



# Effectiveness of social farming for people with special needs and mental health challenges: the case of the SoFAB Project in Ireland and Northern Ireland

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**Abstract** – Social farming is an innovative response that combines multifunctional agriculture and social and health care services. Its potential has yet to be realised across much of Europe. An INTERREG-funded project undertaken in the border region of Ireland and Northern Ireland with 20 farm households piloted services for 66 people over a 30 weeks period and learned lessons from the experience. Evidence gathered through the project indicates real and lasting benefits for people with special needs and people experiencing poor mental health as well as for the farm households involved. It also indicated that such services provided on farms are cost-effective when compared to cost of care in the public services.

**Keywords** – social farming, special needs, mental health.

## INTRODUCTION

The value of people's engagement with nature and farming to their health and well-being is well established. Social farming is one such activity that facilitates this process while concurrently viewed as innovative within the suite of rural development activities that strive to harness the potential that exists in rural areas in pursuit of the EU's agenda of a multifunctional agriculture. Hassink et al., (2010) in a study of care farms in the Netherlands noted that care farms can be considered as an innovative example of community-based services that have the potential to improve the quality of life of clients. The value and potential of social farming is recognised at EU level (EU, 2012) and by a small number of member states such as the Netherlands, Belgium and Italy but receives little recognition and support in Ireland and Northern Ireland which have historically relied on institutions, particularly religious congregations and the not-for-profit sector, to provide settings in which people with special needs and those experiencing poor mental health can engage with farming and horticultural practices. A decline over the past thirty years in these traditional services coupled with a new direction for health and social care services delivery in both Ireland and Northern Ireland which seeks more community-based re-

sponses to health and well-being creates a platform for the emergence of social farming in the region.

## METHODS – SOFAB PROJECT

A three year INTERREG-funded project to pilot social farming in the Ireland and Northern Ireland border region was established in 2011 through a partnership of two universities and a local development company. The project, called Social Farming Across Borders (SoFAB) set its mission to: *promote Social Farming as a viable option for achieving improved quality of life for people who use health and social services and for farm families, through enhancing social inclusion and connecting farmers with their communities.* It combined public awareness activities with training and selection of pilot farms as the pillars upon which this mission was pursued. Despite the *no-payment for piloting* attached to the project, there was an over-subscription of farmers in the region for piloting the new service with sixty detailed applications assessed. Twenty farm households were selected for piloting which involved each facilitating a weekly visit of three people for a full day of farming activity for 30 weeks. All pilot farm households received eight days of training in preparation and support for delivery of services. The users of the services were identified through the local public health services as people who 'wanted to try out the farming experience', many for the first time. To reflect major areas of need for health services in the region, two groups of people were identified as participants, namely: adults with special needs in terms of learning disabilities (55% participants); and adults affected by mental illness (45% of the participants). The experience of the farm households and participants were recorded through observation, images and interviews over the period of piloting.

## RESULTS

A notably high attendance rate of 83% by service users over the piloting period was recorded resulting in over 1,600 person days of social farming experienced. The Intellectual /Learning Disability (LD) group had average attendance rates of 88% contrasting with 76% for the Mental Health (MH) group. This high attendance rate served to underscore the extent to which the users valued the service provid-

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ed as attendance was voluntary. Participants' positive experience of social farming is shown in Table 1 in which they rated their feelings of like/dislike on a scale of 1-10.

**Table 1** Distribution of Participants by Rated Experience of Social Farming Pilots (n=59)

Score	Description	% Participants
1	Highly disliked	1.5
5-6	↕	6
7-8		13.5
9		9
10	Highly liked	70

Some 88% of participants indicated their wish to continue with their visit to social farms at the end of the 30 weeks piloting. Dislikes of the experience by a small proportion of participants were largely associated with weather conditions, muddy ground and early morning starts. Participant testimonials identified a range of benefits with the most commonly cited being social inclusion (particularly within the farm household and rural community) and development of skills (such as herding and feeding animals, fencing and tree planting), see Table 2.

**Table 2** Distribution of Participants by Type of Benefits derived from Social Farming (n=62)

Type of Benefit	% Participants
Social Inclusion	81
Skills development	81
Personal health and well-being	37
Progression	27
Purpose and routine	26

The experience of the pilot farmers was captured through content analysis of their testimonials which reported the main benefits to the farm households in terms of creating a more personally rewarding, relaxed and enjoyable working day. Farmers expressed how they 'looked forward' each week to the visit day and how it became 'an event for the farm household' which was enjoyed by the entire family (*"the visits enrich our lives and those of our children too"* Pilot Farmer). They also spoke of the visit being a way of planning to 'get particular jobs done' which benefitted from a group effort. The main challenge identified by the farmers related to securing payment for the time and effort they invested in the delivery of the service and how this might be organised in the future after the SoFAB Project ends.

With a view to delivering the SoFAB Project mission and sustaining the delivery of social farming services in the region beyond its lifetime, the project calculated the cost of service delivery on the pilot farms and related it to costs associated with public health and care services in the region. It was assumed that sustaining the social farming initiative required clear and objective measurements that allowed policy makers and health and social care service managers to consider the cost-effectiveness of service delivery on family farms relative to the institutional settings

in which they were being delivered. A summary of the comparative costs is presented in Table 3.

**Table 3** Selected Comparative Costs for Provision of Day Supports Services in Ireland and N. Ireland

		Person/day
SoFAB	Cost of service delivery	€66-€69
Ireland (RoI)	National Federation of Voluntary Bodies (2005) - intellectual disabilities	€64-€81
	Department of Health (2012) - intellectual disability services	€66-€76
Northern Ireland	Health and Social Care Board & Public Health Agency (2014) - learning disabilities	€87

**Source:** Kinsella et al., 2014

The average cost for delivery of services by the SoFAB Pilot Farms was €66/person/day in NI and €69 in RoI. These costs included labour provided by the farm household as well as reimbursement of all costs associated with delivery of the service including materials, utilities and insurance. Pilot Farms' costs compared favourably with the comparators.

#### DISCUSSION AND CONCLUSIONS

The effectiveness of the social farming experience to assist people with special needs (ID/LD) and those affected by poor mental health was evidenced. It delivered a range of benefits to service users as well as farm households through engagement in normal and every-day farming activities. It combined social inclusion, skills development and personal well-being outcomes for the service users and personal satisfaction and well-being for the farm families involved. The SoFAB Project has shown that these benefits can be delivered in a cost-effective way through family farms in Ireland and Northern Ireland. The challenge to deliver on the potential of social farming in the region lies in the extent to which this evidence can be considered in public policy formulation, budgeting and management decisions in the health and social care services. The redirecting of public funds for these services from relatively costly and mainly urban-based institutional settings to service provision in the community on family farms will remain the key to unlocking the potential that exists.

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