

Rural Policy Centre
**RESEARCH
REPORT**



Scoping Study
Establishing the state of play of Care Farming in
Scotland, and the implications for policy

Sarah Skerratt and Fiona Williams

Rural Society Research

SAC

CONTENTS

EXECUTIVE SUMMARY	5
BACKGROUND AND APPROACH.....	5
FINDINGS.....	5
NEXT STEPS IN SCOTLAND: SOME RECOMMENDATIONS FROM THE SCOPING STUDY	7
ACKNOWLEDGEMENTS	8
1. BACKGROUND TO THE SCOPING STUDY	9
2. DEFINITIONS OF CARE FARMING	10
2.1. GREEN CARE.....	10
2.2. CARE FARMING.....	11
2.2.1. <i>Variety of care farming characteristics across Europe</i>	14
2.2.2. <i>Farming for Health (FFH)</i>	16
2.2.3. <i>Social farming</i>	18
OVERALL PICTURE OF CARE FARMING IN THE UK	19
KEY POINTS FROM THIS SECTION	21
3. EXISTING CARE FARMING ACTIVITIES IN SCOTLAND	22
3.1. CARE FARMING IN SCOTLAND: INTRODUCTION AND APPROACH.....	22
3.2. COMPONENTS OF THE CARE FARMING LANDSCAPE: AN OVERVIEW	22
3.2.1. <i>Emphasis on farming</i>	24
3.2.2. <i>Emphasis on horticulture</i>	29
KEY POINTS FROM THIS SECTION	31
4. BENEFITS	32
4.1. MEASURING BENEFITS: REASONS, CHALLENGES, APPROACHES.....	32
4.1.1. <i>Reasons for measuring care farming benefits</i>	32
4.1.2. <i>Challenges facing the measurement of care farming benefits</i>	33
4.1.3. <i>Approaches to, and tools for, measuring benefits</i>	35
4.2. THE REPORTED BENEFITS OF BEING OUTDOORS, GREEN EXERCISE AND GREEN CARE.....	38
4.2.1. <i>Benefits of outdoors and of “green exercise”</i>	38
4.2.2. <i>The Benefits of Green Care: health and wellbeing</i>	38
4.2.3. <i>Benefits of City Farms and Community Gardens</i>	41
4.4. THE PHYSICAL, MENTAL AND SOCIAL BENEFITS OF CARE FARMING	42
4.4.1. <i>Findings from care farmers: physical, mental and social benefits</i>	42
4.4.2. <i>UK care farming clients: self-esteem and mood benefits</i>	43
4.5. ECONOMIC BENEFITS OF CARE FARMING.....	43
4.6. ECONOMIC BENEFITS TO THE COMMUNITY (WEST MERCIA STUDY).....	47
KEY POINTS FROM THIS SECTION	51
5. EXISTING FUNDING, POLICY AND NETWORKING FOR UK CARE FARMS.....	52
5.1. FUNDING SITUATION	52
5.1.1. <i>Care farming in the UK</i>	52
5.1.2. <i>Social and Therapeutic Horticulture in the UK</i>	52
5.1.3. <i>The ongoing search for funding by care farmers</i>	53
5.2. THE POLICY CONTEXT SURROUNDING CARE FARMING	55
5.2.1. <i>What is the role of policy in care farming?</i>	55
5.2.2. <i>What the green care and care farming studies say about future UK policies</i>	58
5.3. NETWORKING AND THE ROLE OF A SUPPORT ORGANISATION	61
KEY POINTS FROM THIS SECTION	66
6. NEXT STEPS IN SCOTLAND: RECOMMENDATIONS FROM SCOPING STUDY.....	67
APPENDIX 1: REFERENCES	69
APPENDIX 2: INVENTORY OF WEBSITES.....	71
APPENDIX 3: ONLINE ARTICLES RELATING TO CARE FARMING IN THE UK.....	73

Care Farming in Scotland: Scoping Study [November 30th 2008]

A3.1. ADJOURNMENT DEBATE, UK PARLIAMENT, NOVEMBER 2008.....	73
A3.2. CITY FARMS AND COMMUNITY GARDENS: RESPONSE TO CARE FARMING RESEARCH (2008)....	77
A3.3. FARMERS WEEKLY INTERACTIVE, APRIL 2008.....	79

Executive summary

Background and approach

1. In **May 2008**, initial discussions - facilitated by Scottish Government - established that a great deal of enthusiasm for the concept and practice of Care Farming exists in Scotland - both from farmers and other land managers, and from those who would welcome a land-based opportunity to help them deal with a variety of difficulties.
2. At the first meeting of the Steering Group, it was agreed that a very useful first step would be a scoping study of **current care farming activity in Scotland**, as well as of the **literature** relating to **current practice and approaches**. Further, it was considered useful to examine the reported **benefits** of care farming, to the participants (both carers and clients), to the community, and to farm businesses.
3. This document comprises the findings from the **desk research** carried out for the scoping study. This could then be used to provide a basis from which a further exploration through interviews, visits, and phone calls could be made.

Findings

4. **Green care** encompasses a wide range of land-based therapeutic activities.
5. Although a single definition of **care farming** (as a sub-set of green care) is difficult, Hine *et al* (2008) have defined it as: **the use of commercial farms and agricultural landscapes as a base for promoting mental and physical health, through normal farming activity**.
6. There are (at least) three international networks for **green care in agriculture**: Farming for Health, Social Farming, and Green Care in Agriculture.
7. **In Scotland:**
 - a. Under a Green Care umbrella of definition there is a great deal of diverse activity taking place in Scotland.
 - b. There is extensive cooperation evident among sectors in Scotland to realize Green Care objectives.
 - c. The implementation of care farming criteria (according to a much narrower definition) results in far fewer businesses and/or initiatives qualifying as having a 'care farming' remit. A short boxed pen-

picture has been provided for those entities that meet all or some of these care farming criteria.

- d. As with the NCFI UK (2008) study, accurate coverage of the situation is uncertain and is hindered by 'fuzzy' definition.
8. Care farming providers recognise the need for rigorous research, using accepted methods, to identify and quantify the benefits of care farming, to complement the anecdotal and case study information:
 - a. Evidence is required to attract funding
 - b. Evidence can be used to inform and influence policy
9. There is a range of challenges to identifying and measuring benefits, leading to a shortfall of information; however, approaches and tools are being developed, such as:
 - a. Using a health promotion approach
 - b. Snapshot health benefit tools, such as Rosenberg self-esteem scale (RSE), profile of mood states (POMS), and total mood disturbance (TMD).
10. Evidence points to **benefits** from: being outdoors, green exercise and green care. There is also clear evidence of the promotion of health and wellbeing through Social and Therapeutic Horticulture (STH), and from city farms and community gardens.
11. There is **evidence that care farming shows** physical, mental and social benefits including health, physical skills, self-esteem, mood improvement, social skills, responsibility.
12. There are **proven economic benefits of care farming** as a form of diversification; in a recent study (2007) in the Netherlands, the 2005 **annual average revenue from care farming activities was £52,517**.
13. Based on data from the Netherlands, and applying it to the UK, the projections state that in 10 years, **there could be almost 500 care farms in Scotland, generating an income of over £24 million per year for the agricultural sector**.
14. The majority of individual care farms (and STH) receive funding from a range of public, private, charitable and European sources.
15. **Funding** is the biggest challenge facing the existence and spread of care farming in the UK.
16. Much of care farming activity is bottom-up and voluntary.
17. Care farming crosses **many different areas of policy responsibility** (e.g. health, education, justice, agriculture); this increases the challenge of joined-up strategic policy development, but there are examples in other European countries of successful integration.

18. As a minimum, a **policy environment** can create a **positive context for care farming to flourish**, and to move it from being a “novelty” to being more structured and part of mainstream provision.
19. Secure, predictable funding regimes are required for care farming.
20. There are examples of **effective, functioning networks supporting care farming** in Europe. There is evidence from earlier surveys of what care farmers in the UK require from a support network.

Next steps in Scotland: some recommendations from the scoping study

1. **Green care or Care farming:** There is a need to make a decision as to whether the care farming Scotland strategy is going to focus only on care farming, or on the wider area of green care. This has implications for resourcing, networking, remit etc.
2. **A Care Farms Scotland network:**
 - a. Using the evidence and UK/international examples of need outlined in this report, explore the case for a network for care farms in Scotland, as well as its potential functions and roles.
 - b. Explore the networking needs already identified by the NCFI (UK) as this will give useful guidance to any similar network in Scotland.
 - c. Consider the role that the NCFI(UK) plays, which includes strategy development, ensuring a higher profile for Care Farming and identification of more funds. Consider where we would overlap and where we would focus on the specific aspects in Scotland (e.g. different funding, health, justice, education and rural policies and practice).
3. **Networking with green care organisations:**
 - a. Identify existing networks and networking resources and events in Scotland (such as Trellis and the City Farms networks) and create dialogue on how best to take forward a care farming Scotland strategy, together with networking and support. So, to put in place a process which embraces the organisations and work already being carried out, so that there is no sense of the Strategy trying to replace or take over existing hard work and experience.
 - b. Maintain an awareness of how such a strategy (and project officer?) may be perceived, for example as competing for already-small pots of funds, and identify how a strategy group would seek to lever strategic change including the availability of more funds.
 - c. Create opportunities for networking across government departments to debate care farming as a means to delivering specific departmental goals, addressing Single Outcome Agreements and the National Performance Strategy.

4. On existing care farms in Scotland:

- a. There were four care farms in Scotland which responded to the Hine *et al* (2008) survey. It would be useful to carry out whole farm reviews and/or other business planning evaluations to identify and evaluate financial costs and benefits for these farms, in order to generate accurate case-by-case data.
- b. Explore the use of existing tools used by Hine *et al* (2008) and Sempik *et al* to these Scottish cases.

5. Towards expanding care farming in Scotland:

- a. There is a need to ask groups and organisations, including charitable trusts engaged in wider care, organic farming associations etc, to let us know about any care farms from within their membership. The Steering Group can then build up a more exhaustive list of care farms in Scotland.
- a. This could then lead to a “mapping exercise” using the framework shown in this section, so that there is a clear picture of the range, scale, purpose, functions and approaches of care farms in Scotland.
- b. Explore, through networking and discussions with relevant stakeholders, farmers and others, the potential for expansion of care farming as projected in the Dover (2008) study.
- c. It is important to examine, debate and evaluate the policy recommendations made in the reports cited above, because these give an important insight into policy and practice needs for care farming to succeed.
- d. Carry out a SWOT analysis for the agricultural sector in Scotland to identify aspects that will act as barriers or opportunities to development.
- e. Identify funding already in use by Scotland’s care farmers and explore additional opportunities with different agencies, and under policies such as the Scotland Rural Development Programme 2007-2013 (SRDP)

Acknowledgements

SAC is grateful for the seven days’ funding from Scottish Government (under the AA211 programme) for the desk research for this Scoping Study of care farming in Scotland.

1. Background to the scoping study

In May 2008, initial discussions - facilitated by Scottish Government - established that a great deal of enthusiasm for the concept and practice of Care Farming exists in Scotland - both from farmers and other land managers, and from those who would welcome a land-based opportunity to help them deal with a variety of difficulties (such as homelessness, depression, mental illness, or drugs/alcohol history). From these discussions a Strategy Paper was developed which sets out the key components of a strategic policy approach to developing and supporting Care Farming in Scotland.

At the first meeting of the Steering Group, it was agreed that a very useful first step would be a scoping study of current care farming activity in Scotland, as well as of the literature relating to current practice and approaches. Further, it was considered useful to examine the reported benefits of care farming, to the participants (both carers and clients), to the community, and to farm businesses.

Therefore what follows in this document is a desk-study review of reports, papers and websites relating to care farming, as well as an exploration of the care farms currently in existence in Scotland. Underpinning this is a brief exploration of how care farming is defined – interesting in itself, but also extremely important when considering the potential focus of next steps in a Care Farming Scotland Strategy. Further, this initial study could then be used to provide a basis from which a further exploration through interviews, visits, and phone calls could be made.

2. Definitions of care farming

It is important firstly to consider how “care farming” is already being defined in the UK and Europe, in order that any efforts made within Scotland take account of existing understanding and frames of reference. This sub-section thus explores the wider “umbrella” category of “green care” and moves through to a specific focus on care farming.

2.1. Green care

Care farming sits within a wider category of “green care” as shown in the following diagram:

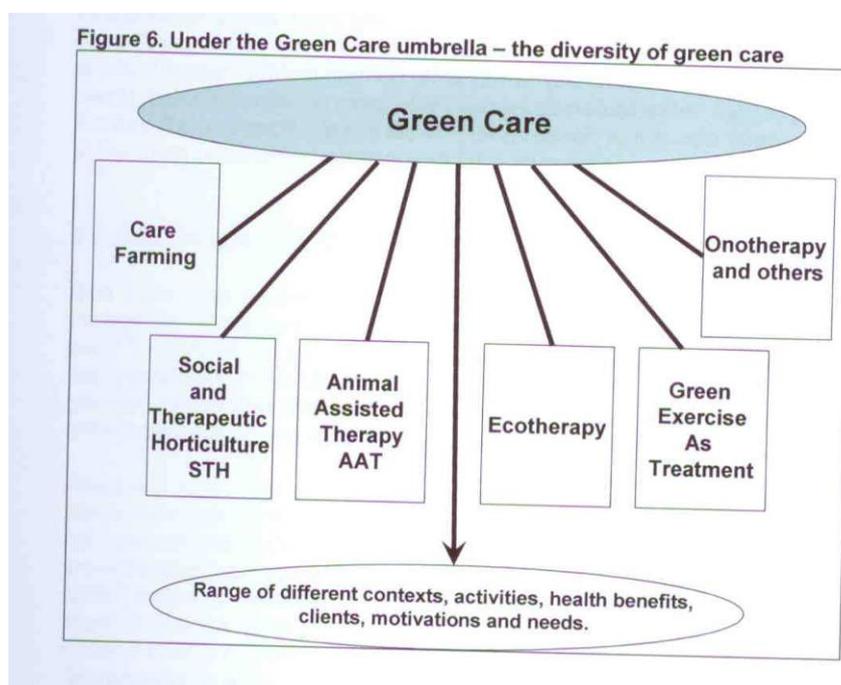


Figure 1. Source: Hine *et al* 2008, p. 26¹

The authors continue by stating that:

“Green care is often used as a therapy or specific intervention, for a particular participant or group of patients rather than simply as a therapeutic experience”. (Hine *et al*, 2008, p.27)

According to Sempik *et al* (2002, 2003, 2005), one of the most successful and popular green care options in the UK is social and therapeutic horticulture (STH) with over 1000 projects catering for over 21,000 clients each week. STH is defined as:

¹ Onotherapy is a type of pet or animal assisted therapy popular in Italy using donkeys.

“the process by which individuals may develop well-being using plants and horticulture. This is achieved by active or passive involvement” (Thrive: www.thrive.org.uk).

A further example is Horticultural therapy (HT), defined as a therapy with pre-defined clinical goals (rather like occupational therapy) whereas social and therapeutic horticulture has a more general focus on well-being improvements through horticulture:

“HT is the use of plants by a trained professional as a medium through which certain clinically defined goals may be met” (Sempik *et al*, 2003)

2.2. Care farming

As will become evident when reading the scoping study, the variation in activities on farms under the umbrella term of care farming means that a single definition is difficult:

“As the phenomenon of care on farms is increasing and attracting more attention, the problem of definition arises. Farming for Health, Social Farming, Green Care, Care Farming, Horticultural Therapy, Agricultural Therapy, Animal Assisted Therapy, Green Exercise, these are but some of the concepts that are used”. (Dessein, 2008; p.15).

However, Hine *et al*'s 2008 study of care farming in the UK proposes the following definition, and this forms the perspective taken in this scoping study of care farming in Scotland:

“Green care in agriculture or ‘care farming’ is defined as **the use of commercial farms and agricultural landscapes as a base for promoting mental and physical health, through normal farming activity** and is a growing movement to provide health, social or educational benefits through farming for a wide range of people. These may include those with defined medical or social needs (e.g. psychiatric patients, those suffering mild to moderate depression, people with learning disabilities, those with a drug history, disaffected youth or elderly people) as well as those suffering from the effects of work-related stress or ill-health arising from obesity... (Hine *et al*, 2008; p.6)

The following box shows a useful expansion of this definition, and how it is distinguishable from other forms of “green care”:

All care farms offer some elements of “farming” to varying degrees, be that crops, horticulture, livestock husbandry, use of machinery or woodland management. Similarly, all care farms offer some element of “care”, be that health or social care or educational benefits. However, there is much variety in care farms, with differences in the extent of farming or care that they offer, the context, the client group and the type of farm

The distinction between social and therapeutic horticulture projects and care farms is that STH projects do not usually focus principally on commercial production activities whereas many care farms are primarily focused on production at a commercial level.

For some care farms it is the noticeable absence of a “care” or “institutional” element and the presence of a working, commercial farm with the farmer, farmer’s family and staff that are the constituents of successful social rehabilitation for participants. Yet the situation at other care farms may be more ‘care’ and ‘carer’ oriented with the farming element present primarily to produce benefits for clients rather than for commercial agricultural production.

Like other forms of green care, there is a shortage of robust, scientific research supporting care farming, despite the large amounts of anecdotal and qualitative data. However, research is underway examining the benefits of care farming for various groups of people and in varying contexts.

Care Farming can be considered as including both goal-defined therapy or specific intervention and/or a more generalised “therapeutic” experience.

(Hine *et al*, 2008, pp.30-31).

Further, the National Care Farming Initiative UK website (www.ncfi.org.uk/) describes care farming as having the following seven characteristics:

- **Care farming combines care of the land with care of people.**
- **Care farming uses commercial farms, woodlands and market gardens as a base for promoting mental and physical health through normal farming activity.**
- **Care farming seeks to develop people's possibilities and potential rather than focus on their limitations.**
- **Care farming is a partnership between farmers, participants and health and social care agencies.**
- **Farms that combine care of people with care of the land are growing in number and based all over the UK.**
- **Care farms offer a variety of services as part of the daily running of the farm. Care farms may offer day-care right through to full residential programmes.**
- **What all care farms have in common is an atmosphere where people feel safe, respected and engaged in meaningful activity.**

As can be imagined, there is a great diversity of care farms and a range of characteristics. Hine *et al*, 2008 (p.36) illustrate this through two diagrams, shown below:

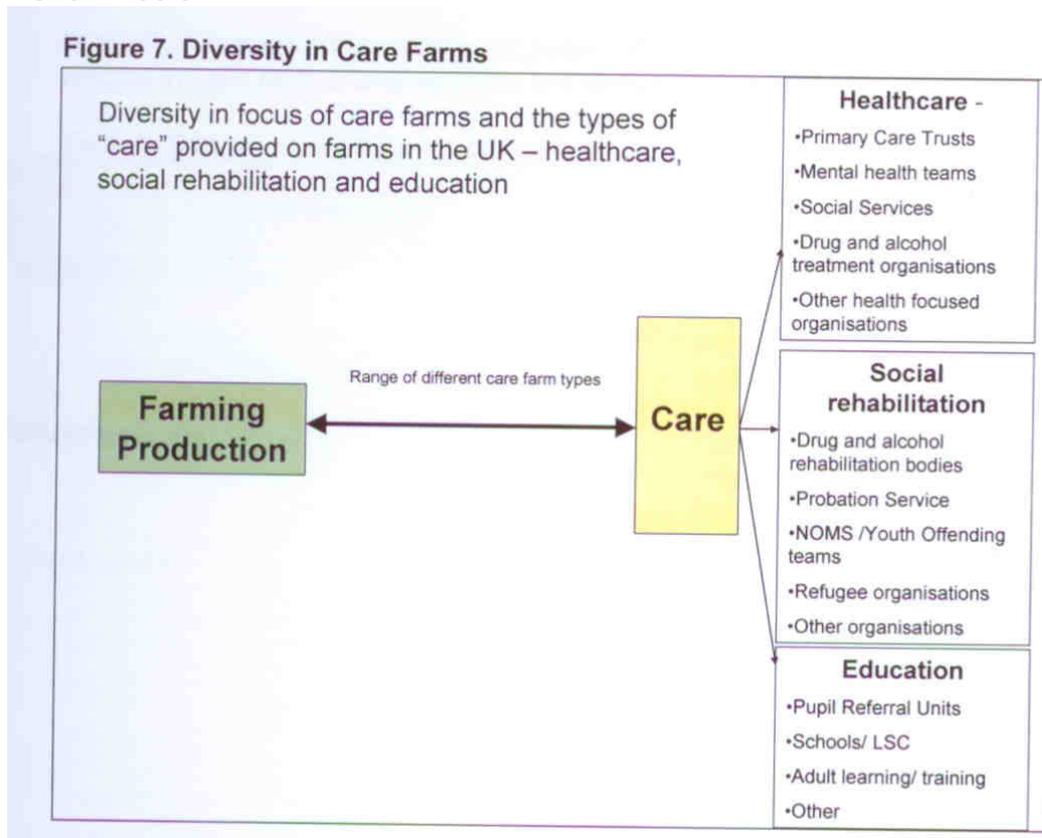


Figure 2: Diversity in care farms, Hine *et al* (2008), p.36

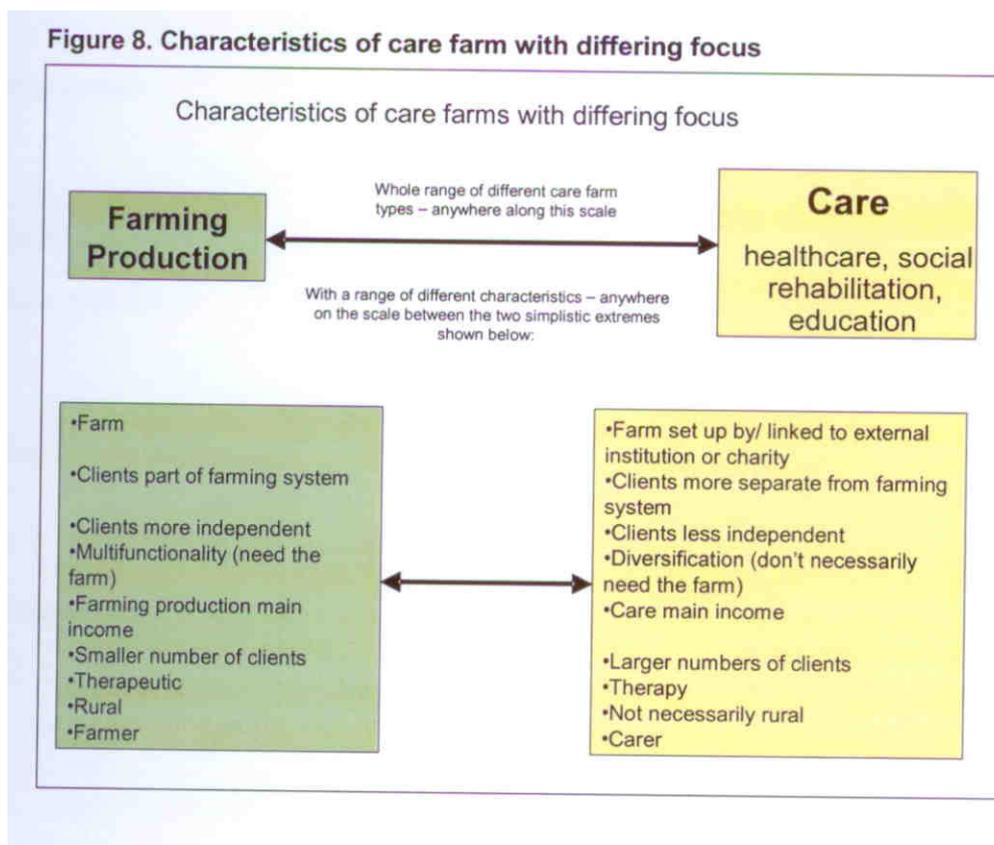


Figure 3: Characteristics of care farms with differing focus. Source Hine *et al* (2008), p.36

2.2.1. Variety of care farming characteristics across Europe

In *Care Farming: Green Care in Agriculture*, we read that care farming is a growing movement in Europe (Hassink *et al*, 2006)², with one of the unifying characteristics being that:

“Across all countries, initiatives for care farming have been mainly instigated by farmers rather than by health care providers” (Hine *et al*, 2008, p.41).

In general, the evidence from Europe and the UK shows that there are differences in the range of care farming choices available both between countries and within countries; the view is that:

“It is this diversity in care farming that is its strength, providing a multitude of different services and settings... However, it is this diversity that also makes developing a simple, non-prescriptive and

² http://library.wur.nl/frontis/farming_for_health/toc.html

workable typology of care farms a particular challenge (Hine *et al*, 2008, p. 38).

This is echoed by Braastad *et al* (2007) who state that, in the context of Europe:

“Agricultural welfare services are a constructed description of the activities launched by farmers offering supplies and services on farms for people as a resource for healthy lifestyle, social coping, empowering and learning activities. There are several different concepts and terms in use for the different services: green care, green co-operation, green farms, into the courtyard, farming for health, social farms, holiday on farms, relived farms, city farms... The ‘green’ colour in the description of these kinds of activities should not be mistaken as pure ecological or other ‘amenity producing’ landscape activities. Agreement on the proper term for the different service concepts is needed” (p.22).

In order to reach a workable definition, the COST Action 866 network “Green care in agriculture” (www.umb.no/greencare) is a multi-disciplinary scientific network which has as its main objective: “to increase the scientific knowledge of the best practices for implementing green care in agriculture with the aim of improving human, mental and physical health and the quality of life” (Braastad *et al*, 2007, p.13).

There are three Working Groups, one focusing on health effects of green care in agriculture, one on the economics of green care, and one focusing on how green care in agriculture can fit current and future national health and social care systems and affect rural development policy positively. The project runs from 2006-2010, involves 19 countries and about 150 scientists. The project partnership defines green care in agriculture as:

“the utilisation of agricultural farms – the animals, the plants, the garden, the forest, and the landscape – as a base for promoting human, mental and physical health, as well as quality of life, for a variety of client groups” (Braastad *et al*, 2007, p.13).

Their research findings, and reports from their workshops, are available through their website. Initial findings show that the numbers of such farms offering green care services in Europe are increasing rapidly – figures for 2004 show³: Norway 600, The Netherlands 430, Italy 350, Germany 300, Austria 250, Belgium 140, and Slovenia 15. These figures are also reported in Hassink and van Dijk (2006, p.349) in the following table:

³ These figures are updated in Hine *et al* (2008) as follows: Netherlands (818), Norway (500), Italy (350), Belgium (212), Germany (167), Ireland (90); see www.farmingforhealth.org

Table 1. Number of Green Care farms (absolute number and % of total amount of farms) and the average economic size (1 ESU = 1200 European Currency Units) in different countries and regions in Europe

Country/Region	Green Care farms		Farm size (ESU)
	Number	% of total	
Norway	550	1	10
Netherlands	430	0.5	90
Italy	325	0.01	9
Austria	250	0.1	11
Germany *	150	0.03	41
Flanders (Belgium)	140	0.4	53
Eggiwil village (Switzerl.)	17	7	?

* In Germany the Green Care farms are part of health institutions

Table 1: Number of Green Care Farms in different countries and regions in Europe. Source: Hassink and van Dijk (2006), p.349.

In the UK it is reported that “care farming” is a new concept, but the number of care farms is growing; Hine *et al’s* 2008 study reports at least 76 care farms in the UK, four of which are in Scotland.

2.2.2. Farming for Health (FFH)

A further category associated with “care farming” is called Farming for Health (FHH) which is based on a combination of agriculture and care. The focus is both on the farming system (which includes such components as the farm enterprise itself, operational management, the farmer and the farmer’s social environment) and the care sector (including for example, the help-seeker, the institution, and the care professional. The result is a very diverse picture of care-seekers involved in on-farm activities. (Dessein, 2008, p.15).

Those involved with Farming for Health have formed an international Community of Practice – their web address is: www.farmingforhealth.org . It is described as “a group of dynamic people who meet regularly to generate and exchange knowledge on Farming for Health in Europe. In 2007 for example, 115 people from 18 European countries gathered for a workshop on FFH⁴.

The diagram on the following page illustrates the “shape” of Farming for Health and how it joins agriculture and healthcare:

⁴ See Dessein (2008)

FIGURE 2: FARMING FOR HEALTH AT THE INTERSECTION OF THE AGRICULTURAL SECTOR AND THE HEALTHCARE SECTOR

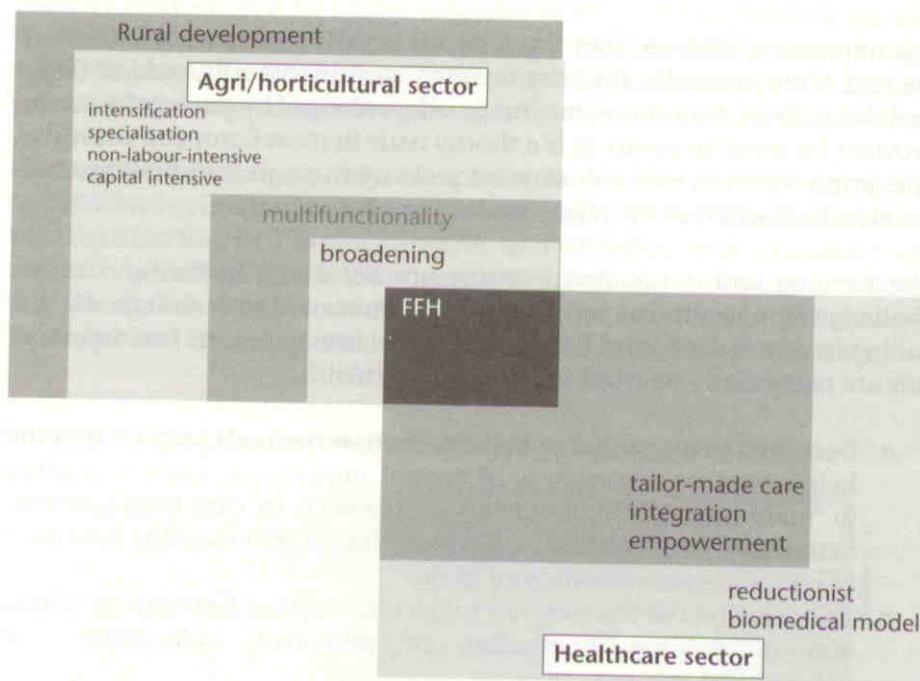


Figure 4. Farming for Health (FFH) showing the intersection between agri/horticulture and healthcare. Source: Dessein, 2008, p.16).

Typically, FFH takes place where it is part of farm diversification, and will usually occur on a viable farm – that is, “where creation of value through agricultural activities (including, though not exclusively, primary production) is essential” (Dessein, 2008, p.16). This description excludes some care activities which:

“do have a link with green environments, but that do not have a link with commercial on-farm activities”. (Dessein, 2008, p.16)

Farming for Health encompasses a range of types which can be categorised into:

1. **Green Care farms** represent a working environment where a diversity of target groups is performing meaningful activities
2. **Horticultural therapy**, therapeutic horticulture, healing gardens and healing landscapes. Plants, horticulture, gardens and landscapes are used in therapy or in a recreative setting in order to improve well-being or to reach predefined goals.
3. **Animal-assisted therapy, education and activities**. Animals are used in therapy or in a recreational or educational setting in order to improve well-being or to reach pre-defined goals.

The typical worldwide geographical distribution of Farming for Health is as follows:

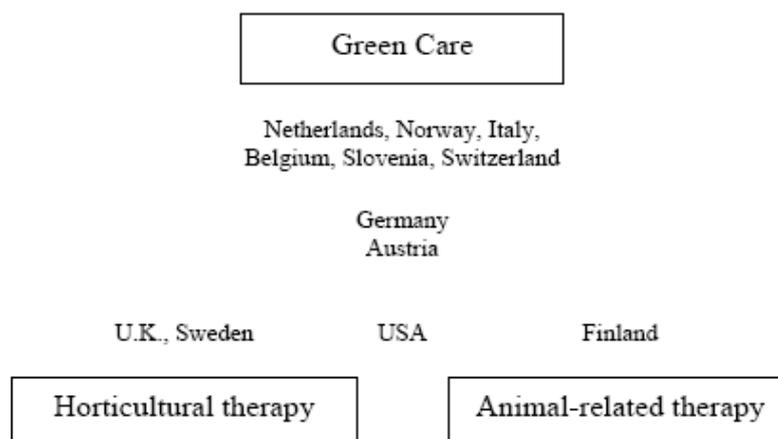


Figure 1. Focus of Farming for Health in different countries

Figure 5. Focus of Farming for Health in different countries. Hassink and Dijk (2006), pp. 347-348

2.2.3. Social farming

Another European project investigating green care on farms focuses on “social farming”, or “social services in multi-functional farms” (<http://sofar.unipi.it/>).

Social farming is defined as: promoting the rehabilitation and care of disadvantaged people through their active involvement in farming activities (http://sofar.unipi.it/index_file/final%20report%201st%20EU%20platform.pdf) and is illustrated here:

Social farming and less empowered people

Type of activities	Target groups
Rehabilitation and therapy	People with disabilities (mental, physical, psychiatric)
Vocational training and work inclusion	Addiction recovery (drugs, alcohol) Children Youngsters
Educational services and recreational services for vulnerable people	Prisoners (ex) People that are long-term unemployed. Patients with terminal illness Burn out Older people

Figure 6. Social farming. Source: Social Farming, first meeting report, 2007

From the project website we read:

Particularly we may speak of [social farming](#) (or ‘care farming’ or ‘green care’) to describe those farming practices aimed at promoting disadvantaged people’s rehabilitation and care and/or towards the integration of people with ‘low contractual capacity’ (i.e.: psychophysical disabilities, convicts, drug addicts, minors, emigrants).

“So Far” is a multi-country specific support action, funded by the EU Commission [Sixth Framework Programme for Research and Technological Development]. Its main goal is to support the building of a new institutional environment for “social/care farming”. The project started in may, 2006 and has duration of 30 months.

The fact that there are European projects and Communities of Practices focusing around care farming or green care in agriculture demonstrate the gathering momentum around care farming across Europe. Although the focus of this scoping study is on activities in Scotland, we can see that there is already a rich heritage of knowledge, activities and networks within which an initiative or strategy in Scotland could locate itself. Further, it would allow for experiences being built in Scotland to be exchanged within this European network.

Overall picture of care farming in the UK

The recent research undertaken by Hine *et al* (2008) gives us a picture of care farming in the UK as a whole (see pp. 46-47). Their research shows that there are at least 76 care farms in the UK although this is considered to be an under-estimate, based on response levels to a UK-wide survey⁵. The red dots on the UK map (Fig. 7) shows the location of the 76 care farms which responded to the survey; we can see that four such care farms responded to the survey in Scotland (2008, p.49).

Hine *et al*'s (2008) research shows that, overall in the UK farmers’ motivations for being involved in care farming can be summarised as follows:

“Sharing the farm, their farming skills and knowledge with others, and being able to make a real difference to vulnerable people’s lives has been the primary motivation for UK care farmers” (p.9).

⁵ That is, it is likely that there are more care farms in the UK than responded to the survey.

Figure 10. Location map of 76 UK care farms in the survey.

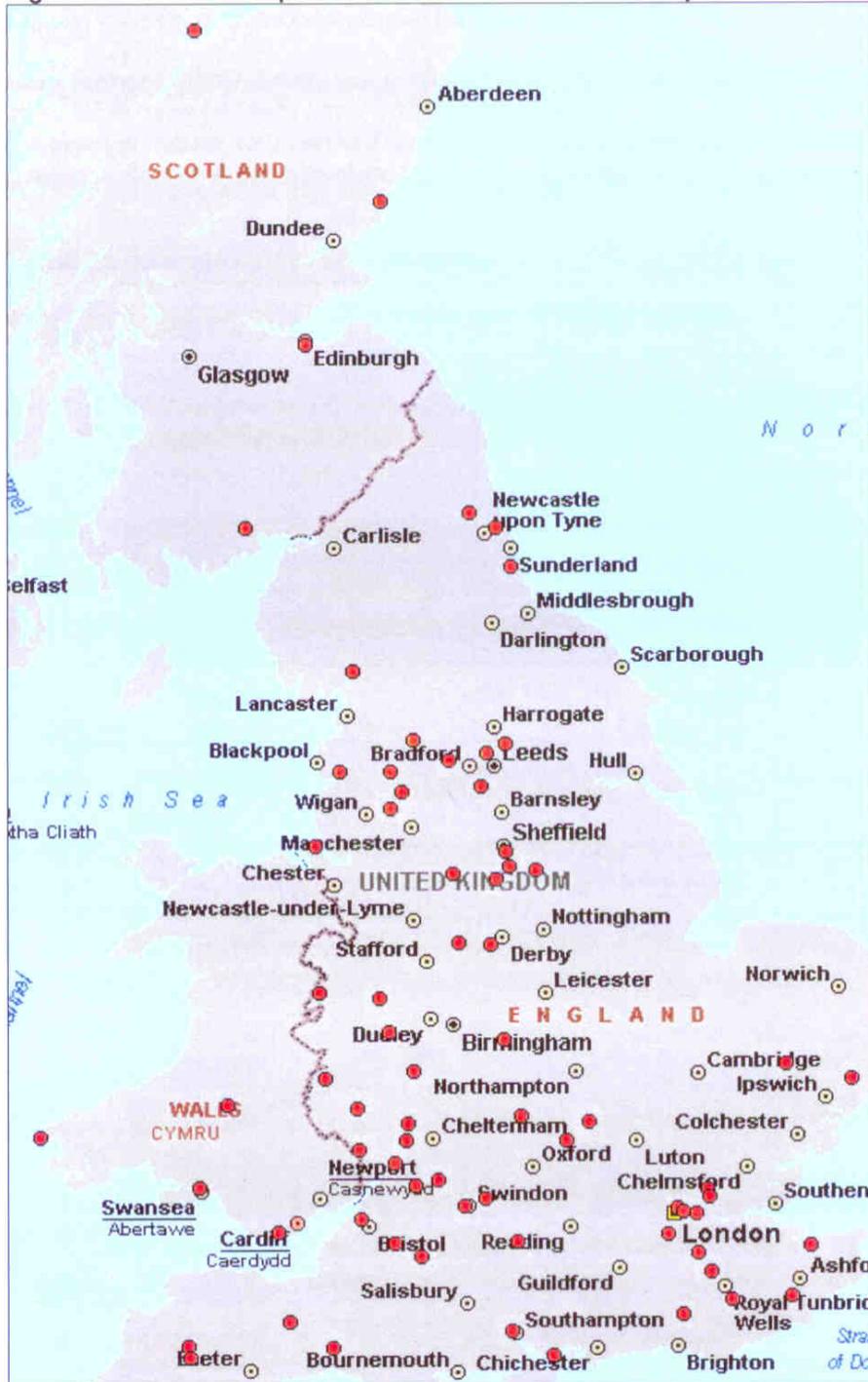


Figure 7. Source: Hine *et al* (2008), p.49

Key points from this section

1. Green care encompasses a wide range of land-based therapeutic activities
2. Although a single definition of care farming is difficult, Hine et al (2008) have defined it as: **the use of commercial farms and agricultural landscapes as a base for promoting mental and physical health, through normal farming activity.**
3. This definition is echoed by the National Care Farming Initiative UK.
4. There are (at least) three international networks for green care in agriculture (Farming for Health, Social Farming, and Green Care in Agriculture).
5. **Implications of findings for next steps in Scotland:**
 - a. we have to define our area(s) of activity as either wider “green care” or focused on care farming, and to differentiate it from other activities (such as therapeutic horticulture);
 - b. this will enable us to network well with existing provision and organisations in Scotland, the UK and Europe.

3. Existing care farming activities in Scotland

3.1. Care farming in Scotland: Introduction and approach

This section of the report outlines the current levels and types of care farming already taking place in Scotland. It also provides details of organisations and/or initiatives that have a specific care farming remit i.e. those that draw upon and emulate the underpinning principles of 'care farming'.

As stated in the Report for the National Care Farming Initiative in the UK (Hine et al, 2008), with no recognised formal network or directory of either care farm practitioners or various referral bodies, a total and complete picture of the situation in Scotland is difficult to assess; subsequently there can be no guarantee that all farms with a remit or involvement in care farming and associated green care activities are represented here. However an extensive search through web-based material, available publicity material, media coverage and discussions with relevant individuals sought to gather and report on information that allows for coverage of the situation as it stands in Scotland currently. Initiatives and projects that may not be care farming per se but do share common elements are included.

3.2. Components of the Care Farming landscape: an overview

Figure 8 categorises the various organisations and initiatives in Scotland according to their leaning towards particular dimensions of green care provision, in particular 'care' and 'farming'. The diagram is intended to be illustrative and is based on a 'snapshot' analysis of web-based and other publicly available material. The accompanying commentary about the organisations and initiatives concerned provides additional information whilst also qualifying the proposed position of each entity in the diagram. A pen-picture is provided for those initiatives that can be categorised as having a care farming remit.

For clarification the end points of each axis are not intended to be bi-polar opposites of their counterpart but merely represent the emphasis on a particular activity as identified in available material and as reviewed in the literature. The meanings associated with, and attributed to, each dimension are outlined below.

Box 1. Clarification of terminology

Care: healthcare and social rehabilitation for a wide range of people (e.g. those with defined medical or social needs; those suffering from the effects of work-related stress or ill health); a specific intervention for a particular, or group of, patient(s); the development of wellbeing and/or to meet certain clinically defined goals.

Education/experiential: an educational remit – schools, adult learning, training, pupil referral units; to deliver, in full or part, curricular activity; to facilitate the achievement of qualifications; to experience local culture and heritage.

Farming: commercial agricultural production; working farm (i.e. generating income); clients tends to be part of the farming system.

Horticulture: the use of plants and horticulture (to include woodland environments); nature-based activity; gardening; allotments.

Figure 8 only includes those entities that fall within at least two of the four dimensions (one of which must be along the care-education axis, the second along the farming-horticulture axis). For some of the organisations present (e.g. Camphill Trust) only the components of the activity that are directly relevant to this study are intended for inclusion (in the Camphill Trust instance, reference to specific communities). The size of each sphere is not attributed to membership numbers or representation across Scotland but indicates coverage according to each dimension.

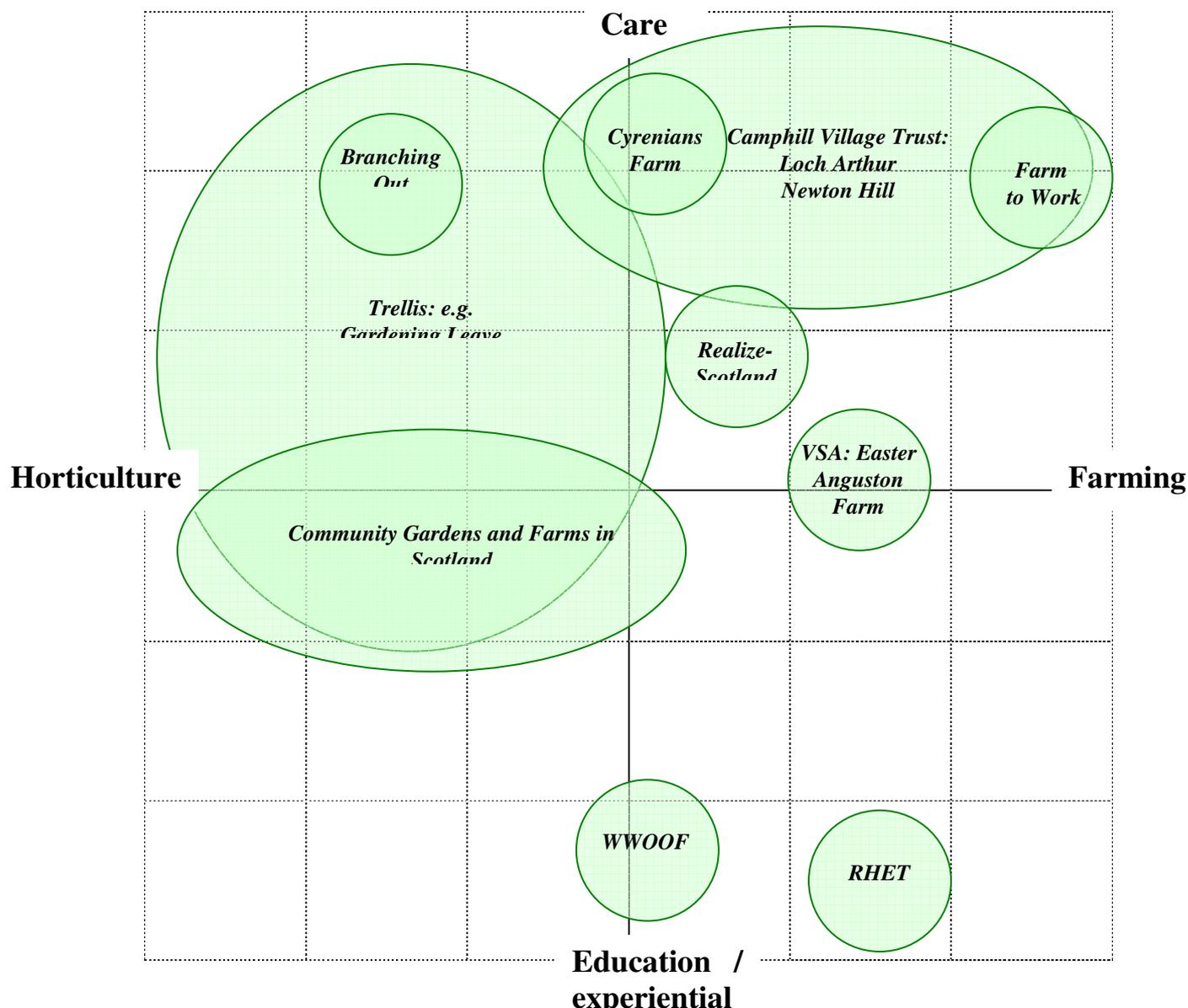


Figure 8: The landscape in Scotland according to dimensions of Green Care provision

3.2.1. Emphasis on farming

There is a tendency for farms in Scotland showing characteristics of care farming to operate under a charitable banner (for example the Camphill Trust, the Cyrenians, and VSA). The **Camphill Village Trust** (CVT) is a charity and company to which 11 communities (schools, training centres and adult communities) in Scotland (north-east, central belt and Borders) belong and operate. The communities provide a home, and in some cases education and work for people with special needs and of varying age groups. Most relevant to this study are Loch Arthur Community in Dumfries and Galloway and Newton Dee in Aberdeenshire (outlined below). There is no central

management structure for individual centres rather each centre works with colleagues in other centres and regions, all associated through a common philosophy and ethos, bound through like-mindedness. There are many links between Camphill communities and local organisations, for example a partnership agreement between Camphill and the University of Aberdeen to deliver a BA programme in Curative Education. Camphill Scotland seeks to support the Scottish communities by working collaboratively with Government, provision of information and advice to communities and the public, and a coordinating role in relevant community initiatives.

Source and further information: www.camphillscotland.org.uk

Box 2. Loch Arthur Community, Dumfries and Galloway

The Loch Arthur Community is one of the largest organic farms in Scotland, comprising two adjoining settlements (totalling approximately 500 acres); dairy, beef and sheep with arable. The Estate has diversified and grown to include a bakery, a weaving workshop and a purpose built creamery, from which produce (including award-winning cheese) is sold in the farm shop. Established in 1984 the farm provides accommodation and employment for men and women, some with a range of learning difficulties. The working community has a resident population of 76 people.

The combination of farming and social work aims to integrate people of all abilities in terms of land, work and the environment; the underlying ethos being one of providing support, safety and a place of work for all members of the Community. On a recent edition of the BBC's Landward programme, the farm manager of the Community, Barry Graham, emphasised the 'real work' aspects of life at Loch Arthur and the sense of wellbeing achieved in the hard work carried out everyday; a job with meaning instilling a sense of purpose and dignity for those involved. Through their work the Community contributes to the local economy, providing a local source of food to a loyal customer base.

The Loch Arthur Community is administered by the Camphill Village Trust. Members of the Community are non-salaried and activity functions largely on a communal basis.

Source and further information: www.locharthur.org.uk
www.camphillscotland.org.uk/index.php?option=com_content&task=view&id=27&Itemid=51; BBC2 Landward, episodes 1-5, weekly from 24th October 2008

Box 3. Newton Dee, Bielside, Aberdeenshire

Newton Dee on the western fringes of Aberdeen is a community of approximately 200 people, providing a sheltered environment for some 100 people with special needs. There are over 20 households in the grounds that provide a combination of supported and independent living. Based on 180 acres the 'meaningful' work ethic centres on the biodynamic farm and craft production; the ethos being that everyone brings different abilities to the Community, and have a role to play in supporting and benefiting the community. A Café, Gift Shop, Bakery and Store supply a wide range of organic, wholefood and environmentally-friendly products. Newton Dee also hosts the offices of Camphill Architects where many Camphill buildings are designed.

Originally purchased in 1945 by the Camphill Rudolf Steiner Schools as an extension of their work (to create opportunities for older pupils and socially challenged young men through agriculture and skills training), Newton Hill became part of the Camphill Village Trust in 1960, and so fully fledged as a Village Community with adults.

As with other Camphill communities, Newton Dee has many links with other organisations, such as a partnership agreement between

Source and further information: www.newtondee.co.uk
www.camphillscotland.org.uk/index.php?option=com_content&task=view&id=29&Itemid=53

Box 4. Cyrenians Farm, West Lothian

Established in 1968, the **Cyrenians** is a charity with a mission of providing effective help for individuals in need, on the margins of society. The Cyrenians are commonly associated with helping the homeless, the most vulnerable in society often the most at risk – young people coming out of care, those with mental health difficulties, asylum seekers and refugees, and those affected by family breakdowns. Services are provided in terms of rented accommodation, residential communities and tenancy support. Edinburgh Cyrenians run two residential therapeutic communities – the City and the Farm (Box 4), where young people overcoming homelessness live alongside volunteers of a similar age.

Source and further information: <http://www.cyrenians.org.uk/>
<http://www.homelessuk.org/details.asp?id=HO7272>

Cyrenians Farm is an organic smallholding in West Lothian and is home to 15 young people (aged 16-25). With troubled backgrounds and/or borderline disabilities, half of the residents have been placed by social workers. Residents are expected to contribute to the day-to day running of the centre, a programme of activity aiming to foster a sense of belonging as much as a place to live. Cyrenians Farm has business development plans to expand organic production and sales and also bring organic gardening skills to the city. Community Shareholders are being sought to assist in the creation of this social enterprise.

Source and further information:

http://www.cyrenians.org.uk/wmslib/pdf/Community_Shareholders_o.pdf

http://www.cyrenians.org.uk/wmslib/pdf/Scotsman_Farm_5_Jun_2006.pdf

Box 5. Easter Anguston Farm (Training Centre), Peterculter, Aberdeen

The **VSA** (formerly Voluntary Services Aberdeen) is a registered Scottish charity providing a range of caring services and aiming to foster independence and build self confidence in service users. Based in the north-east of Scotland, the VSA seeks to enable the (their) community to fulfil its potential through provision of care and support. Service delivery is streamlined into two areas: adult and community services and children and family services. Easter Anguston Farm (Box 5) sits within the former category.

Source and further information: www.vsa.org.uk

Easter Anguston Farm (Training Centre), operated by VSA provides vocational training for young people with learning disabilities. Trainees are taught a variety of practical land based skills in areas such as livestock and arable farming and horticulture. The 70 acre unit includes a farm shop and garden centre, where trainees have the opportunity to sell their home grown produce. Visitors are welcomed. Nature trails, picnic areas and a Countryside Education Room are provided in this respect.

Source and further information: www.vsa.org.uk/anguston-skills.html

Box 6. Farm to Work Initiative: Blackcherry Farm, Black Isle, Highlands

There appear to be few instances where the care element of the farm is a diversified arm of a pre-existing business introduced with one objective being the improvement of the commercial status of the farm. However a **Farm to Work** pilot project currently running on a farm in the Black Isle (Box 6) may prove itself to be an exception. The initiative has been heralded as an

important step forward for farm diversification, a point that implies that the business status of the farm takes on an equal standing to the type and quality of care that it provides. If successful, the options for diversification that care farming may afford to farmers are likely to be well received by the farming industry.

Launched in July this year, a pilot scheme of the Farm to Work initiative now operates at Blackcherry Farm in the Highlands. Jointly funded by Job-centre Plus, Highland Employer Coalition and Skills Development Scotland, the initiative aims to help people on incapacity benefit back into work following a period of work experience on a farm. The improvements in the physical and mental health of recipients are attributed to active involvement in farm work; the variety and flexibility of jobs in the farming calendar considered interesting and rewarding, combining to encourage a positive outlook in participants and so improving their job prospects. On completion of a 12 week course, participants (referred from various agencies) seek employment or further training.

Source and further information: Matheson, pers comm. 2008; Restan, 2008⁶

Other organisations and initiatives

Other organisations and initiatives in Scotland that emphasize farming in terms of its role in care provision and/or in education are Realize-Scotland, Royal Highland Education Trust (RHET) and World Wide Opportunities on Organic Farms (WWOOF). **Realize-Scotland** based at Brucklay Castle Estate in Aberdeenshire, provides supported accommodation in the countryside. The company offers tailor made packages and programmes to meet client need (cited as: children and families, people who are difficult to motivate, violent and aggressive behaviour, drugs and alcohol, offenders). Care farming is listed as a specific form of support – a number of work related activities (through the use of animals, woodland, crops, market gardening and the agricultural landscape) for a range of participants with different needs.

Source and further information: www.realize-scotland.co.uk/care_farming

The **Royal Highland Education Trust (RHET)** is an educational charity that aims to create opportunity for children in Scotland to experience the countryside and to facilitate a wider understanding of the realities of rural Scotland. Supporting the educational curriculum, key activities include farm visits and classroom speaker visits. In the 2006-2007 academic year, RHET achieved 344 farm visits and 811 classroom speaker talks, reaching an estimated 29,000 children. A network of 450 volunteers includes farmers, estate managers and education workers. The network of RHET countryside initiatives delivers the aims and objectives of RHET on a local basis. In the

⁶ Restan (2008), *Press and Journal*, 24/09/2008:
<http://www.pressandjournal.co.uk/Article.aspx/852801>

RHET Strategic Plan 2007 – 2012 the network is said to cover 31 of Scotland's 32 local authorities.

Source and further information: www.luffnessmains.com/rhet.html;
www.rhet.org.uk/ezedit/popups/uploads/Strategic%20Plan%202007-12%20approved%203.10.07.pdf

World Wide Opportunities on Organic Farms (WWOOF) is an international network that operates on an exchange basis – in return for volunteer help WWOOF hosts offer food, accommodation, and the opportunities to learn about organic lifestyles. WWOOF national organisations publish lists of organic farms, smallholdings and gardeners that welcome volunteers at certain times. The WWOOFing in Europe website states that there are 300 host farms in England, Scotland, Wales and Northern Ireland; there is no indication as to distribution across each country.

Source and further information: wwof.org/Europe/gb/uk.html;
www.woofinternational.org/europe/gb/uk.html

3.2.2. Emphasis on horticulture

Another group of initiatives and projects present in Scotland provide care (in many cases combined with an educational remit) predominantly through the medium of horticultural activity. Community orientated projects of this kind are brought together under the umbrellas of Trellis (formerly the Scottish Therapeutic Gardening Network) and the Federation of Community Gardens and Farms in Scotland (FCGF). Both organisations work in partnership and with the Allotments Regeneration Initiative (ARI).

Constituted in January 2005, **Trellis** is the biggest gardening network in Scotland. With a central office in Perth, the organisation exists to support, promote and develop the use of horticulture for health, wellbeing and life opportunities for all. Trellis works with 150 projects in community settings, farms, hospitals, prisons allotments and day care centres across Scotland. With Scottish Government funding Trellis provides networking events, a newsletter (the Propagator), an annual conference and other profile-raising activity to support gardening projects. A recent Big Lottery Fund award has enabled Trellis and the FCGF to embark on a four year programme of work to further support therapeutic gardening projects in Scotland.

One example of such an initiative is a pilot project called **Gardening Leave**. The project based at Auchincruive in Ayrshire, works with ex-service personnel suffering combat-related mental health problems. Veterans come to the project from the nearby Combat Stress (Ex-Services Mental Welfare Society) Centre at Hollybush House.

Source and further information: Thackeray, pers comm.2008; The Propagator, Issue 6, Spring 2008; www.trellisscotland.org.uk; www.gardeningleave.org.uk

A registered charity, the **Federation of City Farms and Community Gardens** (FCFCG) is a UK wide representative body for community gardens and farms. Community managed projects such as small wildlife gardens, fruit and vegetable plots on housing estates, community poly-tunnels and large city farms, work with people, animals and plants, to provide access to green space, encourage strong community relationships, and raise awareness of gardening and farming. Publicity material for FCFCG in Scotland includes 37 community farms and gardens all over Scotland; there are 45 members of FCFCG in Scotland.

City farms and community gardens exist mainly in urban areas (though are also present in isolated rural areas) and are often developed by local people in a voluntary capacity; many retain a strong degree of volunteer involvement. A Sustainable Action Grant from Scottish Government has assisted in providing network support, fieldworkers and training, publicity material, and awareness-raising activities. FCFCG is involved in a number of partnerships, consortiums and Government initiatives (e.g. Scottish Community Diet Project; What's on your Plate?).

Source and further information: www.farmgarden.org.uk/scotland
www.scotland.gov.uk/Topics/SustainableDevelopment/FCFCG

Finally, the Glasgow and Clyde Valley (GCV) Green Network E-Newsletter, reports on a pilot project – **Branching Out**. The project aims to “increase and strengthen the case for use of the ‘Natural’ Health Service to improve the general health and well-being of people affected by mental health issues”. The initiative is funded by the GCV Green Network Partnership, Forestry Commission Scotland and the NHS Greater Glasgow and Clyde.

Source and further information:
www.gcvgreennetwork.gov.uk/newsletters/nov07/index.html

Key points from this section

2. Under a Green Care umbrella of definition there is a great deal of diverse activity taking place in Scotland.
3. There is extensive cooperation evident among sectors in Scotland to realize Green Care objectives.
4. The implementation of care farming criteria (according to a much narrower definition) results in far fewer businesses and/or initiatives qualifying as having a 'care farming' remit. A short boxed pen-picture has been provided for those entities that meet all or some of these care farming criteria.
5. As with the NCFI UK study, accurate coverage of the situation is uncertain and is hindered by 'fuzzy' definition.
6. **Implications of findings for next steps in Scotland:**
 - a. There is a need to ask groups and organisations, including charitable trusts engaged in wider care, organic farming associations etc, to let us know about any care farms from within their membership. The Steering Group can then build up a more exhaustive list of care farms in Scotland.
 - b. This could then lead to a "mapping exercise" using the framework shown in this section, so that there is a clear picture of the range, scale, purpose, functions and approaches of care farms in Scotland.

4. Benefits

In this section, we look firstly at why the literature and other care farming projects emphasise the need for measuring benefits, the challenges and difficulties associated with it, and the approaches that have been used. We then move on to look at the benefits that have been reported by care farmers, and those that are observable in clients of care farming. We also look at the benefits in reduced costs for a particular target group, and the reported economic for farmers.

4.1. Measuring benefits: reasons, challenges, approaches.

4.1.1. Reasons for measuring care farming benefits

There is a great desire from within the care farming sector to produce an evidence base to complement the wealth of anecdotal reports on the benefits of care farming. As Sempik has noted in relation to evaluating Social and Therapeutic Horticulture (STH):

“There is a recognised need to more rigorous research in the field of nature-based therapies or “Green Care”. There have been many qualitative studies in the area but there is little in the way of quantitative data and few controlled studies” (Sempik 2007, p.83)

This desire appears to be for two main reasons: firstly, because evidence is required to attract funding, and secondly because evidence is required to underpin, or even consider, the policy and practice changes which can assist the development and expansion of care farming. By “evidence” we mean here primarily quantitative findings, such as demonstration of improved well-being (using recognised indicators) and clear cost-savings compared with, say, conventional approaches to dealing with persistent offenders.

The following quote by Hine et al (2008) supports these observations:

“There is a need for more robust, scientific evidence of the benefits of care farming for policy makers and service providers alike in order to validate care farms and to secure future funding. Future research into the health benefits of care farming should strive towards including as many components of a RCT standard as possible to aid credibility to this research within the health sector. Sound research should also provide the basis for health policies and economic systems that make it possible for such services to earn a predictable income... A universal standardised tool could be developed to improve monitoring and evaluation methods for a range of care farming activities, and to allow

comparisons to be made both nationally and internationally”. (Hine *et al*, 2008, p.11).

4.1.2. Challenges facing the measurement of care farming benefits

There are several challenges to developing such approaches and systems. Firstly, there is the sheer diversity of on-farm experiences of care farming, as shown in the previous sections. Secondly, there is diversity in the types of people providing a caring or therapeutic environment, and the extent to which individuals carry out their own (informal) monitoring and evaluation using their frameworks or rules of thumb or whether external inputs are used. Thirdly, the purpose of any monitoring and evaluation can influence the types of approaches and criteria used, since different project funders will require different outputs and outcomes to be assessed (Hine, personal communication, 2008).

A fourth challenge is the issue of how to measure outcomes which relate to potentially long-term improvement processes – as outlined by Rappe (2007):

“Green care has tried to find means to show its effectiveness in ways which are comparative to those of clinical health care. Consequently, problems arisen because the outcomes of green care are achieved during a longer time period and are not as specific as the outcomes of, e.g., surgery or antibiotics used in medical care... The processes involved in green care are mainly associated with promoting the coping strategies of individuals rather than curing the symptoms of diseases...that is, health promotion⁷” (p.33).

Rappe goes on to argue that health promotion, as a framework for assessment, could offer a really useful lens through which to examine and evaluate care farming, due to the focus as outlined. Barnes (2008) also argues that there is a need to examine not only the activities but the positive, affirming relationships that are a key part of care farming:

“While taking part in agricultural or horticultural activities may offer the potential for both therapy and the development of useful skills, it is insufficient to focus solely on the activities themselves. It is also important to consider the context in which such opportunities are made available, the nature of the relationships between participants and the extent to which the users of such services are seen as co-producers of them...” (Barnes, 2008, p.33).

This point is also echoed by Enders-Slegers (2008):

“The quality of the relation between farmer/farmer’s wife and client is a very important variable for success and requires good relational skills,

⁷ Health promotion was first defined within an international framework in the Ottawa Charter 1986 as: “the process of enabling people to take control over, and improve, their health” (WHO, 1986).

knowledge of the client's strengths and needs, and the skills of being a professional farmer/farmer's wife... The farm environment means much more than having contact with nature. It means an environment where people are together with other people. Every aspect of the environment, then, will influence an individual's physical, psychological and social wellbeing. Amongst these... the relationships with farmer and his wife will influence the outcome of the therapeutic programme for the client... (pp.37-39)⁸.

This point is also mentioned by Hassink *et al* (2007), who state that:

“Private, more production-oriented care farms were found to be more successful in meeting the goals of mentally challenged clients than institutional farms... The presence of a real farmer who is dedicated to farming, with authority and entrepreneurship appears to be crucial”.

A fifth challenge relates to the types of data which are typically sought, and accepted, as valid evaluation findings. As Sempik *et al* (2005) write, in relation to their study of Social and Therapeutic Horticulture (STH):

“Presently, Randomised Control Trials (RCTs) are regarded as the ‘gold standard’ of research methods by those involved in biomedical research and those who draft policy in that field. The value of qualitative research methods is often overlooked and sometimes derided. However, activities such as STH frequently do not lend themselves to the type of quantitative methodology typified by RCTs... There is a need, therefore, for researchers to raise awareness among policy makers of the value of qualitative methods...” (p.130).

Finally, there is a desire not to impinge on the very experience of care farming with “intrusive” evaluation approaches or tools, or to carry out evaluation in such a way as to go against the values and motivations of those providing the care farming environment. For example, SoFar Project found that:

“one of the recurring themes among those engaged in initiatives associated with the SoFar project is how to develop appropriate standards, monitoring and quality systems without negatively impacting on the personal values and commitments which underscore many of these activities” (O'Connor, 2008, pp. 45-53).

As a result of these challenges, there remain limitations to the current types of available evidence on care farming, as outlined by Hine *et al*, 2008, pp.42-43:

1. there remains a shortage of scientifically-robust, quantitative evidence. There is much valuable qualitative and anecdotal evidence. However, the “hard” data are necessary to convince healthcare professionals,

⁸ Enders-Slegers also makes two related points: firstly, that there is a need to investigate the training needs of care farmers, particularly concerning different conditions that their clients may have; secondly, that further research is required to generate evidence on the extent to which the working relationship between care farmer provider and client is actually part of the therapeutic process.

- social care providers, prisoner and probation services and sceptics alike.
2. there is also a shortage of economic data to estimate accurately the cost implications and total savings for healthcare, social rehabilitation and education from care farming. The full economic benefits are not yet fully known.
 3. Specifically in relation to health benefits, there is a lack of formal evaluation, research and statistics as well as methodological and theoretical underpinning.

4.1.3. Approaches to, and tools for, measuring benefits

In spite of these challenges, or perhaps because of them, there are researchers and practitioners investigating different tools and approaches to producing appropriate care “measures” and assessments in care farming, in order to generate evidence with which to inform policy and practice and support funding proposals.

Green Care:

Rappe (2007) argues for the use of a **health promotion approach** to assessing the health and wellbeing benefits of care farming. This is because care farming focuses on “wellbeing and prerequisites for its development”, and believes that “an individual actively takes part in the development of his/her health status”. This contrasts with an emphasis on “biological, disease-oriented concept of health, where outcomes of green care/care farming are difficult to prove”.

Rappe suggests that an assessment that allows for the use of a **relative model of health** (see figure below) is far more appropriate because health is represented as a multidimensional and dynamic process rather than simply an *absence of disease*. Also, it allows subjective experiences to be included as valid parts of health (Rappe, 2007, p.37).

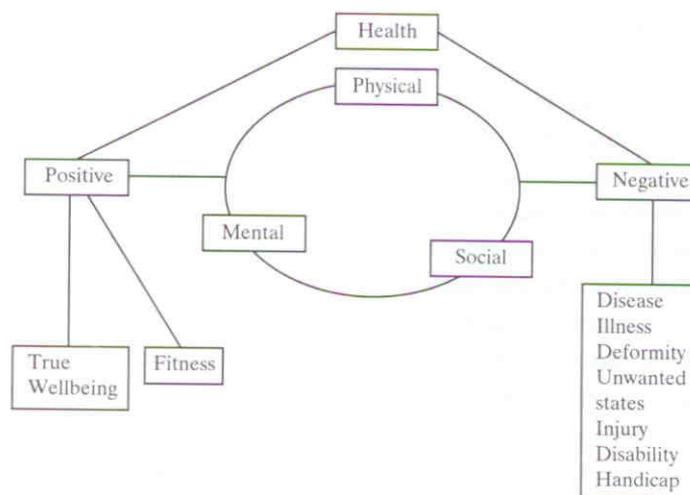


Figure 1. Relative model of health by Downie et al. 2000.

Figure 9. Relative model of health, Source: Downie *et al* 2000; cited in Rappe, E. (2007), p.33.

Care farming:

Firstly, it is interesting to note that, in the survey of 76 UK care farms by Hine *et al* (2008), almost all of the respondents reported carrying out their own evaluation of care farming:

“We asked care farmers in the UK about the forms of evaluation that they currently use of their farms to evaluate the degree of success that the green care has on clients. The vast majority (70 out of 76) do carry out some kind of evaluation... the 3 most common methods are informal discussions, written evaluation and external assessment. Others included photographic evaluations, evaluation events, monitoring files and committee meetings as well as external bodies such as Commission for Social Care Inspections (CSCI), Ofsted inspections, Riding for the Disabled Association inspections” (Hine *et al*, 2008, p.61)

In addition to the questionnaire survey sent to members of the National Care Farming Initiative (UK), giving 76 care farm responses, the research team carried out a more in-depth analysis involving 72 clients of on seven care farm case studies in order to provide some empirical data addressing psychological health and well-being effects.

The tools⁹ applied in the case studies are internationally recognised and standardised and thus enable researchers to measure participants' levels of self-esteem and mood, as "these health parameters had been identified as positive outcomes in the existing care farming research". (Hine *et al*, 2008, p.8). Some of the tools required the researchers to be trained in order to be able to use the three tests and frameworks. The three tools applied for the case study research comprised:

1. Rosenberg Self-Esteem Scale (RSE) tests – a widely used measure of self-esteem in health psychology.
2. Profile of Mood States (POMS) questionnaire; the POMS subscales measured were anger, confusion, depression, fatigue, tension and vigour.
3. Total Mood Disturbance (TMD) score was calculated as an overall assessment of emotional state

Seventy-two participants on seven care farms around the UK took part in the snapshot health benefit survey "to provide some empirical data addressing psychological health and well-being effects" (p.68). The findings are presented briefly below.

Additional studies:

Further research is underway examining the benefits of care farming for various groups of people and in varying contexts. Studies in Norway at the Norwegian University of Life Sciences are looking at the health benefits of animal assisted therapy on farms for people with mental health disorders.

Berget, B. (2006), Animal assisted therapy: effects on persons with psychiatric disorders working with farm animals. PhD Thesis. Norwegian University of Life Sciences.

<http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=2323374>

Similar studies with animal assisted interventions (AAT) are being conducted in the Netherlands and Wageningen University (Reina Ferweda and Jorine Rommers (Netherlands); See Dessein 2008).

⁹ References for these are: RSE – Rosenberg, 1989; POMS – McNair et al, 1984; TMD – McNair et al, 1992, p.6.

4.2. The reported benefits of being outdoors, green exercise and green care

4.2.1. Benefits of outdoors and of “green exercise”

It is beyond the scope of this brief study to review the wealth of previous research into the benefits of simply being outdoors and experiencing green spaces¹⁰. However, it has been shown that, firstly, exposure to nature is good for health and wellbeing (Hine et al, 2008). Secondly, “green exercise” defined as: any informal physical activity that takes place outdoors: from gardening, cycling and walking in urban green areas, to kite flying and conservation projects in the countryside” (from Natural England 2007, *Walking the Way to Health*; cited in Hine et al 2008, p.22) is also shown to produce benefits for those who are involved.

Hine et al (2008, p.23) outline four key principles describing why people enjoy engaging in green exercise activities:

- Natural and social connections
- Sensory stimulation
- Activity
- Escape

4.2.2. The Benefits of Green Care: health and wellbeing

Evidence demonstrates that therapeutic applications of various green exercise activities and other nature-based approaches such as therapeutic horticulture (Sempik et al 2002, 2003 and 2005) are effective at promoting health and well-being (Hine et al, 2008, p.24).

Sempik et al's studies of Social and Therapeutic Horticulture (STH)¹¹ reported here comprise (i) an extensive review of literature; and (ii) an analysis of findings from 836 active projects, managed by a range of organisations including charities, local authorities, health care trusts and social services, and served a range of vulnerable groups, the main ones being those with learning difficulties, mental health needs, challenging behaviours, physical disabilities, unemployed, multiple disabilities and young people. The findings from these two are briefly summarised and the source texts and reports are listed in Appendix 1.

¹⁰ References are provided in the Appendix for those who wish to read more in this area.

¹¹ Horticultural therapy: the use of plants by a trained professional as a medium through which certain clinically defined goals may be met. Therapeutic horticulture: the process by which individuals develop well-being using plants and horticulture... by active or passive involvement...” (Thrive).

When examining existing research literature¹², the researchers found that it could be broadly divided into three categories: firstly, occupational therapy¹³ “where horticulture is one of a number of different activities involved in rehabilitation” (Sempik *et al*, 2003, p.3); secondly, horticultural therapy and therapeutic horticulture, with a prescriptive practical approach and research mostly carried out by practitioners in the course of their work; thirdly, psychology, particularly of landscape and environmental psychology as a theoretical basis.

Having analysed a range of previous research, the authors conclude that:

“While there is clear evidence that the outcomes of STH can be positive and multifaceted, for example, in promoting health gain, general well-being, social cohesion, employment, skills development etc. there seems little doubt that this evidence base is currently under-developed and at times, lacking in scientific rigour... The review shows that systematic academic inquiry on the outcomes of STH is limited” (p.4).

In pulling together their findings from the review of literature, Sempik *et al* highlight a number of threads and themes which run through the studies they have examined (2003, pp. 37-46), which are the range of issues directly and indirectly addressed by STH, and comprise:

- Social inclusion
- Employment
- ‘Race’ and gender
- Physical activity and exercise
- Food
- Social cohesion
- The amelioration of Alzheimer’s disease
- Acceptance of responsibility and control
- Control of anger and frustration
- Metaphor and model for life
- Spiritual aspects of horticulture
- A model of activities, processes and outcomes.

These threads are summarised in their diagram:

¹² This involved examining over 1,000 titles, putting them into a database, and analysing the literature, as well as contacting researchers with a known interest in STH.

¹³ Defined as: the treatment of physical and psychiatric conditions through specific activities in order to help people reach their maximum level of function and independence in all aspects of daily life” (Turner *et al*, 1996, p.5; cited in Sempik *et al*, 2003).

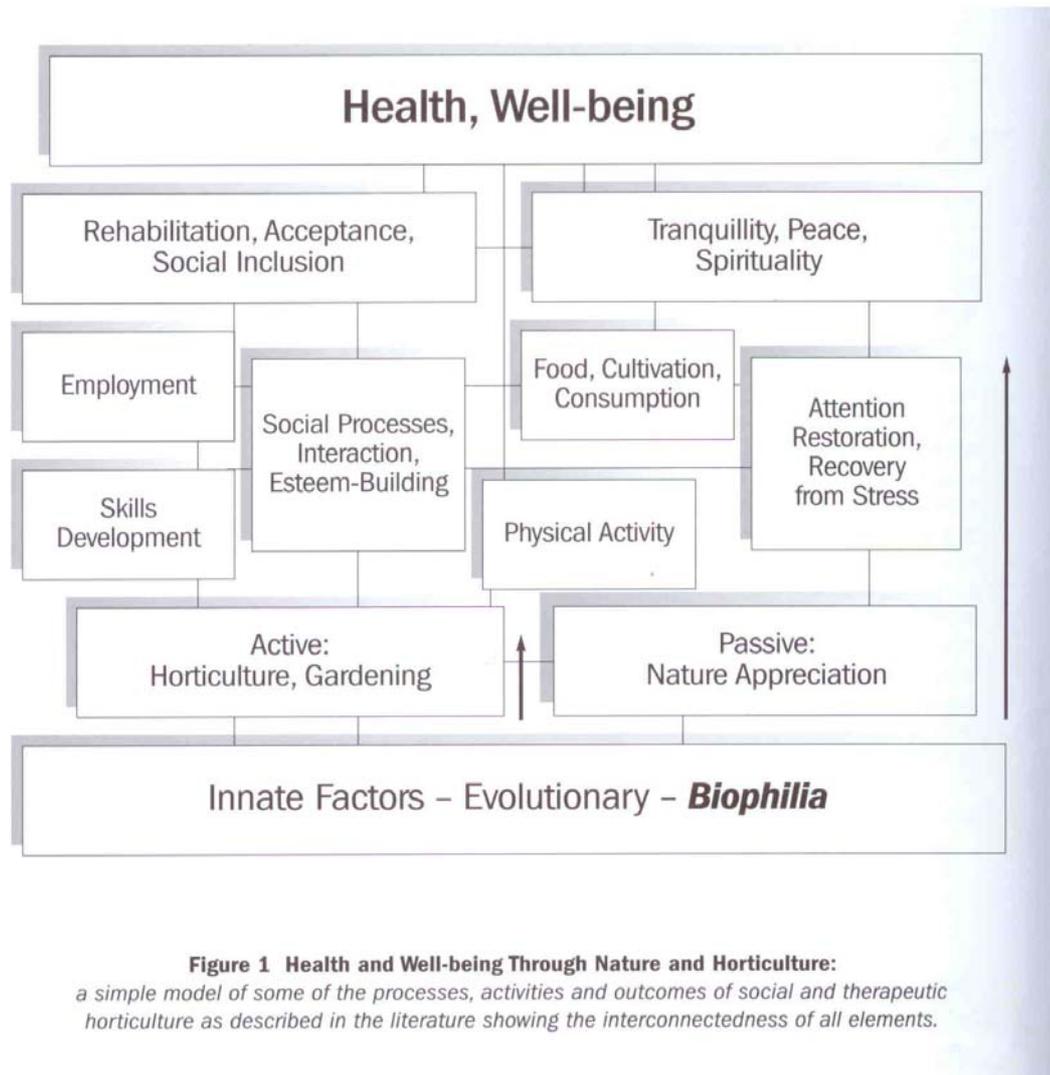


Figure 1 Health and Well-being Through Nature and Horticulture:
a simple model of some of the processes, activities and outcomes of social and therapeutic horticulture as described in the literature showing the interconnectedness of all elements.

Figure 10. Health and wellbeing through nature and horticulture (2003, p.46)

In concluding their review of published research of STH, the authors observed the following points (2003, pp.47-48):

1. that it was disappointing how many studies were published as 'pilot studies' or 'preliminary results', not followed up with full research findings;
2. that there is a need for publication of data in "mainstream" medical, scientific, social sciences and horticultural journals, so that STH is "brought to the attention of medical professionals and those engaged in local and central government"; also, it might ensure that it is seen as an effective and useful and also cost-effective addition to 'conventional' therapy.
3. that work is needed to the creation and evaluation of a sensitive and reliable methodology for carrying out research in this field.

In 2005, the authors carried out a series of interviews and case study investigations with 22 case studies of STH, drawn from Thrive’s database of known operational horticultural projects across the UK. The findings show a number of activities, processes and outcomes, shown in the following diagram:

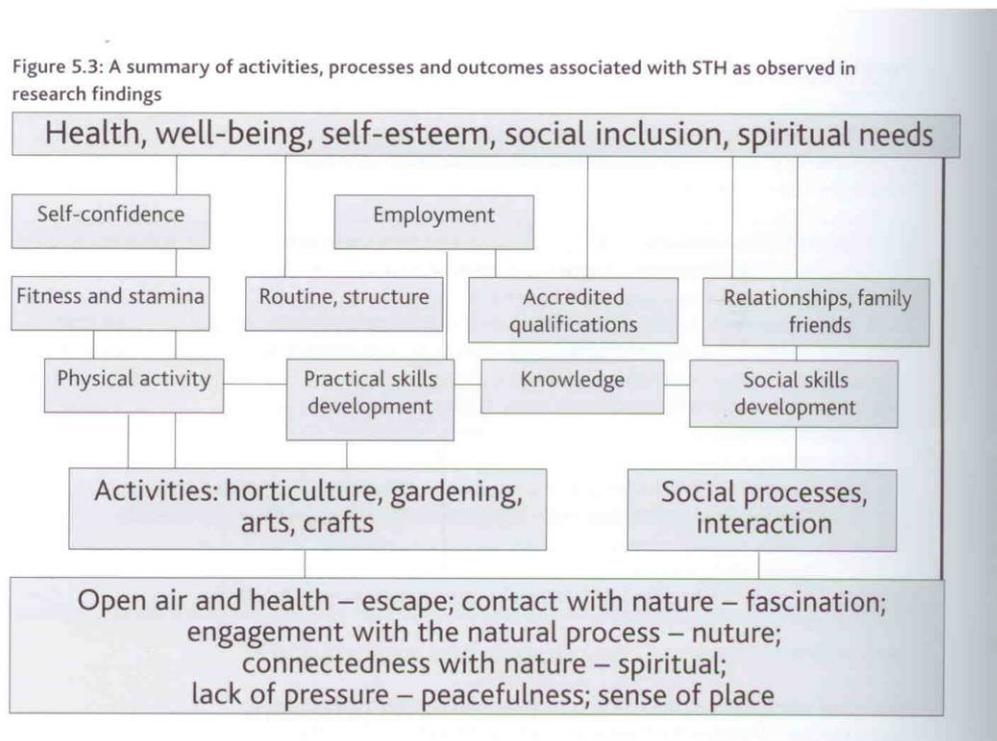


Figure 11. A summary of activities, processes and outcomes associated with STH as observed in research findings (Sempik *et al*, 2005, p.122).

4.2.3. Benefits of City Farms and Community Gardens

Research is being conducted (since early 2007) by the Federation of City Farms and Community Gardens in the UK, to measure their value and benefits¹⁴:

“The findings so far clearly demonstrate the value of community managed gardening and farm projects. Both provide important social opportunities and can be effective in tackling social exclusion. Attending such projects can restore feelings of worth and rebuild the confidence of clients and volunteers. Many projects also act as stepping stones, opening up future possibilities to disaffected young people. Farm animals play an important role in engaging people and can be used to install a sense of responsibility” (cited in Hine *et al*, 2008, p.45)

¹⁴ Funded by Northern Rock, and being carried out across the North East and Cumbria in conjunction with the University of Northumbria (Helen Quayle: helenq@farmgarden.org.uk).

4.4. The physical, mental and social benefits of care farming

“Care farmers report that the physical benefits experienced by clients include improvements to physical health and farming skills. Mental health benefits consist of improved self-esteem, improved well-being and improvement of mood and other benefits include an increase in self-confidence, enhanced trust in other people and calmness. Examples of social benefits reported by care farmers are independence, formation of a work habit, the development of social skills and personal responsibility.” (Hine *et al*, 2008, p.8 – Exec Summary).

4.4.1. Findings from care farmers: physical, mental and social benefits

In the study by Hine *et al* (2008), where approximately 76 care farms responded to a questionnaire, UK care farmers were asked to describe what they felt to have been the successes of their care farms. Three broad themes emerged (p.61):

1. Seeing the effects of care farming on people, making a difference to people's lives
2. Helping the excluded become included into society and/or work
3. Positive feedback from participants, families and referring bodies alike

When considering the benefits that their care farms had for participants/clients, three categories of responses emerged: those affecting physical health or physical attributes; mental health benefits; and social benefits (pp.62-64). These are now explored a little further.

Physical benefits: 88% of care farmers reported improvements to clients' physical health, other skills (87%) and farming skills (76%). “Other” physical benefits included: development of dexterity, motor function, horticultural skills, riding ability, growing own food for health, altering habits (no alcohol or drug use) and time management skills (pp.62-63).

Mental health benefits: improved self esteem (reported by 93% of care farms), improved well being (92%), and improvement of mood (83%). Other benefits included an increase in self-confidence, enhanced confidence or trust in other people and calmness (p.63).

Social benefits: independence (reported by 45% of care farms), formation of a work habit (42%), development of social skills (42%) and personal responsibility (40%). Other social benefits included: improvement in discipline, responsibility, flexible attitude, initiative, motivation, commitment and health awareness.

4.4.2. UK care farming clients: self-esteem and mood benefits

Through a set of seven case study visits (see above), Hine *et al* (2008, p.75) were able to ask 72 participants/clients on seven care farms a series of questions which allowed them to establish whether self-esteem, specific moods and overall mood had changed as a result of being on a care farm. The authors report the following findings:

1. Results from the Rosenberg Self-Esteem Tests showed there was a very statistically significant **increase in participants' self-esteem** after spending time on the care farm: 64% experienced an improvement.
2. The Profile of Mood States results indicated that there was a statistically significant **improvement in all 6 mood factors** (anger, confusion, depression, fatigue, tension and vigour).
3. Total Mood Disturbance (TMD) scores (which provide an indicator of overall mood) also revealed a highly significant improvement, with **88% of participants experiencing improvements in their overall mood**.

In concluding their findings from the in-depth case study work, the authors state that:

“The findings clearly show that spending time participating in care farm activities is effective in enhancing mood and improving self-esteem. Working on a care farm can significantly increase self-esteem and reduce feelings of anger, confusion, depression, tension and fatigue, whilst also enabling participants to feel more active and energetic. Care farming therefore offers an ideal way of helping a wide variety of people to feel better” (p.75).

4.5. Economic benefits of care farming

“Green Care farming is an example of multifunctional agriculture and land use. It appears that most multifunctional farmers perform different broadening activities. This means that many Green Care farmers are also involved in nature and landscape conservation and recreational and educational activities. Main motives of farmers for broadening activities are: personal interest, self-realisation, enriching one's own life with new activities and need of extra income. Broadening activities can contribute significantly to the family income. The income generated with Green Care activities can be crucial for the survival of farmers” (Hassink, 2007).

Based on the growth of care farming in The Netherlands in the past ten years, the NCFI(UK) wrote a briefing paper (Dover, 2008) which explores the potential for similar growth in UK care farming over the next ten years, since

“Care farming in the Netherlands has been developed over the past 10 years from a similar position¹⁵ of that currently found in the UK” (p.2).

Dover describes how care farming is “mainstreamed” and operates under the auspices of two government Ministries:

“In the Netherlands the progress and potential of care farms was fully realised by the Ministry of Agriculture, Nature and Food Quality and the Ministry of Health, Welfare and Sports in 1998, which collaborated to stimulate the development and professionalism of care farming nationally, resulting in the rapid growth of care farming. Care farms are considered as “examples of innovation in the rural area and contributors to the desired integration of care in society” (p.3).

The key facts are summarised as follows:

Key Facts

- 0.9% (818) of all farms in the Netherlands now providing care.
- 2005 annual average revenue from care activities on non-institutional care farms €73,000 (£52,517).
- Projecting these statistics onto the UK, care farming would be generating **£149 million** for the rural economy in 10 years from delivering care alone (excluding the extensive associated health and social welfare benefits).
- Care farming is by far the fastest growing area of farm diversification in the Netherlands.
- The presence of a real farmer who is dedicated to farming, with authority and entrepreneurship appears to be crucial for successful care farms.

The number of care farm jobs in The Netherlands was 298 in 2003, and 473 in 2005. The average number of regular workers on a care farm was 2.8. in 2005, compared with 2.0 on non-care farms. **The 2005 annual average revenue from care activities on non-institutional care farms was £52,517.**

The Dutch data show that care farming is by far the “fastest growing multifunctional agricultural sectors” as shown in the following table (Dover 2008, p.3):

¹⁵ In 1998, there were 75 care farms; in the UK in 2008, there are reported to be 76 (Hine et al, 2008). By 2007, the number of care farms in The Netherlands had increased to 818 (0.9% of all farms).

Extended activity	No of farms		Average additional annual revenue per farm (× 10 ³ €)	Annual revenue total sector (percentage of total in brackets) (× 10 ⁶ €)
	2005	change in number since 2003 (%)		
Nature conservation	9311	-3	5.2	49 (32)
Recreation	2857	+16	12.4	33 (22)
Storage of caravans	2933	-24	3.2	11 (70)
Energy	464	-4	48.6	23 (15)
Care ¹	488	+73	73.0	37 (24)

Table 1: Some characteristics of conventional farms with extended activities. Data based on Voskuilen et al. (2006), cited in Hassink et al (2007). Reference year 2005.

Dover (2008) cites figures from 2005, which shows that most care farms have several sources of funding for their care farming activities:

- More than 60% had a contract with a care institution
- Almost 60% had one or more clients with a personal budget¹⁶

The average payment per client per day was higher for clients accessing person budget (£55) than for those through care institutions or the care farming organisation AWBZ (£36).

The average number of clients per care farm was 18; in 2005, nearly 10,000 clients are making use of 591 care farms (including institutionalised care farms).

Finally, Dover makes predictions concerning the potential growth of care farms and thus earnings for the agricultural industry, based on the experiences of the agricultural sector in the Netherlands. These are shown on a regional and national basis in the following table:

¹⁶ See the following two websites for further information:

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081118

www.in-control.org.uk

National and RDA Economic Projections

	Number of farm holdings	Care farms (10 year)	Income (10 year)
UK	315,932	2,843	£149,326,208
SCOTLAND	51,312	462	£24,252,771
WALES	37,500	338	£17,724,488
NORTHERN IRELAND	26,739	241	£12,638,269
ENGLAND	200,381	1,803	£94,710,681
REGIONS:			
NORTH EAST	6,922	62	£3,271,704
NORTH WEST	23,437	211	£11,077,568
YORKSHIRE AND THE HUMBER	21,599	194	£10,208,832
EAST MIDLANDS	21,573	194	£10,196,543
WEST MIDLANDS	26,211	236	£12,388,708
EASTERN	22,679	204	£10,719,297
LONDON	531	5	£250,979
SOUTH EAST	26,335	237	£12,447,317
SOUTH WEST	51,094	460	£24,149,732

Table 2. National and RDA Economic Projections of growth in care farming in the UK. Source: Dover (2008), p.5.

Given the focus of this scoping study on care farming in Scotland, it is therefore worth noting the projected number of care farms of almost 500, and projected annual income of over £24 million for the sector within the next ten years.

4.6. Economic benefits to the community (West Mercia study)

Hine *et al* (2008) point out that:

“The full economic benefits of promoting care farms as a health, social or educational care resource are not yet fully understood. The economic data to accurately estimate the cost implications and therefore total savings for healthcare, social rehabilitation and education are largely lacking” (p.44).

The following evaluation of a care farming scheme is one such example of exploratory analysis of cost savings that can come directly from care farming.

The Herefordshire Prolific and Priority Offender (PPO) Scheme was introduced in Herefordshire in 2004, with the aim “to identify and grip the relatively small hard-core of offenders who commit a disproportionate amount and crime and damage in the community” (West Mercia Constabulary [WMC], 2008, p.10). There are three streams to the PPO Strategy: (i) prevent and deter; (ii) catch and convict; (iii) rehabilitate and resettle. The land-based PPO Schemes in West Mercia have three common features (WMC, 2008, P.15):

- The projects all work with offenders who offending is linked to drug and alcohol misuse
- The projects all aim to address the causes of offending behaviour and provide a long-term outcome
- The projects offer more than a diversion. They aim to provide a therapeutic intervention by using the natural environment to provide individuals with new challenges and experiences.

There are four such projects operating in West Mercia: The Elgar Project (a horticultural and livestock project); Wharf Meadow Community Farm (an established community farm); BODs/SHIFT (a Christian-based charity which aims to provide outdoor development opportunities to disadvantaged young people); and The Tickwood Project (woodland skills).

The report states that:

“As many of these projects are in the early stages, there is limited formal evaluation material. What does exist, however, suggests that they do reduce offending, and that they have significant cost benefits” (p.15).

The costings are presented in relation to the costs for two case study examples of individuals (pp.25 & 28): PPO ‘W’ and PPO ‘A’ and are shown in the two Figures (12 and 13) below:

PPO "W"					
~ CONVICTIONS/DNFAs/TICs ~					
Convictions/DNFAs/TICs Resulting From Offences Committed in 282 Days Before Entry onto the PPO Scheme and when in the Community			Convictions/DNFAs/TICs Resulting from Offences Committed in 282 Days as a Member of the PPO Scheme and when in the Community		
Burglary Dwelling x 2 *			No Offences		
Theft in Dwelling Not Auto-Machine/Meter x 1 *					
Attempt Theft from Shop/Store/Stall x 2					
Theft from Shop/Store/Stall x 2 *					
Make Off Without Payment x 2					
Using Vehicle while Uninsured x 2					
Driving Otherwise than in accordance with a Licence x 2					
Escape Lawful Custody x 1					
Total Offences: 14			Total Offences: 0		
Costs of Above Offences (marked with *) Before Treatment			Costs of Above Offences (marked with *) After Treatment		
Costs in Anticipation of Crime	Costs as a Consequence of Crime	Costs in Response to Crime	Costs in Anticipation of Crime	Costs as a Consequence of Crime	Costs in Response to Crime
£876.00	£3,795.00	£2,390.00	£0.00	£0.00	£0.00
Total: £7,061.00			Total: £00.00		
Cost of All Offences during Criminal History (where costings available):					
~ ARRESTS ~					
No. of Times Nominal Arrested in 282 Days Before Entry onto the PPO Scheme and when in the Community			No. of Times Nominal Arrested in 282 Days After Entry onto the PPO Scheme and when in the Community		
Total Arrests: 4			Total Arrests: 0		
~ COURT APPEARANCES ~					
No. of Times Nominal Appeared in Court in 282 Days Before Entry onto the PPO Scheme			No. of Times Nominal Appeared in Court in 282 Days After Entry onto the PPO Scheme		
Magistrates Court: 4 (and on one further occasion for sentencing)			Magistrates Court: 0		
Crown Court: 1			Crown Court: 0		
~ IMPRISONMENT ~					
Total Custody Costs: £145,513.05 approx					
Young Offender Institute (assumed Male Closed YOI): 1055.28 Days/2 = 527.64 Days approx x £79 per day = £41,683.56					
Imprisonment (assumed Cat B): 1863.57 Days/2 = 1821.57 Days approx x £57 per day = £103,829.49					

PPO "A"					
~ CONVICTIONS/DNFAs/TICs ~					
Convictions/DNFAs/TICs Resulting From Offences Committed in 300 Days Before Entry onto the PPO Scheme and when in the Community			Convictions/DNFAs/TICs Resulting from Offences Committed in 300 Days as a Member of the PPO Scheme and when in the Community		
Attempt Theft From Motor Vehicle x 10 *			No Offences		
Theft From Motor Vehicle x 4 *					
Burglary Non Dwelling x 9 *					
Attempt Burglary Non Dwelling x 2					
Theft of Motor Vehicle x 1 *					
Attempt Theft of Motor Vehicle x 1 *					
Taking Motor Vehicle without Consent of Owner (TWOC) x 1					
Criminal Damage - Vehicle £5000 and Under x 3 *					
Criminal Damage - Building Not Dwelling £5000 and under x 1 *					
Attempt Theft from Auto Machine/Meter x 1					
Make Off Without Payment x 1					
Breach of Community Rehabilitation Order x 1					
Total Offences: 35			Total Offences: 0		
Costs of Above Offences (marked with *) Before Treatment			Costs of Above Offences (marked with *) After Treatment		
Costs in Anticipation of Crime	Costs as a Consequence of Crime	Costs in Response to Crime	Costs in Anticipation of Crime	Costs as a Consequence of Crime	Costs in Response to Crime
£11,272.00	£23,478.00	£5,930.00	£0.00	£0.00	£0.00
Total: £40,680.00			Total: £0.00		
~ ARRESTS ~					
No. of Times Nominal Arrested in 300 Days Before Entry onto the PPO Scheme and when in the Community			No. of Times Nominal Arrested in 300 Days After Entry onto the PPO Scheme and when in the Community		
Total Arrests: 4			Total Arrests: 0		
Total Arrest Cost:			Total Arrest Cost:		
~ COURT APPEARANCES ~					
No. of Times Nominal Appeared in Court in 300 Days Before Entry onto the PPO Scheme			No. of Times Nominal Appeared in Court in 300 Days After Entry onto the PPO Scheme		
Magistrates Court: 3 (and on 1 further occasion for varying sentence)			Magistrates Court: 0		
Crown Court: 1 (for sentence/varying sentence)			Crown Court: 0		
Cost of Appearances in Court			Cost of Appearances in Court		
Magistrates Court: £			Magistrates Court: £		
Crown Court: £			Crown Court: £		
Total Court Costs:			Total Court Costs:		
~ IMPRISONMENT ~					
Total Custody Costs: £45,082.44 approx					
Imprisonment (assumed Cat B): 1581.84 days/2 = 790.92 x £57 = £45,082.44					

The costs of the PPO Care Farming Scheme are outlined as follows:

Fees or costs		£/p.a.
Farm attendance		£65/person/day
Police Analytical	Monitoring by PPO department	£944.98/p.a.
PPO Co-ordinator	Employed on a temporary full-time basis; covers salary, vehicle, drug testing expenditure, expenses for meetings, and employer's NI contributions	£44,374/p.a.
PPO Police Officer	One experience Detective Constable is dedicated to scheme on full time basis; salary plus on-costs	£44,374
Dedicated Probation Officer	Salary range	£26,229-£34,239/p.a.
Drug treatment	Average annual cost including prescription. Drug Intervention Programme	£2000/p.a. £1300
Fuel	Travel 2/3 times/week, 24 miles for return journey	

Table 3: costs of the PPO Care Farming Scheme

Their conclusions on cost savings: For PPO 'A' and 'W', their combined past offence and imprisonment history has had an approximate cost of £268,512. Comparing the reduction in offending only in comparable periods before and after joining the PPO Scheme suggests a saving of £47,741 to the community for 'A' and 'W', in addition to their improved quality of life and skills gained (p.36).

If these savings were then to be multiplied per PPO, then the scaled-up potential savings become evident:

“The PPO Matrix run monthly to aid PPO selection identifies approximately 150 offenders who could arguably be considered to be PPOs... If initiatives such as care farming could be offered to them, then financial and non-financial benefits from successful rehabilitation in this are could be very substantial” (p.36)

The authors then review other potential areas of saving/benefit not covered in the costings (p.29) and summarise them as follows:

Benefits for the community	Benefits for the individual
Decreased fear of crime in the community	Greater self-confidence, self-worth and pride for the PPO
Decreased losses from crime	Improvements in inter-personal skills
PPO no longer requires the support of the benefit system	PPO can offer increase support and a more positive role model for other family members and offspring.
Aids the farmer financially and in terms of a link to the community	Assist the individuals to enter or re-enter the employment market
Positive flow of cash into the rural economy	Participants gain skills and experience on one site
Lower in cost than a custodial sentence	Outdoor environment and physical work has health benefits for users
Increased diversity in the use of agricultural land	Participants learn to work as part of a team and a sense of community is encouraged
Aids management of the rural environment	The diversionary activity breaks the offending cycle and that of other generations in the same family group
Encourages safer communities	Allows the individual to establish better connections with society
	Increases the environmental awareness of the individuals

Table 4: Summary of potential areas of saving/benefit not covered in the costings.

In addition, West Mercia Constabulary reviewed the general changes and trends in crime figures before and after the PPO scheme, and observed a 15.2% reduction in all crime, and specifically: Burglary dwelling showed a 54.6% decrease, and Vehicle crime showed a 33% decrease.

Key points from this section

1. Care farming providers recognise the need for rigorous research, using accepted methods, to identify and quantify the benefits of care farming, to complement the anecdotal and case study information:
 - a. Evidence is required to attract funding
 - b. Evidence can be used to inform and influence policy
2. There is a range of challenges to identifying and measuring benefits, leading to a shortfall of information; however, approaches and tools are being developed, such as:
 - a. Using a health promotion approach
 - b. Snapshot health benefit tools, such as Rosenberg self-esteem scale (RSE), profile of mood states (POMS), and total mood disturbance (TMD).
3. Evidence points to benefits from: being outdoors, green exercise and green care. There is also clear evidence of the promotion of health and wellbeing through Social and Therapeutic Horticulture (STH), and from city farms and community gardens.
4. There is evidence that care farming shows physical, mental and social benefits including health, physical skills, self-esteem, mood improvement, social skills, responsibility.
5. There are proven economic benefits of care farming as a form of diversification; in a recent study (2007) in the Netherlands, the 2005 annual average revenue from care activities was £52,517.
6. Based on data from the Netherlands, and applying it to the UK, the projections state that in 10 years, there could be almost 500 care farms in Scotland, generating an income of over £24 million per year for the agricultural sector.
7. **Implications of findings for next steps in Scotland:**
 - a. There are four care farms in Scotland; it would be useful to carry out whole farm reviews or other business planning evaluations to identify and evaluate financial costs and benefits for these farms, in order to generate accurate case-by-case data.
 - b. Explore the use of existing tools used by Hine et al (2008) and Sempik to the Scottish cases.
 - c. Explore, through networking and discussions with relevant stakeholders, farmers and others, the potential for expansion of care farming as projected in the Dover (2008) study. Carry out a SWOT analysis for the agricultural sector in Scotland to identify aspects that will act as barriers or opportunities to development.

5. Existing funding, policy and networking for UK care farms

5.1. Funding situation

5.1.1. Care farming in the UK

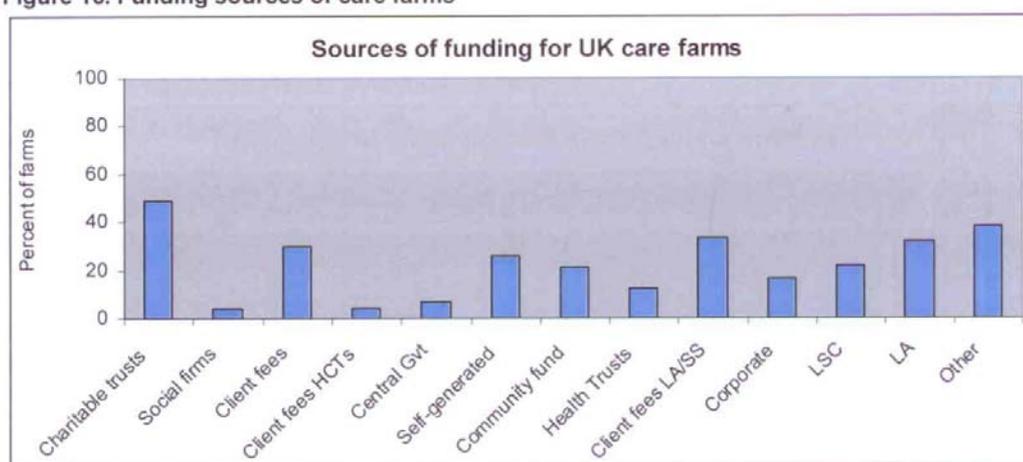
Hine *et al's* (2008) study gives a really useful insight into the funding landscape for UK care farmers in 2008. The authors summarise the situation as follows:

“Although the funding sources for care farms varies extensively both between farms and between categories of care farm, nearly half of the care farms surveyed (49%) receive some funding from charitable trusts, 38% from other sources, and 33% receive client fees from the local authority” (p.52)

Figure 13 shows the sources and percentages for the 76 UK care farms; the funding sources specified by UK care farmers include:

- Health Care Trusts
- Social Services
- Community Fund
- Big Lottery Fund
- Public donations
- European Social Fund
- Local Housing Authorities

Figure 16. Funding sources of care farms



Notes: Client fees = direct payment by clients; Client fees HCT = client fees paid by Health Care Trusts; Health Trusts = paid by Health Care Trusts other than client fees; Client fees LA/SS = client fees paid by local authorities or social services; LSC = Learning and Skills Council; LA = paid for by Local Authority - other than client fees.

Figure 14. Sources of funding for UK care farms. Source Hine *et al* (2008, p.53).

This variety of funding sources is also reflected in Sempik *et al's* (2004) Evidence Paper on Social and Therapeutic Horticulture – the state of practice in the UK. They received a total of 836 responses from active STH projects; of these, only 38% relied on a single source of funding. The main sources were:

- Central Government: 10.3% of the total annual budget of all projects
- Local government: 10.9%
- Health trusts: 17.1%

The figures exclude client fees which accounted for 20.4% of the annual budget: “these were mostly paid by local authorities and health trusts although a small proportion of clients were responsible for their own fees” (p.3). In terms of charges to clients:

“Where a charge was made, either to the client or authority, the mean fee was £27 per session although this varied from as little as fifty pence to £137. However, 80% of projects charged between £10 and £60” (p.3).

Further, the authors noted that the majority of the 590 projects which supplied total annual running costs to the researchers, operated on a budget of less than £10,000 and 71.7% on a budget of less than £50,000. Based on their data, Sempik *et al* were able to estimate the mean cost of an individual client placement as £53.68 and the total budget for this sector of care at £54.5 million per year.

In terms of costs to the NHS and local authorities, the authors report that NHS trust day care costs approximately £54 per day for people with mental health problems (MHP); day care provided by local authority social services costs around £36 per day for people with MHP and £54 per day for people with learning difficulties.

5.1.3. The ongoing search for funding by care farmers

In the Hine *et al* (2008) study, the funding of care farming has been highlighted by care farmers, potential care farmers' referral agencies and the NCFI (UK) as **the biggest challenge facing the existence and spread of care farming in the UK**. The authors state that:

“Recognised and sustainable funding structures and systems are crucial for farmers to continue to offer health, social rehabilitation and educational opportunities to participants on care farms. Therefore the development of funding regimes for care farming should be considered a priority” (p.11).

The West Mercia Study (2008) also notes that “an ongoing search for funding is a major task for the (project) management groups” (p.17). They outline the main funding options as (pp.18-19):

1. Core funding from Central Government: “the ideal long-term funding arrangement”
2. Office for Criminal Justice Reform (OCJR): “In 2008, OCJR made funding available to set up a number of exemplar projects tackling social exclusion. It is possible that this scheme will be repeated...”
3. Local partnership funding/Local Area Agreement (LAA) funding: “This will need to be the main source of funding in the long term... In order to do this, projects will need to meet the priorities and targets of the LAAs”
4. European funding: “trans-national lifelong learning programmes (e.g. Leonardo) are worth exploring.
5. Charitable/lottery funding: “Each of the individual projects is connected with a charity and has some capacity to apply for this funding. There are only a small number of funders for this work, however, and projects will be competing with one another. It would be more effective if the projects could develop a joint bid led by one partner, however, it is also acknowledged that this would increase costs”. It is further noted by the authors that: “this type of funding is ideal for developing and stabilising projects, but will not provide a source of long term funding”.
6. Donations/Income: from sale of produce/goods and encouraging donations. “The NCFI inform us that care farming projects in other parts of the UK are increasing their margin income from product through stating the social value of the product”.

Other examples:

- Green care farms in Netherlands (818), Norway (500), Italy (350), Belgium (212), Germany (167), Ireland (90), Austria and Slovenia, are often formally tied to local social services and hospitals, and provide a new component of care in the community. Farmers are usually paid for providing a kind of “health service” whilst continuing with agriculture, thus helping to maintain the viability of farms. (Hine *et al*, 2008, p.38).
- Public payments from the health, care and education sectors can support and recognise services, thus providing public structures that make use of agriculture as a tool for promoting human capabilities... Public authorities may also recognise privately-owned farms. In other cases, local projects are funding by charity organisations or supported as public projects with the aim to facilitate inclusive work opportunities.

5.2. The policy context surrounding care farming

5.2.1. What is the role of policy in care farming?

Before examining required policy changes as outlined in various reports, it is worth considering O'Connor's (2008) comments on policy, from a European context.

O'Connor begins by asking whether the policy arena "is relevant for many actors engaged in Farming for Health, given **the bottom-up and voluntary nature of much of the activity**. It is argued that FFH currently exists in a policy vacuum..." (p.45). Specifically from the SoFar project¹⁷ across all the countries involved (Belgium, France, Germany, Ireland, Italy, the Netherlands and Slovenia) the research:

"points to the importance of communities and individuals in driving the engagement and development in "social farming" or "Farming for Health"-type initiatives, often heavily influenced by the individuals' and groups' own beliefs and value systems and built from the bottom up. (O'Connor, 2008, p.46)

In spite of this, O'Connor points to ways in which policy could support the development of care farming; for example:

"Appropriate policy mechanisms would have much to contribute to the process in terms of raising awareness; building the evidence base regarding the benefits of social farming and facilitating networking mechanisms by which innovation and good practice could be disseminated" (O'Connor, 2008, p.47)

However, a point raised by O'Connor, and echoed by others writing about care farming, is the fact that care farming crosses many different areas of policy responsibility, including agriculture, health, rural development, environment, education and social services, among others... (O'Connor, 2008, p.47). In O'Connor's view, what this means is that there is an absence of an over-arching and coherent policy framework means that "many initiatives have evolved along opportunistic lines". O'Connor outlines how in Ireland this has led to the following situation:

"there is a plethora of training programs developed in the arena of social farming which must be 're-invented' as schemes to increase labour market participation in order to secure funds. Often in practice the project promoter of social care provider may not be interested in employment progression per se but resorts to using the only means possible to keep an initiative alive or establish a new project... There is

¹⁷ <http://sofar.unipi.it/>

an over-dependence on a 'patchwork' of intermittent funding sources from both the statutory and non-statutory sectors. Consequently, many projects exist only on a pilot basis and there is no clear path to follow once the initial funding is exhausted, which explains its fragmented and ad-hoc nature" (pp.47-48).

This is echoed in Hine *et al's* (2008) study where we read:

"A key feature of **care farming is that development is largely entrepreneur led**, often by a member of the family that owns the farm. Although several countries in Europe now actively facilitate and promote the expansion of care farms, in the initial stages the majority of growth has been farmer-led. It is then up to the care farmer to decide which organisation and legal structure best suits his needs and those of his client referral agencies" (p.76).

Currently, in the Netherlands for example, farm businesses contract directly with statutory social care to offer placements for individuals requiring private care. However, the UK health system has not, until very recently, encouraged private businesses to provide care in this way, and this has led many UK care farmers to adopt social enterprise¹⁸ or charitable organisation models. (p.76)

The situation being described is also echoed in a commentary by Di Iacovo (2008) states:

"In most EU countries, **social farming has... been developed outside the framework of existing regulatory systems...** As a result, the European situation seems like a puzzle. There are countries where specific regulations have been established, but there are other places where social farming is mainly run on a voluntary basis. In fact, there is considerable diversity of social farming across Europe in terms of its structures (public, private or third sector), orientations (main target groups), goals (such as rehabilitation, social inclusion, labour integration, education, therapy, services) and regulations (payments, compensation, projects, alternative food markets)". (Di Iacovo, 2008, p.56).

"As in the case of organic farming, so also in social farming, it seems to be clear that **innovative approaches to farming are always organised at ground level**. They are experimented with by farmers themselves, in many cases outside any formal or institutional process of research or recognition. It takes a long time for them to be fully organised and recognised but then they are able to usefully address some of the real needs of society. **Policies ideally would promote fertile environments for such innovations which would facilitate fresh thinking and the initiatives of innovative enterprises...**" (Di Iacovo, 2008, p.65)

¹⁸ Non profit-making businesses set up to tackle a social or environmental need (Social Enterprise Coalition 2008)

Based on the SoFar EU project research, Di Iacovo describes five scenarios of social farming, reflecting their degree of “integration” from individual piecemeal projects into something more strategic and coherent. These are summarised as follows:

 <p>More strategic</p>	Pioneering	<ul style="list-style-type: none"> • Little experience of social farming • Voluntary • Individual motivation; personal commitment • Care carried out by conventional public health and social care structures
	Multifunctional agriculture	<ul style="list-style-type: none"> • Greater experience • Interest from agriculture • Projects are largely local • Low level of awareness from public care sector but strong commitment from farmers
	Supported social farming projects	<ul style="list-style-type: none"> • Projects driven by a strong commitment from farmers or by the social economy (third sector) supported by local public institutions • Projects are very funding-dependent • Mainly employment-related
	Social farming as a recognized system	<ul style="list-style-type: none"> • Mainstream social or health public authorities recognise social farming
	Social farming as a model	<ul style="list-style-type: none"> • Many social farming projects well-established. • No regulatory framework, but high level of commitment from the projects, local consumers and wider society • Consumers and social farming service providers share a common ethic and together start to build new organisational structures, both social and economic.

Table 5. Summary table based on Di Iacovo’s (2008) description of five scenarios of social farming (adapted from 2008, pp.57-58).

“When awareness and public concern about social farming start to be considered as the key to promoting the sector, then it becomes clear how important it is to improve the visibility of social farming and its recognition by the wider public”. (Di Iacovo, 2008, p.58)

Di Iacovo also expresses this evolution from pioneering social farming through to social farming as a coherent model, as four steps along a pathway:



When considering the state of care farming in Scotland, therefore, and possible ways forward, it is useful to see that there are already some analyses of different routes and ways forward from individual examples towards a strategy at national level.

5.2.2. What the green care and care farming studies say about future UK policies

Firstly, Sempik *et al* (2005) discuss the implications for policy and practice of their investigation of 22 case studies of Social and Therapeutic Horticulture (STH) in the UK. The themes which they highlight are:

1. Recognition of garden projects as useful promoters of health and social care
2. Benefiting and enabling a contribution to society through different concepts of 'work'
3. Awareness of STH projects and the attitudes of health professionals
4. Guidelines for referral to projects
5. Expansion of STH projects to other vulnerable groups
6. Under-representation of women and black and minority ethnic groups at STH projects
7. Involvement of projects in the research process
8. The use and value of qualitative data
9. The role of garden projects for physical health promotion for vulnerable people
10. A professional status for practitioners of STH?

There are parallels between these observations for STH and what might also be relevant to care farming.

Secondly, in the West Mercia Study (2008) of care farming for Prolific and Priority Offenders (PPOs) in Herefordshire, the authors make seven recommendations for UK policy. There are specified as follows (pp.36-37):

1. The experience of the PPO care farming initiative requires sharing across related responsible bodies across the UK... in order to provide supporting evidence to the embryonic numbers of land based initiatives already involved in this work and to stimulate further growth
2. Care farming needs to be placed within cross-departmental Government policy to deliver successful and lasting responses to alleviate crime and facilitate rehabilitation. Care farming therefore needs to be included in the delivery of core policy from the Home Office, Ministry of Justice, Department of Health, Department of Work and Pensions and Department of Food and Rural Affairs.
3. The current care farming initiatives in West Mercia require economic support... to provide financial security for projects and also ongoing analysis to develop models that can provide blueprints for the rest of the UK... Experience needs to be shared due to strategic importance

- of the current movement of government policy in favour of social enterprise.
4. Specific research, details and experiences of other care farms from around the UK... need to be drawn together to give a full review of successful land based intervention practice.
 5. Academic social accountancy research... needs to be delivered to gain clarity of the financial rewards of investments in care farming projects on a wider scale.
 6. The success of care farm projects that deal with excluded youth also require in-depth analysis in order to research evidence of further savings from interventions within younger age groups that may alleviate future numbers of PPOs.
 7. The National Care Farming Initiative UK (NCFI) requires financial support to provide the resource hub to spread care farming throughout the UK. The NCFI can develop capacity to share good practice and guide research to evaluate which approaches are the most effective.

In the Hine *et al* (2008, pp. 99-104) study, the authors describe in detail the implications for policy given the evidence from their postal survey and in-depth case study of care farms, farmers and clients. They organise their policy commentary into themes of: agriculture, health and social care, education and training, employment, police, probation and offender management, rural development, social exclusion, partnership working and funding.

This reflects the point already made that care farming straddles many different policy areas and this remains one of the challenges for positive policy response for care farming. In fact, Hine *et al* conclude (as does West Mercia Constabulary) that a joined-up, cross-Departmental, cross-institutional investment in care farming is absolutely required. So far:

“In the UK, a number of government departments and non-government organisations have already recognised the importance of green spaces for public health, including the DTLR, National Urban Forestry Unit, Natural England, Scottish Wildlife Trust, Department of Health, National Trust, Groundwork, RSPB and MIND” (p.98).

The specific recommendations made by Hine *et al*, (2008, pp.10-11), based on their survey and case studies now summarised:

Agriculture:

1. Farmers need a scientific basis for green care services, and they need development of health policies and economical systems that make such services a predictable income.
2. Agricultural policy makers should promote the concept of farmland as a multifunctional resource which can provide not only food, environment and landscape features but also opportunities for health, social rehabilitation and education services through care farming.

3. Agencies with responsibility for supporting farming such as DEFRA, Natural England and farmers' organisations such as the NFU and CLA should be encouraged to take a lead in promoting care farming.

Health and social care:

4. There is still a limited acceptance of the role that care farming can play in health, from healthcare and social service providers.
5. Healthcare professionals generally should be encouraged to take the idea of care farming more seriously and policy-makers in health and social care should recognise the benefits of a UK wide network of care farms delivering health and social care options.
6. Referral to care farming projects should be incorporated into health and social care referral systems.
7. Allocation of health and social care budgets should be informed by cost-benefit analysis of care farming initiatives.
8. Local authorities and other agencies responsible for providing social care services would also benefit from recognising the potential of care farming activities to increasing the health and mental well-being of patients and clients.

Education, training and employment:

9. Education policy-makers should support and promote the work of care farms and investigate funding regimes for participants referred by the education sector.
10. The benefits of meaningful work on care farms should be highlighted, supported with resources and actively promoted by all those involved in the education and employment sectors (including DfES, DWP, LSC, LEAs, DCLG and the private and voluntary sectors).

Police, Probation and Offender Management Services:

11. The Home Office, the Ministry of Justice, Police, offender management services and Probation Services should recognise the potential of care farming to deliver both mental health and employment dividends for offenders and ex-offenders and support the growth of care farms across the UK.
12. Evidence suggests the economic advantages of care farming in the management of ex-offenders, policy makers are urged to examine cost benefit analyses of care farming projects.
13. Crime and social service agencies of all types should consider the therapeutic value of care farming as part of the strategies to address anti-social behaviour amongst adolescents.

Rural Development and Social Inclusion:

14. Agencies responsible for economies and communities in rural areas should welcome the concept of care farming, and actively promote care farming as an option for farmers and rural communities.
15. RDAs should take a lead role in the promotion of care farming for the benefit of rural areas and contribute to supporting the development of care farming initiatives.

16. All agencies with responsibility for the reduction of social exclusion should recognise the potential for care farming and support the growth of care farming in the UK.

Partnership working:

17. Good partnership working between the care provider, the farmer and the client in order to match the client to the right farm and to tailor-make the care farm experience is necessary. Engagement of all stakeholders will therefore be of crucial importance in the development of care farming initiatives across the UK.
18. Care farming has implications for many sectors, suggesting the need for cross-disciplinary and sectoral strategies and action. The importance of partnership working between government departments is therefore paramount.
19. Care farming in the UK needs a lead department and requires the identification of a champion department charged with promotion and support. This champion should facilitate farmers, referral agencies and clients to initiate innovative care farming projects.

5.3. Networking and the role of a support organisation

The third theme that comes through from the studies around green care in agriculture and care farming focus on the potential for, and role of, networks in support of care farming. A European perspective shows us instances where national networks for care farming on “green care farms” have been created – in the Netherlands, Belgium, Norway, Italy and Poland. A further example is as follows:

“The most extensive supportive structure for Green Care farmers has been developed in the Netherlands; this includes a national support centre and association of Green Care farmers, regional associations and study groups of Green Care farmers. This can be an example for other countries. The national support centre in the Netherlands has developed a quality system and a handbook for Green Care farms. These products are available for other countries (Hassink and van Dijk, 2006, p. 350).

In the November 2005 Care Farming Conference report, we see the response from participants about the support needed to develop their work in care farming, and specifically how a network for care farming might help. The following text are extracts showing these responses at the conference:

1. What support do you need to develop your work in care farming?

- An umbrella organisation that would provide advice, and give guidance on the next stage
- Acceptance, understanding, awareness as there are often barriers that come up because people are afraid or concerned to get involved
- We need finances from sustainable sources. Government funding with no parity of streams. There needs to be consistency in the support across the country. Value of the service of care farming to be raised but there will probably be a need for 'mind shift'
- Our project is now so well known it is too big for me. I have good but young staff so I need something to pass the project on to in the next few years
- Health & Safety [Executive] support as not touching animals is an obstacle. Need to involve the Department for Education and Skills to get reassurance. Also financial support, and training such as a CEVAS course. A network and manual to pool expertise and pass it on. Look at the Dutch manual. Mentoring in respect of best practices
- Accessible funding not linked to inappropriate standards e.g. Community Care budgets linked to Care Home Standards

National Care Farm Conference Report

November 2005

32

4. Do you think that a network and support group will help you? If so how?

- Overall it should not to go too fast – keep an eye on farmers who are providing the care farming and listen to them. Not enough research to push forward at present. Link Agricultural colleges and obtain research and get over statistics
- Totally agree that we need a network and support group
- Yes – it would be good for signposting – who is good at doing what. There would be ease in getting information and see different examples. Opportunity to meet like-minded people. Ongoing need for network and a clear need for newcomers. It would make the concept credible. It would be good to get a Royal Patronage for the scheme

Figure 15. Source: National Care Farming Initiative (UK) first conference (November 2005) report: <http://www.ncfi.org.uk/Resources.aspx>

In March 2007, the second national care farming conference also asked participants about what a network for care farming should provide in the future; the responses were grouped around a number of themes:

- Information
- Networking
- Standards and Promotion

The following page shows the responses from participants at the 2007 conference.

Question 6 Is there anything else that you feel the network should provide or support in the future?

Of the 68 respondents (79%) there were a range of comments but the main ones are best grouped under four headings:

1. Information

- 11 people stated that information packs or guides on how to start a care farm are needed, 2 wanted more information and statistics, and another 2 wanted named contacts to approach for further advice, e.g.
"Stepping stones of where to get next stage information.'Next stop information post"
"Information on health & safety and insurance and funding help"
- 4 people wanted more information on financial estimates/value of services provided, and several asked for alternative funding strategies and how to access funds, e.g.
"Alternative strategies for fundraising for various client groups locally (education, health, social services, probation etc)"

2. Networking

- Requests were made from 9 people to hold more regional networking events, and asked if the NCFI (UK) would set up a web forum to both ask questions and share experiences, e.g.
"Local networking (county-wide) needed to link providers/training/users and statutory orgs (NFU, Defra, CLA, etc) together"
"More frequent networking sessions"
"Organise more regional network/workshop days and trips"

3. Standards

Continued on next page

- Accreditation and a set of standards for care farming was recognised as needing to be developed by 5 people, and another 6 considered there are training needs to be met, one also suggested the option of mentoring should be explored, e.g.
 - “Quality control/qualifications - some sort of legitimacy”
 - “Quality assurance scheme”
 - “A framework for standards, Health & safety etc”
 - “Training for farmers wishing to engage in care farming at fairly local level e.g. county” (this could link with training sessions at networking events)

4. Promotion

- Brokering was the term used by 5 people, mainly in relation to helping match providers and commissioners of services, and 2 felt the web site needed to be used to further promote care farming, e.g.
 - “Brokering between farms and user groups”
 - “Be a brokerage?”
 - “Brokering connections with policy makers”

A number of individual comments were also made:

- “Bigger names on the name badges so you don't have to peer so hard at peoples chests! Attendance list with approximate occupations column”
- “The term “Care Farming” needs to be re thought. It is not a useful term and there could be a better alternative”
- “Avoid going down the blame road re public sector commissioners and instead look at ways to help them in their purpose using care farms”
- “More people from the front line with experience and qualifications need to be involved in the steering committee or we are at risk of losing the reality of the situation”
- “Where can questions re NCFI (UK) be directed? Will the steering committee reply to them? A forum maybe?”
- “Can we all use the logo on the farm and on letter headings - if so are we “a member of” or “part of””

Some points emphasised issues raised in question 2, such as:

- “Get some people who have used the services of care farms to share their experiences with us”

Figure 16: Requests concerning network support for care farmers.

<http://www.ncfi.org.uk/documents/2nd%20National%20Care%20Farm%20Conference.pdf>

In addition then to the findings from conference participants in 2005 and 2007, the Hine et al (2008) study took the opportunity of asking survey respondents what NCFI(UK) could do for them, in the context of the challenges they face as care farmers.

The main requests for help to NCFI UK included: (i) help with sourcing funding; (ii) advice on insurance and relations with local government; (iii) providing exemplar risk assessments; and (iv) publicity. Other requests included: (i) evaluation models; (ii) suggested rates per client to charge; (iii) training courses relating to care farming; (iv) help with benchmarking achievements to get the message across to politicians; (v) a simplified and universal, user-friendly quality assurance system which is recognised

nationally; (vi) to provide a format for similar initiatives nationwide to communicate successes and developments in their area; and (vii) advice on whether to stay as a company or become a charity or social enterprise.

One way forward to increase networking amongst care farmers was highlighted by Deborah Wilcox, Harper Adams University College and the National Care Farming Initiative¹⁹. She identified key recommendations including research on Defra's annual farming survey to calculate current scale and types of client in the UK, facilitated workshops involving commissioners and prospective care farmers and the development of small, local networkers for farmers, health and social care professions and service users to provide mutual support.

This echoes a recommendation by Barnes (2008) that, in order to ensure that clients of care farms are not simply "passive receivers" of care but rather co-develop their care with the farmers, there should be networking and communication with clients and their organisations:

"These discussions should take place with individuals concerned in relation to their own involvement, but there would also be value in collective discussion with disabled people's organisations and service user groups in order to draw on collective knowledge and expertise of such groups in planning the way in which care farming schemes can be established" (Barnes 2008, p.34).

¹⁹ Source: Farmers Guardian, 4 November 2008:
<http://www.farmersguardian.com/story.asp?storycode=22400>

Key points from this section

1. The majority of individual care farms (and STH) receive funding from a range of public, private, charitable and European sources.
2. Funding is the biggest challenge facing the existence and spread of care farming in the UK.
3. Much of care farming activity is bottom-up and voluntary.
4. Care farming crosses many different areas of policy responsibility (e.g. health, education, justice, agriculture); this increases the challenge of joined-up strategic policy development, but there are examples in other European countries of successful integration.
5. As a minimum, a policy environment can create a positive context for care farming to flourish, and to move from being a “novelty” to being more structured and part of mainstream provision.
6. It is important to examine, debate and evaluate the policy recommendations made in the reports cited above, because these give an important insight into policy and practice needs for care farming to succeed.
7. Secure, predictable funding regimes are required for care farming.
8. There are examples of effective, functioning networks supporting care farming in Europe. There is evidence from earlier surveys of what care farmers in the UK require from a support network.
9. **Implications of findings for next steps in Scotland:**
 - a. Create opportunities for networking across government departments to debate care farming as a means to delivering specific departmental goals, addressing Single Outcome Agreements and the National Performance Strategy.
 - b. Identify existing networks on the ground which are already operating in Scotland, UK and Europe for care farming; ensure ongoing dialogue.
 - c. Explore the networking needs already identified by the NCFI (UK) as this will give useful guidance to any similar network in Scotland.
 - d. Identify funding already in use by Scotland’s care farmers and explore additional opportunities with different agencies, and under policies such as the Scotland Rural Development Programme.

6. Next steps in Scotland: recommendations from scoping study

- 1. Green care or Care farming:** There is a need to make a decision as to whether the care farming Scotland strategy is going to focus only on care farming, or on the wider area of green care. This has implications for resourcing, networking, remit etc.
- 2. A Care Farms Scotland network:**
 - a. Using the evidence and UK/international examples of need outlined in this report, explore the case for a network for care farms in Scotland, as well as its potential functions and roles.
 - b. Consider the role that the NCFI(UK) plays, which includes strategy development, ensuring a higher profile for Care Farming and identification of more funds. Consider where we would overlap and where we would focus on the specific aspects in Scotland (e.g. different funding, health, justice, education and rural policies and practice).
- 3. Networking:**
 - a. Identify existing networks and networking resources and events in Scotland (such as Trellis and the City Farms networks) and create dialogue on how best to take forward a care farming Scotland strategy, together with networking and support. So, to put in place a process which embraces the organisations and work already being carried out, so that there is no sense of the Strategy trying to replace or take over existing hard work and experience.
 - b. Maintain an awareness of how such a strategy (and project officer?) may be perceived, for example as competing for already-small pots of funds, and identify how a strategy group would seek to lever strategic change including the availability of more funds.
 - c. Create opportunities for networking across government departments to debate care farming as a means to delivering specific departmental goals, addressing Single Outcome Agreements and the National Performance Strategy.
- 4. On existing care farms in Scotland:**
 - a. There are four care farms in Scotland; it would be useful to carry out whole farm reviews or other business planning evaluations to identify and evaluate financial costs and benefits for these farms, in order to generate accurate case-by-case data.
 - b. Explore the use of existing tools used by Hine *et al* (2008) and Sempik *et al* to the Scottish cases

5. Towards expanding care farming in Scotland:

- a. Explore, through networking and discussions with relevant stakeholders, farmers and others, the potential for expansion of care farming as projected in the Dover (2008) study
- b. Carry out a SWOT analysis for the agricultural sector in Scotland to identify aspects that will act as barriers or opportunities to development.
- c. Identify funding already in use by Scotland's care farmers and explore additional opportunities with different agencies, and under policies such as the Scotland Rural Development Programme 2007-2013 (SRDP)

Appendix 1: References

Barnes, M. (2008), Care, deliberation and social justice, IN Dessein, J. (ed) (2008), *Farming for Health*. pp. 27-36.

Braastad, B.O., C.Gallis, J. Sempik, S.Senni and T. van Elsen (2007), Cost Action 866: "Green care in agriculture" – a multi-disciplinary scientific network. IN Gallis, C. (ed) (2007), *Green care in agriculture: health effects, economics and politics*. 1st European COST Action 866 conference, Vienna Austria. Thessaloniki: University Studio Press; pp.13-24.

Dessein, J. (2008), Introduction IN Dessein, J. (ed) (2008), *Farming for Health. Proceedings of the Community of Practice Farming for Health*, 6-9 November 2997, Ghent, Belgium; pp.11-23.

Dessein, J. (ed) (2008), *Farming for Health. Proceedings of the Community of Practice Farming for Health*, 6-9 November 2997, Ghent, Belgium; pp.11-23.

Di Iacovo, F. (2008), Social farming: charity work, income generation – or something else? IN Dessein, J. (ed) (2008), *Farming for Health*. pp. 55-70.

Dover, J. (2008), The potential development of care farming in the UK. Projections from November 2007 Dutch research. NCFI Briefing Paper available at:

<http://www.ncfi.org.uk/documents/Potential%20of%20Care%20Farming%2008%20-%20Dutch%20to%20UK%20Projection.pdf>

Enders-Slegers, M-J. (2008), Therapeutic farming or therapy on a farm? IN Dessein, J. (ed) (2008), *Farming for Health*. pp. 37-44.

Gallis, C. (ed) (2007), *Green care in agriculture: health effects, economics and politics*. 1st European COST Action 866 conference, Vienna Austria. Thessaloniki: University Studio Press.

Hassink, J., Ch. Zwartbol, H. Agricola, M. Elings and J. Thissen (2007), Current status and potential of care farms in the Netherlands. *Wageningen Journal of Life Sciences*, NJAS, 55(1).

Hassink, J. and M. van Dijk (eds.) (2006), *Farming for Health*, Springer. Printed in the Netherlands, pp. 347-357. Springer Publication.

Hine, R., J. Peacock and J. Pretty (2008), Care Farming in the UK: Evidence and Opportunities. A Report for the National Care Farming Initiative. Colchester: University of Essex.

McNair, D. Lorr, M. and Droppleman, L.F. (1984), *EDITS manual for profile of mood states*, San Diego Educational and Industrial Testing Service.

McNair, D. Lorr, M. and Droppleman, L.F. (1984), *EDITS manual for profile of mood states*, Revised 1992, San Diego Educational and Industrial Testing Service.

Natural England 2007, *Walking the Way to Health*, cited in Hine et al 2008, p.22.

O'Connor, D. (2008), Policies for Farming for Health – partners or enemies? IN Dessen, J. (ed) (2008), *Farming for Health*. pp. 45-54.

Rappe, E. (2007), Green care in the framework of health promotion, in Gallis, C. (ed) (2007), *Green care in Agriculture: Health effects, Economics and Policies*. First European COST Action 866 Conference, Vienna, Austria 2007. Thessaloniki: University Studio Press, pp.33-40.

Rosenberg, M. (1989), *Society and Adolescent Self-Image*, Middletown CT, Wesleyan University Press.

Sempik, J. (2007), Selecting approaches and methods for researching green care for people with mental ill health: some results and observations from a pilot study. in Gallis, C. (ed) (2007), *Green care in Agriculture: Health effects, Economics and Policies*. First European COST Action 866 Conference, Vienna, Austria 2007. Thessaloniki: University Studio Press, pp. 67-82.

Sempik, J., Aldridge, J. and Becker, S. (2005), *Health, well-being and social inclusion: Therapeutic horticulture in the UK*. University of Bristol, The Policy Press.

Sempik, J., Aldridge, J. and Becker, S. (2003), *Social and Therapeutic Horticulture: Evidence and messages from research*. Report published by Thrive, in associated with the Centre for Child and Family Research, Loughborough University.

Sempik, J., Aldridge, J. and Becker, S. (2002), *Social and Therapeutic Horticulture: Evidence and messages from research. Rep. Evidence Issue 6*, Loughborough University, Thrive and ccf (Centre for child and family research)

World Health Organisation (WHO) (1986), Ottawa Charter for Health Promotion 1986. www.who.int/hpr/NPH/docs/ottawa_charter_hp.pdf

Appendix 2: Inventory of websites

Arthur Rank Centre – RuSource (2008):

http://www.arthurrankcentre.org.uk/projects/rusource_briefings/rus08/601.pdf

Camphill Trust:

www.camphillscotland.org.uk

Community Care feature (2007):

<http://www.communitycare.co.uk/Articles/2007/03/22/103885/the-therapeutic-value-of-care-farms.html>

Countryfile 16th November (2008), feature on benefits of spending day on farm (fast-forward to 5 minutes into video):

<http://www.bbc.co.uk/iplayer/episode/b00flx4g>

Cyrenians care farm:

<http://www.cyrenians.org.uk/>

<http://www.homelessuk.org/details.asp?id=HO7272>

http://www.cyrenians.org.uk/wmslib/pdf/Community_Shareholders_o.pdf

http://www.cyrenians.org.uk/wmslib/pdf/Scotsman_Farm_5_Jun_2006.pdf

Easter Anguston Farm (Training Centre), Peterculter, Aberdeen

www.vsa.org.uk/anguston-skills.html

Farmers' Guardian (article on care farming, Nov 2008):

<http://www.farmersguardian.com/story.asp?storycode=22400>

Farmers' Weekly (article on care farming, 2008):

<http://www.fwi.co.uk/Articles/2008/04/04/110044/care-farming-could-put-149myear-into-the-rural-economy.html>

Farming for Health international Community of Practice:

www.farmingforhealth.org/

Federation of City Farms and Community Gardens (feature on care farms): <http://www.farmgarden.org.uk/care-farms-research-boost.html>

Green Care in Agriculture (Cost Action 866) – a multi-disciplinary scientific network to increase the scientific knowledge on the best practices for implementing green care in agriculture with the aim of improving human mental and physical health and the quality of life: www.umb.no/greencare

Guardian Newspaper (feature on care farming, plus 3-minute video):

<http://www.guardian.co.uk/society/2008/mar/12/care.farms>

The Locharthur Community:

www.locharthur.org.uk;
www.camphillscotland.org.uk/index.php?option=com_content&task=view&id=27&Itemid=51; BBC2 Landward, episodes 1-5, weekly from 24th October 2008

National Care Farming Initiative: www.carefarming.org.uk

Newton Dee: www.newtondee.co.uk
www.camphillscotland.org.uk/index.php?option=com_content&task=view&id=29&Itemid=53

Parliamentary debate on care farming (2008):
<http://www.theyworkforyou.com/video/?from=debate&gid=2008-11-24a.596.1>

Realize Scotland: www.realize-scotland.co.uk/care_farming

The SoFar project. to clarify the concepts of “social/care farming” and to promote specific EU policies to support in the use of agriculture in care and social inclusion practices.: <http://sofar.unipi.it/>

Thrive: A small national charity that uses gardening to change lives:
<http://www.thrive.org.uk/>

Wales online (article on care farming, 2008):
<http://www.walesonline.co.uk/countryside-farming-news/farming-news/2008/02/19/care-farming-s-double-dividend-91466-20491676/>

Appendix 3: Online articles relating to care farming in the UK

A3.1. Adjournment debate, UK Parliament, November 2008

Adjournment debate on care farming, November 2008.

Jane Kennedy, Environment and Rural Affairs Minister.

<http://www.theyworkforyou.com/video/?from=debate&gid=2008-11-24a.596.1>

From debate entitled "[Care Farming](#)"

The three speeches/headings

1. *1 earlier:* Jane Kennedy

I shall come to that point in a moment. What my hon. Friend has described tonight could be taken as a simple manifesto for the development of care farms. He has made some reasonable requests, including collaboration between Departments and recognition of the therapeutic benefits. Those measures do not cost money, but the will to carry them forward is necessary. He mentions assistance with regulatory burdens, and I listened to his description of the impact on the farm that we have been discussing this evening. I also take seriously his comments about a rational approach to risk in the care of young people, and he makes a good point.

I have a suggestion for my hon. Friend on the issue of funding which he may wish to take up. We cannot escape the fact that care farms need to be run as sustainable businesses, with their customers—whether local authorities or primary care trusts—purchasing the services as an integrated part of their provision for people with disabilities or other mental or social needs. I believe that set-up funding may be available from DEFRA through the rural development programme for England, but for their long-term sustainability care farms should be funded through the mainstream budgets for people with disabilities or other mental or social needs. It would be easy for me, as Minister of State with responsibility for farming, to stand here and commit other people's budgets, so I will not do that, but if the care farm practitioner steering group wishes to come to discuss some of its ideas with me, I would be happy to meet it. I know that its members recognise that care farms need to be run as viable businesses, but there may be things that we can do across government,

engaging colleagues in the Home Office and the Department of Health in a way that might help to achieve those obvious benefits without a great deal of investment.

2. *2 earlier:* Mark Todd

Would it therefore be reasonable for bids for funding for diversification—to create the appropriate environment, such as classrooms or adaptations to meet the needs of particular client groups—to be made to agencies supported by the Minister's Department?

3. *3 earlier:* Jane Kennedy

I congratulate my hon. Friend the Member for South Derbyshire (Mr. Todd) on securing this debate. I have opened an Adjournment debate speech with that phrase many times over my past 11 years as a Minister, but I genuinely mean it on this occasion. My hon. Friend may not know that I started my professional career as a child care worker, working with young people in an assessment centre. Although all the young people I worked with have now grown up, I can imagine that many of them would have benefited from the kinds of work that care farms do. He is right to say that our mutual friend Lord Rooker visited the care farm; it is called Highfields Happy Hens. It is obviously an inspirational place, and I know that Lord Rooker found it an enjoyable place to visit as well.

There are many benefits to care farming, and the benefits to the individuals referred to them are apparent. They include improvements in general health, welfare, self-esteem and behaviour, as well as the benefits of structured routine, helping people with a huge variety of problems and issues to function effectively in their daily lives and to contribute to society. I can believe it when some of the individuals who have benefited from care farming have said that the experience has literally changed their lives.

I know that these benefits have also been proved by academic research. This is a classic example of something that has been said informally for many years—in this case about the benefits of country living and activities—being proved to be true. In this instance, it has been proved in a unique, positive and direct way. The therapeutic effects of caring for animals and direct contact with growing activities have been recognised for a long time, although care farming is a novel and exciting method of putting these theories into practice.

One of DEFRA's key goals is to support farmers in building a profitable, innovative and competitive industry that meets consumers' needs. Our social goals include working to support farming's wider contribution to the long-term sustainability of rural economies and communities and to public health. Care farming takes the notion of meeting consumer needs to a new level. Care farming contributes to both of these important goals I have outlined. It has the capacity to contribute to the health of the farming industry as well as to the health of the individual.

Part of developing a thriving, competitive farming sector is being imaginative in the use of resources that the farm and the landscape have to offer. I am talking in particular about the benefits of diversification. Diversification can increase farmers' incomes, and expand the farm business base to be more viable and sustainable, and 50 per cent. of farms in England already have diversified activity. Diversification is not the answer for everyone, and a farm business's capacity for diversification depends on a range of issues, not least the location of the farm and the skills of the farmer. Likewise, care farming is not going to be an option for every farm, but it is the kind of creative solution to add to the repertoire of alternatives that farmers can consider to maximise their business opportunities and support the overall viability of the farming business.

Farm diversification can also benefit the wider rural economy, contributing to other businesses and providing local jobs. The study by Essex university to which my hon. Friend referred found that care farms in the UK employed a total of 657 full-time and part-time staff, as well as providing many additional volunteering opportunities. Many of those jobs are likely to be local, supporting the rural economy, and volunteering opportunities offer people the chance to increase their skills and participate more fully in the community.

There are also many benefits to farms and the rural community beyond the economic ones. A key problem for farmers is isolation. Farmers are often sole traders, only occasionally hiring in labour, and with families working off-farm they can find themselves working alone, in difficult conditions, for extended periods, without the support of colleagues and family that people in other jobs and businesses take for granted. Because of that, farmers often find themselves suffering from loneliness and depression, and isolated from their local communities. Having other people working

alongside them on the farm, be they other members of support staff or the care farming beneficiaries, can help enormously to alleviate such problems. Farmers involved in care farming schemes must feel an added sense of personal satisfaction and achievement when beneficiaries blossom in their care and eventually develop the skills and confidence to move on and to build a new life for themselves, encouraged by their on-farm experiences.

It is clearly not only the intended beneficiaries of care farming who can reap the rewards of participation in this initiative. Care farming even helps to contribute to the wider awareness of the role of farming and its contribution to the countryside. A key issue identified by the Curry report in 2002 was that consumers as a whole had become "disconnected" from their food and where it came from, and had little appreciation of the role of farming. Since then, the Department and the industry have been encouraging farmers to try to reconnect themselves with the market and their consumers. That can take many forms, such as direct selling through farm shops and farmers' markets.

In addition, DEFRA, through its environmental stewardship schemes, along with other organisations such as Linking Environment and Farming—LEAF—has been encouraging farmers to open up their farms to the public, to encourage a greater understanding of farming. Another example of that, other than care farms, is open farm Sunday, which has been running for three years. Last year, more than 400 farmers opened their doors to more than 150,000 members of the public, educating them about farming and food. My hon. Friend might think that I have wandered a little from the issue of care farming, but there was a point to my previous comment, because like those initiatives, care farming educates its participants about the purpose and value of farming, by involving them directly in the work activities of farms so that they can appreciate the importance of the role, and, in addition, gain pride and self-esteem from their participation. It also restores pride in the farmers providing the service. It increases, yet again, the value we are obtaining from our farms and the land, and it opens up the eyes of the community to the kind of valuable contribution that farming, as an industry, can make to wider society.

It is good to see the concept of care farming spreading in England, although we have a long way to go in its implementation to catch up with some of our European neighbours. Debates such as this will usefully serve to raise awareness of the existence of care farming and the benefits it brings. However, it will be down to individual deliverers of health and social care, education and ex-offender rehabilitation, whether they wish to spend their funding in this way and incorporate such an initiative in their portfolios of health and welfare support activities. It is also very much an individual business and personal decision for farmers whether this kind of activity can contribute to the viability of their farm, and whether they have the skills and commitment to contribute to making their farms a key part of rehabilitation and support for disadvantaged people. However, I am sure that with increased awareness of both the activities in practice and the research into the impacts of care farming that have been described this evening, this initiative will move from being a fairly niche activity to take its place beside other recognised caring activities as a valuable resource for social and health care practitioners to draw upon.

A3.2. City Farms and Community Gardens: response to care farming research (2008)

<http://www.farmgarden.org.uk/care-farms-research-boost.html>

Care farming is a valid solution to increasing pressures on health and social care providers, offender management services and educational bodies, according to new research. Increasing demands on these services to supply solutions to an ever wider range of challenges has created a need for additional options for rehabilitation, therapy and training. Now University of Essex research shows there is a proven positive relationship between exposure to nature and a person's health.

The recently published research findings, based on people who have used care farms, clearly show that spending time participating in care farm activities is effective in enhancing mood and improving self-esteem.

Respondents reported significantly reduced feelings of anger, confusion, depression, fatigue and tension and increased vigour enabling participants to feel more active and energetic. It is obvious that care farming offers an ideal way of helping a variety of people to feel better.

The latest research backs up evidence from Europe, where the Care Farm concept is more established, which clearly demonstrates that care farming is a win/win situation for farmers and rural communities, allowing the farm to

stay economically viable whilst providing a valued health, social, rehabilitation and educational service to society.

Dr Kim Jobst, Health Advisor to the NCFI (UK) Steering Group and Founding Director of Functional Shift Consulting Ltd, is convinced of the benefits, describing care farming as heralding: “a whole new phase in the delivery of healthcare in the UK, addressing the society’s disconnection between the soul and the soil.”

Michael Dixon, Chair of the NHS Alliance also supports the development of care farming in the UK. He said: “Care Farms offer an effective and innovative solution to some of the most intractable problems faced by the neediest of society. They represent the therapy of brining people in touch with themselves, each other and their natural environment and restoring a sense of belonging and fulfilment. This important report presents a challenge to health commissioners who say they want to think ‘outside the box’ and who must now consider seriously the opportunities that Care Farms offer.”

Rev. Dr. Gordon Gatward, NCFI (UK) Chairman and Director of the Arthur Rank Centre is not surprised by the research findings and comments: “The research has revealed what many people already knew – that care farming is one of the most effective and efficient ways of delivering care to people with a wide range of needs. Having witnessed the impact that it has in the lives of many individuals I now hope that the publishing of this research will lead to countless others having the opportunity to access help through care farming.” Sharing the farm, their farming skills and knowledge with others and being able to make a real difference to vulnerable people’s lives has been a primary motivation for care farmers and the potential development of care farming in the UK is huge. Dutch research published in November 2007 has shown that care farming is by far the fastest growing farm diversification in the Netherlands. In just under ten years the number of farms becoming involved has increased from 75 farms to over 800 farms providing care.

Projections have shown that, if developments in the UK follow a similar model to that in the Netherlands over the next ten years, the 315,000 farm holdings in the UK could be generating £149 million per annum. Average revenue for care farms in the Netherlands is currently £52,517 from providing care alone. At a regional level, benefits to the rural economy could be as much as £12.3 million in the West Midlands and £10.2 million in Yorkshire and Humber.

However, UK’s care farms currently exist without government policy, funding structures and recognition of legitimacy. Care farming has important policy implications for a wide range of sectors and is relevant for a range of different government departments, NGOs and the private and voluntary sectors.

Good partnership working between care provider, the farmer and the client is essential to match the client to the right farm and to tailor-make the care farm experience. Care farming has implications for many sectors, suggesting the need for cross-disciplinary and sectoral strategies and actions.

A3.3. Farmers Weekly Interactive, April 2008

Care farming could put £149m/year into the rural economy

04/04/2008

10:45:00

<http://www.fwi.co.uk/Articles/2008/04/04/110044/care-farming-could-put-149myear-into-the-rural-economy.html>

Recovering alcoholic Paul Bird believes farming saved him from the bottle. For the past two years, he has lived and worked at **Risdon Farm**, a 130ha (320-acre) dairy unit near Okehampton, Devon.

"It's good to have a purpose in what you do," Mr Bird told *Farmers Weekly*. "I enjoy working here - it's much better than regular rehab where you often find yourself at a loose end with nothing to do between therapy sessions."

Risdon Farm is a care farm - a commercial farm which promotes the physical and mental well-being of people with a range of disabilities, or medical or social needs. And Mr Bird has just signed up to stay for a further 12 months.

There are some 40 similar farms across the UK, offering therapeutic work-based learning and rehabilitation services to more than 3000 people every week, according to recent evidence from the University of Essex.

Care farming is a growing phenomenon. But the UK still lags behind countries such as the Netherlands and Norway, where more than 1000 care farms are seen as vital healthcare providers that also generate an additional source of agricultural income.

A powerful injection of funding and backing from policymakers is needed if care farming is to realise its potential in the UK, says university researcher Rachel Hine. "Amazingly, it's not on the health and social care agenda."

The Dutch experience suggests that the potential development of care farming in the UK is huge.

Research published last November has shown that care farming is by far the fastest-growing farm diversification in the Netherlands.

In 10 years, the number of Dutch farms involved in care farming has grown from 75 to more than 800. If developments here follow a similar trend, care farming could be worth more than £149m a year to the UK rural economy within a decade.

A single care farm operation could generate revenue of £52,517 annually, according to calculations by the **National Care Farming Initiative (NCFI)**, an organisation based at **Harper Adams University College**, Shropshire.

The NCFI highlights the work taking place on farms offering health, education and welfare services for people with a range of specialist or particular needs. It also provides networking and research opportunities for its members.

Care farms are very much commercial working farms, explains NCFI policy officer Jon Dover. "Meaningful work combined with connection to other people and nature is a winning and cost-effective combination."

A Care Farming Practitioner Steering Group, formally established late last year, has now brought together 12 of the sector's most experienced practitioners. Run by farmers, part of its work is to lobby for more government support for care farming.

Joint chairman Gareth Gaunt of [Carlshead Farm](#), Wetherby, hopes the group will be instrumental in the development of what he describes as one of the most exciting diversification opportunities available to British farmers.

"Farming and rural communities can uniquely help and improve the health and social well-being of many individuals in need of assistance and support. Visiting and completing tasks on a working farm can be life-changing for many people."

Fund-raising, however, remains an issue. Many care farms face an ongoing battle to secure an adequate income, with some farmers receiving as little as £19 from social services each time a client visits the farm. The figure needs to be nearer £100.

It is for this reason that Mr Gaunt stresses care farming must be treated as a business if it is to work properly. "Too many care farms are underpaid. There needs to be better understanding of what we provide."

A working farm is vital. "Without the farming side, you may as well go and get care in the city. Caring works a lot better in the countryside. But not enough people realise that the routine of farming is important in the way people respond."

Gradually, policymakers are taking notice. Care farming is a genuine opportunity, believes Tony Cooke, who chairs the organisation overseeing the government's sustainable farming and food strategy in the Yorkshire and Humber region.

"As we move into a new era of being market-focused as a farming industry, care farming is an imaginative way of harnessing all of the farm's resources while delivering real benefits to the local community."

What is care farming?

The therapeutic qualities of living in the countryside have long been recognised. Compared to the impersonal bustle of the city, rural life operates at a more relaxed pace, frequently based around the weather and the seasons.

But only recently has the concept of care farming - which combines care of the land with care of people - started to gain acceptance. It works by using farms to promote mental and physical wellbeing more efficiently than traditional social services.

Although still in its infancy in the UK, more commercial farms are offering on-farm health, education and welfare services for people who would benefit from a more structured lifestyle and meaningful work in a natural environment. Usually referred to as residents or clients rather than patients, many care farm participants soon experience improvements to their physical, mental and spiritual health and well-being.

Becoming involved with activities on a working farm can be especially beneficial for rehabilitation and re-education for disaffected youths. In the UK, care farms range in size from under 1ha to over 360ha and offer care to 3500 participants per week.

Case study: Carlshead Project, West Yorkshire



Carlshead is an alternative educational training project, based on a 200ha (500 acre) farm near Wetherby. It helps teenagers with a range of different needs, including learning or behavioural difficulties and those not attending school.

There is a strong emphasis on personal development. Youngsters are offered lessons in tractor mechanics, restoration and driving, coarse fishing, small animal care, and the basics of horse care, stable management and equine psychology.

Students work in small group sizes towards accreditations from the Open College Network. Courses are mostly practical with a small amount of written work. Tuition takes place within a complex of converted stone barns.

Carlshead is VAT-registered as a training facility, rather than as a school. This was deemed vital to avoid being at a 17.5% disadvantage as the £12/square foot charged in rent by the farm is VAT-able and comprises a large part of its expenses.

Case Study: [Gilead Foundations](#), Devon

Gilead Foundations is a Christian rehabilitation centre, based on a 130ha (320 acre) dairy farm near Okehampton. It helps people battling with addiction problems, such as drug abuse, alcoholism and related issues.

Up to 30 residents live on the care farm at any one time. Often working towards NVQ qualifications, they are trained in all aspects of farm work, including early morning milking, animal husbandry and tractor driving.

As a registered care home, the farm aims to restore independence and stability to people's lives. Residents - who often come from inner city backgrounds - are encouraged to lead responsible lives in their own homes once they leave.

Even so, Gilead is very much a working farm. Its milk processing operation handles approximately 2000 litres of milk each day which is either sold to a wholesaler or packed and delivered to local customers.

Case Study: [Growing Well](#), Cumbria



Founded in 2004, Growing Well provides people recovering from mental health problems with the opportunity to develop their confidence and skills by working as farm volunteers.

The project is located on six acres of [Low Sizergh Farm](#) - an organic dairy holding. Volunteers participate fully in every role of the business, including the production and sales of local organic produce. They also receive accredited horticultural training.

Placements are often organised through Cumbria County Council, but the farm maintains an open door policy to anyone recovering from mental health problems, regardless of their eligibility for funding.

Growing Well is run as a business by a family partnership on a National Trust tenancy. Trading activities generate two-thirds of the £150,000 needed each year in operational costs. The remainder comes from contracts and charitable trusts.

Case Study: [Top Barn](#), Worcestershire

The Top Barn special needs training centre is located on a 300ha (750-acre) mixed farm five miles north of Worcester on the banks of the River Severn.

It offers specially designed courses for adults with disabilities and young people who find the challenges of school difficult - as well as courses for the local community and anyone interested in rural skills and a sustainable lifestyle.

The main aim is to provide training, education and therapeutic opportunities with a rural theme. Activities include horticulture, farming, animal husbandry, woodland skills, alternative building and farmhouse style cookery using home-grown produce.

Lessons take place both inside and outdoors. All courses offered are practical, rather than academic. Students are encouraged to work with livestock, feeding, exercising and undertaking routine stock work.

The care farm business is run as a not-for-profit organisation, so all profits are ploughed straight back into the centre, resulting in the constant improvement of facilities available to students.

Author: Johann Tasker