sector (Rønningen et al., 2012).

Numerous concepts have been used to describe care activities offered in farm locations: social farming (Di Iacovo and O'Connor, 2009); care farming (Hine et al., 2008); green care (Sempik and Bragg, 2013); and farming for health (Hassink and van Dijk, 2006).

Notwithstanding the diversity of concepts, they share several central elements: The farm setting is used to engage in physical activities and tasks related to farm production of some kind, be they crops, horticulture or livestock, and the services promote mental and physical health for a variety of client groups (Hassink and van Dijk, 2006; Steigen et al., 2016) that are related to their social, physical, mental health or learning challenges. The services are regarded as appealing because of the green environment, the informal atmosphere and the opportunity to participate in diverse activities and be part of a community. In addition, where relevant, the farmers' personal involvement is seen as an advantage (Hassink et al., 2010).

Across Europe, care farming is also "framed" (i.e., communicated, organised and practiced) differently in different countries (Dessein et al., 2013). Alternatives to the *multifunctional agriculture frame*/discourse (identified in the Netherlands, Belgium, Norway) are *the frame*

*of public health* (in Germany, Austria, UK), within which activities are primarily concerned with providing health restoration and protection; and *the frame of social inclusion* (in Ireland, Italy), focusing on the re-integration of socially excluded people in society through the contribution of on-farm labour (Dessein et al., 2013).

In Norway, the multifunctionality of agriculture is strongly embedded in public policy (Almås, 2004). For instance, the political authorities underline the high value of developing useful welfare services in the farm arenas (LMD-KRD 2012). Furthermore, in the Norwegian governmental so-called Dementia Plan 2015 (Norwegian Ministry of Health and Care Services 2015) and Dementia Plan 2020 (Norwegian Ministry of Health and Care Services 2020), the health authorities highlighted farm-based day care as a complementary service to meet the needs of this client group, together with instructions that every municipality from 2020 onwards is obliged to offer day activity services suitable for people with dementia living in their own homes.

It is, however, a challenge to establish a sector of sustainable, soundly-performing care farms. Over time, several Norwegian municipalities have gained experience with care activities offered in farm locations, but these are generally unstable in terms of durability, and the total number of providers accessible for a certain point in time is relatively small (Giskeødegård et al., 2016). In 2006, the number of providers of farm-based care services was lower in other European countries than in Norway (Hassink and van Dijk, 2006). However, a rise in the number of care farms has been documented over the last decade across the UK (Bragg and Atkins, 2016), the Netherlands (Garcia-Llorente et al., 2018) and Italy (Dell' Olio et al., 2017). In the Netherlands, care farming is seen as a successful and innovative sector, but certain challenges threaten its sustainability, such as the organizational gap between

agriculture and the health sector and the lack of sustainable financing structures (Blom and Hassink, 2008).

While much research has been conducted on farmers' motivations and experiences as providers of farm-based care services (e.g., Johansen, 2014; Krom and Dessein, 2013), there has been less of a focus on the relationship between farmers as providers and the municipal health sector as a buyer, although such market-based relationships seem crucial to the establishment of sound and enduring services and farm businesses.

In this paper, we examine the market relations between these actors to see if the nature of this relationship explains the instability and the relatively low dimension of such services. We draw on qualitative data from Norway when examining the following research question: What are the most critical aspects of the market relation between providers and buyers when it comes to ensuring sustainable and persistent farm-based day care services?

Previous research has pointed to relevant aspects of the market relations involved in care farming. To attain a successful development of stable farm-based day care services for relevant user groups, effective and appropriate interaction and collaboration between involved actors are a prerequisite (Di Iacovo and O'Connor, 2009; Vik and Farstad, 2009). To ensure a tailored package of municipal care services for relevant user groups, it is important that the municipalities as buyers and farmers as providers keep each other informed and create a common understanding of the partners' responsibilities, duties, activities, needs and potential (Nowak et al., 2015). However, in a study by Vik and Farstad (2009), farmers as providers and the public sector as buyers were found to represent different "social worlds", where an institutional framework and market devices capable of bringing key actors together

are lacking. Hence, the ability of establishing a professional collaboration between the buyers and providers seems challenging. Hassink (2017) also identified bridging the gap between the agricultural and care sector as the main challenge to care farming providers.

Within the health and welfare sector, duty officers are accustomed to collaborating with individuals within agriculture (Kogstad et al., 2014). One challenge that has been identified is that the professional groups in the public health sector in Norway have been sceptical of services that are not fully based on professional expertise (Haugan et al., 2006). To some extent, this aligns with the findings of Krom and Dessin (2013) in their study of care farming in the Netherlands, in which the health sector regards care farms as only one among many informal care settings where clients can be placed, and responsibility for them lies primarily with the health sector and not the farmer. In a Norwegian study, Giskeødegård et al. (2016) found that staff in the health sector tends to regard farm-based care services as an add-on activity that users can choose in the menu of welfare and health activities, if interested, and not as an institutional and permanent part of the municipal health sector. This creates an unstable context for the farmers: if the municipality wants to terminate the contract in farm-based care due to a lack of interested users, it will be necessary to have strategies to ensure an alternative income.

In farm-based day care, farmers as providers must build alliances and negotiate with actors outside the agricultural sector, such as the municipality as a buyer of the services, and even adopt new modes of production and marketing. The market exchange relations related to ordinary farming, such as the sale of agricultural products, are different from those involved in care services. In a survey among farmers providing farm-based care in Norway, Ihlebæk et al. (2016) found that support from the health sector is important for the wellbeing for

providers of care farming services. However, one-fourth (26%) answered that they did not have the possibility to receive professional help and advice from the health sector when needed. Such an initiative could involve suitable arenas where providers, users and their next of kin can meet and exchange experiences (Giskeødegård et al., 2016). In addition, Hassink et al. (2016) found that support from influential people in the care farmers' network was crucial for pioneers to overcome resistance from powerful actors and gain access to care sector funds.

Collaborating with only one care institution (public sector within health and care) places care farming providers in a vulnerable situation, which could be an obstacle when running an effective care farm (Hassink et al., 2016). In a study of providers of farm-based care services for people with mental health or substance-abuse problems in Norway, the providers listed uncertainty arising from overly short contracts and complicated cooperation with the public health services as key challenges (Lund et al., 2015). Having no background in health care is regarded as the most severe challenge among innovators or pioneers of care farming (Hassink et al., 2012).

In this paper, we look more closely at the market relation between care farming providers and public buyers, using the following structure. First, we present the parts of Beckert's (2009) theoretical work on the sociology of markets which is relevant to our study. After describing our data and methodology, we provide a brief description of the Norwegian context for care farming together with key information about the farms and municipal administrations included in the study. We then continue with our analysis of the current market relations, structured around Beckert's theory on the three main problems of markets. Finally, we

discuss the most critical aspects of the market relation between providers and buyers when it comes to ensuring sustainable and persistent farm-based day care services.

## **2. Markets theorised as arenas of social interaction**

As a theoretical framework for a study of the market relations between farmers as providers of dementia care services and the municipality as a buyer, we use the theoretical work on markets by sociologist J. Beckert (2009). According to Beckert (2009), a first central element of markets is voluntary exchange of rights in goods and services. Second, the markets are characterised by competition, where at least three actors are involved: one actor confronting at least two other actors whose offers can be subject to comparison (Beckert 2009, p. 248). In the market of farm-based day care services, the municipality is an actor that buys dementia day care services. The municipality might have a range of alternative public and private dementia day care services available, provided by different actors in the market such as institutions, day centres, activity or senior centres, ambulatory services and care farming. The municipality will compare the different alternatives available regarding both quality and price.

As Beckert (2009, p. 248) argued, actors on both sides of the market interface have partly similar and partly conflicting interests. While both the provider and buyer are interested in the exchange of a commodity, in this case care farming services, they might have conflicting interests regarding price and other specifications of the contract. To establish well-functioning markets, including an efficient interaction between the actors involved, an agreement on how to interact is important. To reach such an agreement, three aspects or problems of coordination between the actors need to be solved: *the value problem*, *the problem of competition* and *the cooperation problem* (Beckert, 2009).

*The value problem* relates to the constitution of actor preferences and valuation of the product subject to exchange. Assessing the value of commodities represents a considerable source of uncertainty for all market actors involved (Beckert, 2009, p. 253). According to Beckert (2009, p. 254-255), the value problem both concerns “the assignment of different values to heterogeneous products within the same market” and “the assignment of value to goods of a certain class”. In the case of farm-based day care services, we relate the value problem to the assessment of the value of these services compared to alternative kinds of care services, as well as the individual service’s value compared to competing farm-based day care services in the same area.

Beckert (2009) argued that there is often no consistent use of a certain set of criteria when actors at the market assess the value of specific products, and the question of why actors value certain products and not others is open to sociological analysis. As a primary sociological postulate, Beckert (2009) emphasised that the valuation of certain categories of goods is socially and culturally patterned. Such social and cultural influences could be a normative orientation, a cognitive point of reference or a possibility for social positioning through acquisition of a good (Beckert, 2009, p. 255).

*The problem of competition* is mainly relevant for the producer side in Beckert’s work, as those who offer goods or services in the market may compete to establish an agreement with the buyer. Although competition is a constitutive precondition for markets, it can pose a threat to the profit expectation of the producers (Beckert, 2009, p. 257). To reduce the risk of competition and uncertainty with regard to profit expectations, the producers might strive for suitable, favourable market structures that shield them from competitors, such as actively



trying to regulate competition with potential competitors. However, governmental institutional regulations, such as legislation and introduction of duties, subsidies and consumer protection measures, play the most significant role in the organisation of competition. In Norway, one measure implemented to ensure sound competition, through which all relevant producers are allotted the possibility to compete in a certain market for health services, involves public authorities (municipalities) being obliged to announce tenders setting out when buying services of a certain size on the market.

In Norway, farm-based day care is a complementary service for people with dementia. The providers might compete with other suppliers of day care services on the market (i.e., other care farming providers, public day centres, as well as private companies outside the agricultural sector).

*The problem of cooperation* concerns the insecurities that market actors experience related to their incomplete knowledge of the intentions of their exchange partners, including the quality of the product or service that the buyers expect to receive in return. Only when the actors are confident of not being exploited by their exchange partners will they decide to engage in the market exchange. Hence, a certain level of confidence and stabilised expectations is fundamental to obtain stable market relations (Barbalet, 1998 and DiMaggio, 2002 in Beckert, 2009, p. 259). In the sociological literature on this topic, Granovetter (1985; 2005) presented network structures as significant to the development of trust between market parties, while more institutionalist approaches within economic sociology point to normative or cognitive commitments to institutionalised rules when explaining cooperative behaviour. (Beckert, 2009, p. 260). According to Beckert (2009, p. 261), while the essential element of

uncertainty cannot be removed from market exchange, trust between exchange partners makes people “suspend” the suspicion of being subject to exploitation.

In the analysis section, we examine how the three problems of coordination between the market actors arise, and how they are being addressed.

### **3. Data and method**

This study is part of a larger Norwegian research project on farm-based day care services for people with dementia. Our part of the project was designed to study farm-based day care services the market relation between providers and (public sector) buyers. There is a limited number of farms providing these kinds of services in Norway, about 32 (Ibsen et al., 2018). We carried out semi-structured face-to face interviews with eight farmers providing day care services for people with dementia within six different municipalities and with six representatives from the public health sector, representing the demand side, in the same six municipalities. All interviews were done in autumn 2016 and the beginning of 2017. To ensure a variety in the sample of providers and buyers, we chose municipalities that are located throughout Norway that differ in terms of centrality, population density and total number of inhabitants. The smallest municipality had fewer than 1,000 inhabitants, while the largest one had more than 300,000.

The main goal of the interviews with the providers was to identify factors contributing to the successful development and operation of care farms hosting people with dementia, and their relation to and collaboration with the municipalities as buyers of the services. The topics of the interviews included the providers’ background, the start-up process, daily activities, collaboration with the municipality, challenges and prospects. In four of the interviews, only one provider attended, whereas two or three individuals attended the other four interviews (as

equal business owners/providers or as employees). The age of the providers varied from early thirties to late sixties. Some of the providers had former professional experience in elderly care or general health care. The providers' educational background and formal competence varied, as half had an agricultural education and the other half had a health education. Within the care farm service, there was often a combination of both formal health competence and formal agricultural competence. Seven out of eight farms were certified as a provider through the Into the Farmyard (IPT) trademark<sup>1</sup>. In a few cases, the service was run by a couple, but more commonly, there was one woman responsible for the services who was assisted by family members. In one of the cases, the farmer had a female business partner, and in another case, a public employee from the health sector served as an assistant. In yet another case, a family member was employed in a part-time position in the health sector, and the tasks in this position were done at the farm.

In the interviews with representatives of the health sector in the municipalities, the interviewees were asked to give a description of their collaboration with the provider(s) and to state what they identified as important for attaining efficient collaboration with the providers. They were also asked about why and how the municipality started to buy day care services for people with dementia from the farmers as well as the prospects for dementia care in general, more specifically regarding farm-based dementia care. Five of the interviews were individual interviews with the responsible health sector representatives, whereas three health sector representatives from the same municipality participated in another interview. Later in this article, these individuals are referred to as the duty officers.

The interviews with the providers were conducted on their farms, while the interviews with representatives from the health sector were conducted mainly at their workplace in the

municipality. The interviews lasted between one and two hours, and they were subsequently recorded and transcribed. The data were analysed by focusing on the content of meaning. When searching for interesting issues in general, we paid attention to content that was relevant for the three potential main problems in market relations as identified by Beckert (2009). To ensure the interviewees' anonymity, especially between the providers and buyers themselves, we do not describe the eight market relations one by one as units. Instead, we refer to the perspectives of the providers and buyers separately.

#### **4. The Norwegian context for care farming**

Farm-based day care has been offered in Norway since the early 2000s (Ibsen *et al.* 2018). The proportion of the operating farms providing care services has remained relatively between 2010 and 2018. In a representative survey carried out with Norwegian farmers, Logstein (2010) found that four percent of all farmers offer care farm services at their farm while in 2018, the number was three percent (Zahl-Thanem *et al.*, 2018).

In Norway, care farming mainly takes place on family farms where the farmer is the principal owner; the farm business, including care farming services, is not a separate legal entity from the farm household. Care farming services constitute an additional source of farm income (Haugan *et al.*, 2006), as agricultural production of food and fibre is the main source of income for most farmers offering care farming services (Grepperud, 2017). However, in a study of all providers of farm-based dementia care in Norway, Ibsen *et al.* (2018) found that 83 per cent of these farms received more than half of their income from farm-related activities other than the production of food. However, farmers' organisations and agricultural authorities have emphasised that a care farm should maintain ordinary agricultural production<sup>2</sup>. In line with the multifunctional "frame" of care farming (Dessein *et al.*, 2013), it

is expected that the provider must be a farmer, and that the participants benefit from participating in regular farm activities.

In the Norwegian market for farm-based care services, public bodies such as municipalities (Prestvik et al., 2013), county authorities and the national labour and welfare administration, are the main buyers. As the municipalities in Norway have the main responsibility for primary health services, they dominate as buyers. Even though the Norwegian health care system is public overall, public bodies regard farm-based care services as a valuable supplement to services provided by the public sector (LMD and KRD, 2012). Their contribution is also been highlighted in relation to the aforementioned Dementia Plan implementation, where farm-based day care is suggested as part of the solution (Norwegian Ministry of Health and Care Services, 2015).

The dementia care services included in this study are services directed toward individuals with a diagnosis of dementia who live at home<sup>3</sup>. Individuals with the diagnoses or their next of kin apply for these services, as they are not part of the services that the health sector automatically offers to individuals. The individual share that users of dementia care services must pay may vary to some extent, but maximum amount for individual share is defined at the national level (Helse- og omsorgsdepartementet ,2019-2020), preventing significant differences between municipalities.

##### **5. The data material [Context information about the providers and buyers]**

The eight providers in this study are all pioneers in their municipality regarding the offering of farm-based day care for people with dementia. Their services were established between 2008 and 2012. All, apart from one, provide services to other target groups such as school

children in parallel with the services for people with dementia, which are offered on different days. The dementia care services offered vary regarding in terms of the number of participants hosted and number of days per week on which they attend, from two to eight participants and from one to four days a week. The majority run an agricultural production in addition to the care farming services. Five of the farms are what Hassink et al. (2016) defined as care focus farms (more than 75 per cent of the farm income comes from care farming), two are integrated care farms (25-75% of the farm income comes from care farming) and one receives less than 25 per cent of its farm income from care farming.

In the six municipalities involved in the study, the farm-based dementia day care services are considered as an important part of the services for individuals with dementia. In two municipalities with a relatively low number of inhabitants, the representatives from the health sectors said they had no other day care services suitable for individuals with dementia living at home, and one municipality appreciated farm-based dementia care services because they were the only services in the municipality suitable for younger individuals with dementia. Three municipalities included farm-based day care activities as *supplementary* services for individuals with dementia living at home. These three are also capable of offering several day care activities suitable for individuals with dementia themselves. Over the time period of the interviews, all municipalities in Norway were permitted to apply for national financial support to finance day care activities for individuals with dementia living at home (Helsedirektoratet 2019), including costs for both establishing and operating such activities.

## **6. Coordination problems in the market arena of farm-based dementia day care services**

As outlined earlier, our analysis of the market relationships between care farming providers and the public health sector as a buyer is mainly based on Beckert's (2009) identification of three potential problems of coordination in the market arena. Hence, we examine if the value problem, the problem of competition and/or the problem of cooperation need to be addressed in order to ensure a well-functioning market of care farming services.

### *6.1 Value problems on the dementia care market*

The value problem relates to the constitution of actor preferences and valuation of the product subject to exchange. In several of the municipalities, we found that the municipal health sector representatives appreciated the farm-based dementia care services more than other relevant services suitable for the same user group. Farm-based dementia care was perceived as preferential in several, different ways. Some municipal duty officers were convinced that being on a farm is especially beneficial to the users' health and, hence, to the municipal economy. As one of them said (municipality 4 representative): "I am fully sure that this service delays users' nursing home hospitalisation."

When asked why they considered farm-based day services as valuable for persons with dementia, the duty officers listed benefits such as contact with animals; the home-like setting of care farming services, exemplified by the non-institutional premises, the absence of uniformed staff, engagement in everyday meaningful/useful activities; and exposure to the natural environment. One municipal duty officer (municipality 2) highlighted how the farm context is a setting where individuals often experience immediate happy moments, and how this is important to the users' quality of life, referring to a common phrase that: "You shall

not add years to life, but life to the years.” She explained her own enthusiasm by pointing to her own personal background: “I am joking a bit, but as a farmwife, I’ve seen the benefits and all the opportunities that a farm provides, and the significance of this.”

Another important and related characteristic that was appreciated by the municipalities concerning the farm-based services was the farmer as the service provider. The duty officers either pointed to the specific farmer involved in their individual market exchange or to the suppliers in more general terms. For example, municipal duty officer noted (municipality 5): “The way they meet clients, and the perspective they apply when meeting this kind of user, in this matter, they (the farmers) represent something different.” He followed up:

There is no reason to feel ashamed of the way we run the municipal services either, but I think, when this is your livelihood, then you may have another approach to it. You apply a client perspective rather than a patient perspective.

He valued the combination of their own municipal day care services and care farming services due to users’ different needs, stating that the latter offered an especially good service to the users.

Furthermore, it became clear that all the farms in the study had started their careers as service providers to other population groups in the municipality, such as school children, and some of the providers still did so in combination with the dementia services. Hence, assessing the value of farm-based care services as an alternative to public care services did not represent a considerable source of uncertainty to the duty officers.



It should also be noted that the buyers' preference for care farming as a desirable service for people with dementia has occurred despite the lack of support from the users themselves.

Only one of the involved municipalities (municipality with a population size above 100,000) experienced a heavy demand for accessing into care farming services. Throughout the interviews, both farmers and municipal duty officers reported that they needed to work systematically to identify and convince relevant users. The reason is that there is a lot of denial and shame connected to this disease as such, and consequently a certain threshold to utilize such services.

The high valuation attached to the provision of farm-based day care services in the municipality compared to other day embracing this kind of care service, indicated personal dispositions for embracing for embracing this kind of care service within the municipality. The representatives' enthusiasm is probably an important precondition for the establishment of such services, as hard work is required from the duty officers to establish a public-private collaboration on a functional service of high quality, compared to solely public services.

Another reason why the municipalities valued farm-based dementia day care services, was that some were dependent of buying such services externally, as they lacked an equivalent service themselves. One of the municipalities had only two registered users entitled to such services (a rural municipality with a rather small population), and it was not considered economically feasible for them to establish a municipal service for this purpose. A duty officer from another municipality stated that public subsidy arrangements motivated them to buy external services instead of developing their own service for home-based people with dementia, as public subsidies for financing such services, according to his experience, would only be given for the *procurement* of services.

As both farmers and municipalities assign a high value to the farm-based services (as the product subject to exchange), none of the providers in our study felt threatened by potential competing farm-based day care services in the same area or by other day services suitable for persons with dementia. Although the providers had relatively short contracts (usually two to three years at a time), the farmers perceived the municipality to have a steady preference for their care farming services. This stems mainly from the fact that the provider and buyer often developed the service together<sup>4</sup>, or if not, as much as possible in line with the latter's requests or preferences. Thus, the municipalities obtained the opportunity to place great influence on the format and quality of the object they bought in the market. Through this collaboration, the actors got to know each other very well, and the providers perceived that they had a positive connection to the municipality as a buyer that was based on mutual trust and respect. Likewise, the municipal duty officers were clearly pleased with the existing care farming services, and, hence, nobody mentioned any interest in replacing what they had already worked to establish.

### *6.2 Problems of competition on the dementia care market*

When municipalities in Norway decide to buy care services from external actors, they are obliged to announce a public tender competition or arrange a system of licence to operate. However, when there is only one potential contractor, or the money value within the agreement is relatively low, the regulations in terms of tender competition are less restrictive. In a tender competition, the municipality invites potential providers to apply, and the best offer, based on a predefined set of criteria, wins. Two of the providers we interviewed established dementia care services in collaboration with the municipality receiving a licence to operate, and in one municipality, there was neither a tender competition nor a licence system to operate. Seven out of the eight involved farms held a quality certificate for their

care farming services. The providers in the study negotiate with the municipality to establish a two- or three-year contract, with an option to prolong the contract for an additional year upon termination.

As already reported, the providers were not afraid of other competing care farming services providers, due to their close relationship with the municipal duty officer. Based on the interviews with municipal representatives, the former's trust seems to be well-founded. As such, no problems of competition were identified for the established services.

For years, Norwegian municipalities have had the opportunity to apply for national financial support to finance care farming services. Duty officers in some municipalities claimed that public support is essential to their purchase of care farming services in addition to their own corresponding municipal services. Duty officers in other municipalities thought there might be sufficient local-political goodwill to prioritise the purchase of such services even if national public subsidies disappeared. Nevertheless, this kind of public support undoubtedly strengthens the municipalities' opportunities to buy care farming services.

Many municipalities still see the need for, and find money for, the development of their own day care services for people with dementia, as well. This arises because they already have the appropriate infrastructure for this service (related to their nursing homes), and secondly because they recognise that care farming services are not necessarily the optimal option for every person with this disease. Furthermore, in the context of the upcoming injunction regarding municipal responsibilities for dementia care services, new subsidy regulations have been recently introduced for (both) the establishment and running of day care services towards for home-based persons with dementia (Helsedirektoratet, 2019). Thus, it will be

interesting to see if and how these new regulations will influence the position of care farming services on the dementia care market arena.

### *6.3 Cooperation problems on the dementia care market*

Our data reflect some insecurities experienced by the providers when it comes to their relationship with the municipality as an exchange partner. One aspect is that several providers felt insecure in their dealings with the municipality, arguing that it has more expertise and power in the negotiations. As one of them (Provider 3) put it:

It was very exciting to negotiate with the municipality. In the municipality, they have their own purchasing manager and they are skilled, and then there were just the two of us [the provider couple] on the other side of the table. That was a bit uncomfortable.

This quote reflects the concerns of ending up in an undesirable position due to the exchange partner's stronger power in the negotiations.

A related aspect was that the providers found it difficult to write bids, as well as stipulating the right price for their services. **There is not a fixed price for these activities in Norway, as it varies between the day care activities how they are organised and thus also the level of costs.**

It was important for the providers to include all costs in the bid, but, at the same time, they were afraid of being too expensive compared to other competing care farming services or public day care services. Many providers claimed that they most likely did not include all costs. One stated:

I build more and more competence in how to stipulate the correct price, but it is a huge disadvantage for us that we are afraid that the municipality does not want to buy

our services. We are often thinking that our numbers will be too expensive. However, it is very important that we include all costs. If we calculate the expenses regarding the use and maintenance of the building, food and heating, materials used, etc., we probably should have increased the price, but it is difficult (Provider 6).

Although the providers did not fear real competition from other private providers, they recognised that the municipality had the opportunity to refuse the market relationship if the providers' bid did not appear sound and reasonable from their perspective. The municipality's potential choice of offering their own day care services to the same user group was problematic for the interviewees, as this provider (Provider 1) mentioned:

Precisely how we are doing when it comes to price per day, and if the municipality would compare us with another solutions... If they [the municipality] compare the purchase of services with providing their own services, how our price looks from that perspective, I do not know.

Almost all the providers suspected that they sold their services for a relatively moderate price, due to the worries and insecurities referred above.

What the providers dare to demand does not only influence their income, but also various aspects of the providers' general welfare, as the final contracts relate to a range of work welfare issues. This was reflected in the dialogue between the interviewer and Provider 1:

Interviewer: You said that you were more compliant when the service was established. Did you manage to get it [the contract] adjusted afterwards, so that you now feel you get more reasonably paid?

Provider 1: I guess I feel it is ok. However, I feel that there are many things I did not foresee. Maybe the most important is the fact that everything depends on me. I start getting tired of it, [feeling] that I have little elbow room. If I suddenly wanted to enrol in a course, or travel away for some time, or get sick or those kinds of things, then I have no system for that.

This provider felt a lot of frustration related to a rather bad contract that made her perceive her own work situation as both exhausting and insecure. However, as she commented, “I think the benevolence is there, so instead I think there is not much room to manoeuvre economically.” As such, she did not really suspect the municipality of having bad intentions with this unclear and demanding situation, but still she thought it was difficult to demand more adjustments.

While the provider above had constructed her own contract, another provider (Provider 4) demanded a more standardised contract as a basis for this private-public collaboration to ensure important basic welfare rights for herself. She reported that the signed contract, among other things, ensures holidays throughout Christmas and Easter and five weeks of vacation, as well as a stand-in from the municipal health staff in cases where the provider becomes ill. Within such a system of organisation, through which a lot of contingencies are agreed upon and contracted, concerns of unknown intentions are reduced and uncertainties are minimised.

However, notwithstanding both well-designed contracts and the existence of mutual trust, there is an awareness amongst the providers that the municipality is an insecure exchange partner, due to latter's variable economic situation and shifting contexts. One of the providers (Provider 6), who sells several services to the municipality, said that she was planning to establish so-called day tourism for elderly people to reduce her own vulnerability in this matter. As she said:

And that is, of course, because my basis is not broad enough today. Even though I have many hats on, I do not have a broad basis. Because it is the municipality that is my customer, and even though it is the municipal education unit that buys the services for school, the health unit pays for these services [for users with dementia], and the immigration unit pays for another service, but that is... The municipality has the same politicians, so of course, if it suddenly was decided that "now indeed we have to...[cut down expenses]" (...) If they don't have funding for it, and it is not decreed by law, then it will be closed down. So, if several of my services disappear, I still want to have my work based on the farm. Thus, I want to have the opportunity to be a little bit flexible and orient more towards groups of elderly individuals as well.

Provider 6, like the other providers, recognises that the municipal economy is shifting, and that the care farming services must obtain political *priority* year after year to endure. As such, although the providers do not doubt the municipality's intentions, the providers still must accept an inevitable insecurity related to the purchasers' shifting resources and spending power.

The municipalities as buyers are not noticeably concerned about insecurity in the exchange relation in the same way, as they hope to keep the care farming services. They have been deeply involved in the development of the services and monitor the situation at the farm as often and thoroughly as they deem necessary. The municipalities vary in how much they demand from the providers when it comes to certification and to what extent they choose to check the services, but all the municipal duty officers described their relationship with the providers as good, positive and stable.

In Norway, farmers can join an agricultural co-operative for farm-based welfare services. This co-operative, *Inn på tunet Norge SA*, aims to ensure the members' interests regarding systems for billing and reasonable contracts with the authorities. However, many providers are not members of this co-operative, including most of those in our study, yet some of them have acquired an Inn på tunet certification, as a quality label. The decision not to join the co-operative and take advantage of the services offered, is seemingly, at least partly, due to the providers' need for maintaining a positive relationship with the municipality as the buyer of their services. Furthermore, Inn på tunet membership requires a fee, which presupposes providers being convinced of the benefits from joining this organisation.

## **7. Discussion**

In this study, the aim was to explore the critical aspects of the demander (buyer)-provider relationship when it comes to ensuring sustainable and persistent farm-based day care services. With help from Beckert's (2009) theoretical work on the sociology of markets, we have examined how three central market problems are raised and addressed in the case of farm-based day care services for people with dementia in Norway.



In the market relation between the municipalities and the providers, the municipal duty officers placed a high value on the care farming services as exchange products, when compared both to alternative kinds of care services for the same user group and to potentially competing farm-based day care services providers in the same area. However, our examination of the value problem reflects that the maintenance of care farming services is vulnerable, as the municipality's enthusiasm and willingness to pay for farm-based day care often appear to be highly person-dependent. Potential replacement of municipal duty officers might involve a high risk of losing the necessary goodwill towards these kinds of welfare services. Another factor threatening the existence of dementia care farming services is that many municipalities still need to also establish their own day care service for this user group, since not all users necessarily fit into a farm's activities and environments. This may reduce the perceived need for external services, such as care farming.<sup>5</sup>

A closer examination of the cooperation problem showed that the providers are not particularly insecure about the buyer's intentions as such, but rather about where the municipality draws the limits for what is recognised as a reasonable and feasible exchange. This uncertainty makes them afraid to demand what they need to obtain sufficient level of work wellbeing, and in certain cases, this situation generates feelings of dissatisfaction and demotivation. In one way, the providers are afraid of being exploited, but due to the buyer's assumed economic limitations rather than any suspicious motives. The providers' wellbeing seems to depend on the buyer's competence and professionalism. Engagement with thorough and reasonable contracts reduces insecurity, while more unprofessional buyers, not paying much attention to proper contracts, give rise to concerns and difficulties for the providers. The buyers' unprofessionalism may be compensated for if the providers themselves hold or obtain the competence needed to demand proper contracts. The interviews reflected the

importance of formal agreements with the municipal authorities, contracts ensuring predictability, acceptable pricing of the services and good working conditions. However, providers seem to be in a weaker position, afraid of being too expensive and less skilled in negotiations. They also seem to be more dependent of obtaining and keeping a contract than the buyers are. The competition problem, as the last coordination problem, was shown to be of minor relevance to established providers, but may on the contrary be critical for new actors who want to enter the care farming market.

While previous research (Lund et al., 2015) has pointed to short contracts as a problem to these services, our study shows instead that the *content* of the contracts values even more, both to reduce feelings of being mis-used and to ensure sufficient work welfare among the providers. Furthermore, while previous research (Vik and Farstad, 2009) has identified the actor groups' separate "social worlds" as a significant market problem, the same did not appear to be a noteworthy problem in our analysis. This may be due to recent developments, where such services have gradually become more well-known, and the institutional framework has become more clear (e.g., the fact that the municipalities now are defined as the qualified applicants for public funding of care farming services is likely to have caused an increase in their feelings of ownership towards these services). Rather than problems with separate "social worlds", municipal spending power (both perceived and real) has been shown to be what really has a major impact on this market relation.

In the current study, the professional ordering of care farming services has been demonstrated to highly affect the farmers' wellbeing as providers. However, how will the conditions for these private-public exchange relationships be in the future? According to Beckert (2009, p. 261), creating stable expectations and trust for actors is essential but not sufficient to create a

successful market exchange relationship: It is also important to recognise that contexts may change alongside the conditions for care farming in the dementia care market arena. Value attributions may change such that care farming is not considered as a preferred service for people with dementia. The current profitable competitive position for existing providers may be threatened by changing regulations and/or by new products. For example, innovations (also within the public sector) may threaten the economic value of already established products. Thus, “the danger of defection persists despite institutional safeguards, social norms, and cooperation enhancing network structures” (Beckert, 2009, p. 261).

## **8. Conclusion**

Although there is interest for farm-based day care services, both as a valuable supplement to regular public care services within the health sector and as an additional source of income within the agricultural sector, the scope and durability of such services are rather modest. This study has added increased understanding and knowledge on how to ensure a more stable and, hence, potentially larger service sector within this domain.

A key finding is that, even in cases where farmers have a positive and close collaboration with the municipality in their daily operation of the services, the relatively strong power of the municipality compared to the farmer as a provider creates a cooperation problem in terms of insecurities. The asymmetrical power balance is likely to hinder the providers from claiming what they need to attain economically and socially sustainable farm-based care services at their farms. This is critical to the farmers’ perseverance as providers and their work-related wellbeing. Although the buyer-provider market relations may be strengthened, a certain level of vulnerability will nevertheless characterise this kind of relationship, as contextual conditions may change.

For future research, it would be interesting to know if other aspects of the buyer-provider market exchange constitute significant problems for stable care farming services in other countries and contexts. Furthermore, the present study solely covered services that are currently in operation. Additional knowledge could possibly be drawn from studies addressing dismantled services by analysing these exchange processes in retrospect.

## Notes

<sup>1</sup> The trademark was introduced in 2012 as a system for quality control. Description of the system, in Norwegian, available online at <https://www.matmerk.no/cms/files/5255/info-om-godkjenning-ipt.pdf>. Accessed July 2020.

<sup>2</sup> In the criteria for how to be certified as a provider through the trademark, Into the Farmyard, one criterium is production of food or fibre at the farm. Description (in Norwegian) of the criteria, available online at: <https://www.matmerk.no/cms/files/704>. Accessed June 2020.

<sup>3</sup> In this study, some providers also gave services to suitable individuals with the diagnosis but who no longer live at home.

<sup>4</sup> A natural consequence is that the public subsidies to establish a care farming service are applied for by the municipality, not by the provider.

<sup>5</sup> Although users and their next of kin prefer to keep the farm-based services, and user involvement is an important part of the Norwegian welfare system, the municipalities can always point to economic necessities if they decide closure of a complementary service.

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