

# CASE STUDY

## "CARE FARMS" (UNITED KINGDOM)

D4.1 | Final Version | 13/09/2016

**Daniel Keech**, Katarina Kubinakova and Paul Courtney



## 1 Introduction - Care farming as a WP4 case study

### 1.1 Contextualising care farming

Care farming is one of four Pegasus cases studies in the UK (the other three case studies are the WILD Project, the North Pennine Uplands and RSPB Hope Farm) and offers some distinctive contexts as a Pegasus case study. Firstly, care farming can be understood in two ways: as an *activity*, namely ‘the therapeutic use of farming practices (CFUK 2013<sup>1</sup>); as well as an *organisation*, in the form of the Care Farming UK network. Secondly, care farming happens all over the UK and, therefore, individual care farms need to be studied and a rationale for their selection presented in the analysis. Thirdly, as its name makes clear, care farming is usually associated with agri/horticultural land uses, and less prominently with forestry, although some care farms do manage woodlands. Finally, the ESBOs associated with care farming are likely to be contextualised by the principal objectives of care farming which are socio-cultural, not necessarily ecological.

The practitioner literature on care farming is recent, appearing mainly over the past decade or so, and the benefits of care farming are clearly framed in terms of (i) the health conditions which care farming can positively affect, such as autism, stress, dementia; and (ii) the types of agricultural activities which facilitate therapy, such as contact with animals, or horticultural training (for a summary see Bragg et al. 2014, pp. 1-2). In some cases, care farming has been included within a broader generic term – *Green Care* – which delineates types of therapeutic interventions within nature settings, and which casts care farming as a recent format of the centuries-old connection between human experience of nature and healing. A range of conceptual framings of care farming has been provided by the COST 866 project on Green Care in Agriculture (Sempik et al. 2010), including interpretations of psychological processes, the connections between work and self-esteem, and the intrinsic therapeutic value of nature. Most of these concepts position care farming in relation to processes of human development. An exception is the connection of care farming with alternative economics and multi-functionality. Further research (Di Iacovo and O’Connor 2009, O’Connor et al. 2010) suggests that care farming is operating at different stages of development across Europe and identify the following four stages: pioneering; associated with multi-functional agriculture; recognised within social care provision; and finally as an inclusive and well-organised model of agriculture embedded in wider society.

PEGASUS WP4 can make an important contribution to understanding care farming because of the project’s emphasis on the generation of PG/ESS and its interest in ESBOs. In this report, we present an introductory overview of the national Care Farms UK network and base our SES/ESBO analysis on three care farms within the membership of Care Farming UK.

### 1.2 Care Farming UK (CFUK)

CFUK is an evolution of the National Care Farming Initiative (NCFI), which itself was established in 2006 following a conference which sought to support a growing but unrepresented sector (Leck et al. 2014). The CFUK mission is ‘to provide a voice and supportive services for



care farmers, to inspire decision makers and develop policies and actions that will support care farming in the UK' (CFUK website). The organisation is registered as a charity and company by guarantee (which limits its profit distribution abilities) and is supported by a paying membership delineated into three categories; namely care farmers, supportive individuals and organisations (such as local authorities or educational institutions). The organisation is governed by a board of trustees and employs two part-time staff. The overarching aims of working of CFUK are to support the quality of provision of services to care farms, to help the development of care farming networks in the UK, to raise the profile of care farming, and to generate an evidence-base in support of the effectiveness of care farming. Beyond the network resource, and a self-certification 'code of conduct' for members, there is no official CF register other than the membership of CFUK. It follows that not all care farms will be CFUK members, or even that farms involved in providing care services necessarily know about CFUK.

At least two surveys of care farming have been carried out, one by the University of Essex in 2011 (Bragg 2013), and an update of this commissioned as an online survey by Natural England in 2014. In both cases the target group was farmers known to Care Farming UK. The most recent survey suggests there are 230 care farms in England. This result adds to the rising emergence of care farms, which the earlier survey identified as 180 in the UK, with the largest rate of expansion in the English regions of the South-West, West Midlands, East Anglia and London, respectively.

For PEGASUS, relevant findings in the most recent survey (CFUK 2016) of care farmers include that:

- 66% report that they provide more than one type of socio-cultural benefit (social, educational and health care);
- client visits are frequent, regular and medium term (average duration is 30 weeks);
- three-quarters of the care farms are not running at 'full capacity', meaning that more care sessions could be offered with the right blend of resource increases.
- an estimated 8,400 'vulnerable people' benefit from experience of care farming each week in the UK and Ireland

### 1.3 Four care Farm case studies in England – rationale for selection

We are drawn to the three-fold typology of European care farming discourses suggested by Dessein and Bock (2010). These authors identify three primary types of function and activities in care farming:

- *Multi-functionality* – associated with the Netherlands and Norway, where care farming is exercised on privately-owned farm businesses for which care farming may constitute a form of enterprise diversification;
- *Public health* – associated with German and Austria where care farming is a formalised aspect of health care arranged via, or attached to, a treatment institution; and
- *Social inclusion* – linked to the Italian co-operative farming model and integrating health and social inclusion benefits (see also Di Iacovo and O'Connor (eds.) 2009, p.11-15).



No UK model is highlighted within these discourses, possibly because the UK situation is recognisable in all three categories (Leck et al. 2014, Dessein and Bock 2010). However, our initial conversations with CFUK reveal a limited explicit connection in the UK with the social inclusion model, other than through inter-generational contact (see also case study CF2 below). A stronger social inclusion narrative is associated with care farming as a formal route towards skills training (thus distinguishing it from the Belgian experience (De Krom & Dessein 2013):

*‘Many care farms focus on formal skills training to help people into jobs or some kind of progression back into society, if they are marginalised, for example through drug or alcohol dependency’ (CFUK).*

Our strategy for selecting the case study farms was based on a combination of: (i) pragmatism – we selected farms in the growth areas of the South West and West Midlands closest to our base; (ii) initial questioning of CFUK representatives who suggested a number of care farms most likely to be interested in the aims of PEGASUS; and (iii) reflecting the European discourses outlined, albeit with social inclusion interpreted in the UK case as the pursuit of skills training for (re-)integration in labour markets. Three care farms closely conformed to the typology outlined. Due to delays in securing interviews with one, we included a fourth case from a different region the director of which was happy to participate, in order to supplement data. All case study interviewees were offered anonymity and are therefore coded.

#### 1.4 Care farms in the case study

Having outlined our rationale, table 1 provides a summary of the care farms which provided the majority of primary data for this report.

**Table 1:** UK care farms studied in WP4

Name, region	Extent (acres/ha)	Type of agriculture	Structure & governance	Main user groups	Criterion for selection
CF1, West Midlands	400/162	Beef and lambs, woodland management.	Registered Charity	(i) Children with physical and learning disabilities. (ii) Prolific offenders.	Training and integration
CF2, South West	30/12	Beef/lambs and vegetables in two distinct locations.	Company limited by guarantee (profit distribution limits).  CEO is key decision-maker and serves on board of directors.	(i) School-age children with behavioural difficulties and chaotic lives. (ii) Retired rural men with dementia or at risk of social isolation.	Health and social care
CF3, South West	4.5/0.2	Organic vegetables / horticulture	Registered parent charity	(i) Ex-offenders (ii) Substance and alcohol dependencies (iii) People at risk, such as homeless. (iv) Those from deprived areas	Training and integration / Health and social care



				or backgrounds		
CF4, West	North	80/32	Beef, lambs, geese.	Community In- terest Company (Limited liability company with an asset lock)	(i) Secondary school children excluded for disruptive behav- iour. (ii) Adults with long-term men- tal illness.	Multi-functional agriculture

### 1.5 ESBO Focus

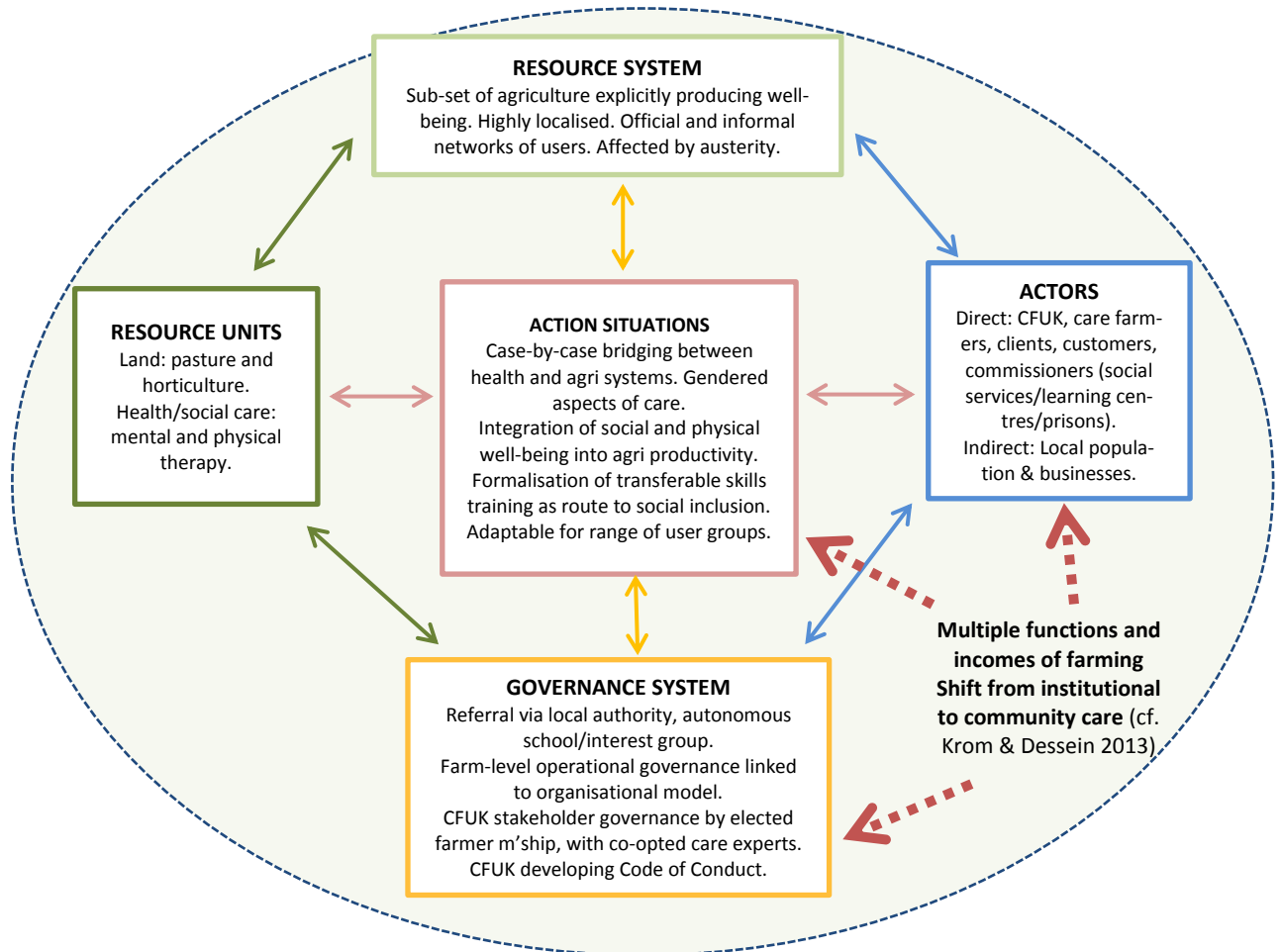
The literature clearly links care farms with a wide range of social and environmental functions. Within Pegasus the range of Environmental and Social Beneficial Outcomes (ESBOs) has been delineated and defined. For the purposes of this case study, care farms are investigated with reference to two distinct ESBO categories, namely: (i) health and well-being and (ii) rural vitality. These ESBOs have been chosen because care farms seek to positively contribute to individual physical and emotional health, and because the provision of their agricultural ecosystems services and public goods are generally localised within a distinct rural area. It should be noted, however, that in the UK not all care farms are rural; indeed one of our case studies is located within a town. Its inclusion in this report serves partly to illustrate the application of productive activities normally associated with the rural domain (Lobley and Winter 2009; Van Huylbroeck et al. 2007) by organisations in urban and peri-urban localities, and reflects a rising interest in urban agriculture in the EU (Tournaghi 2014, Wiskerke in de Zeeuw and Drechsel 2015).



## 2. Social and Economic System (SES)

### 2.1 SES Diagram

Figure 1 below shows the draft SES linked to the care farming case study.



### 2.2 Characterisation of key drivers/motivations

A number of policy developments are linked to the growth in care farming. These include a gradual delegation of public service provision by statutory bodies to third party organisations, including businesses and the Third Sector, since about the 1980s. More recently, delegation of public services has been connected to public sector funding cuts and reorganisations of the health service and the governance of schools. In particular, the delivery of public health objectives has been shifted from the National Health Service to local authorities, while individuals with long-term social care needs have been offered more freedom to develop portfolios of care, including the purchasing of care farming support, where this is available. This has, in turn, produced a 'market' for a broad range of community-based care provision which seeks to offer innovative and effective ways to supplement constrained public services, and respond to the policy objectives to equalise the importance and availability of mental and physical care.



### 2.3 Description of other important variables chosen

A range of variables were used to develop an analysis of care farms, within the two key themes of rural vitality and health and well-being. These included:

- Models of operation and governance on care farms – while many care farms have emerged from or supplement ‘conventional’ agriculture enterprises, care farmers seem unsure about which organisational model is best for them, and our case studies reveal a varied developmental trajectory from establishment to operational maturity. Similarly, decision-making structures seem to change over time and alongside organisational expansion.
- Links to other local businesses – the highly localised nature of care farming provision is also reflected in the importance of local agricultural supply chains (for inputs and marketing). Some care farms understand that they are distinctive and have developed relationships with ‘conventional’ farms to highlight typical agricultural practices to their trainees.
- Resources – it was important to get a picture of the balance between care and agricultural incomes. An interesting feature was the separation of land, agriculture and care management. Developments in the agri-environmental subsidy and in the role of the local state also affect care farm resources significantly, in contrasting ways.
- Productivity – Our care farming is associated with low productivity. In particular, low density of animals, a mixture of husbandry types, some of which are not agriculturally productive (donkeys, rabbits and pet pigs), and a mixture of products. It is not entirely clear whether increases in productivity would enhance either care farming or financial stability (which is fragile).
- Environmental performance – the case study explored the distinctive environmental contributions of the contexts around care farming compared to ‘conventional’ agriculture.

### 2.4 Discussion of the SES

The resource system is embedded in local agriculture. Each care farm, even the urban example, depends on land for the accommodation of its animals, horticulture and care facilities. In this respect the natural resource system is clearly delineated and limited.

The social system around the care farm is more dispersed, but is predominantly sub-regional (or sub-national, in terms of administrative hierarchy), corresponding with the county council level. For care farms which serve children, referrals come from either County Council-employed social workers, or from Learning Centres (LCs). LCs are specialist institutions which arrange education for children who are not in the mainstream school system, for example if they have particular learning difficulties or have been excluded from schools due to behavioural problems. In the UK, the traditional link between schools and Local Education Authorities (ie. county councils) has been changing for almost a decade through the introduction of Academy Schools. These are mainstream schools which leave LEA control and develop a direct relationship with the national Department for Education, and have delegated control over their entire school budgets. Academy schools are relevant in the social resource system



because they may choose to directly purchase the services of care farms, or may move excluded pupils to LCs. Finally, informal relationships between interest groups – such as local homeless support organisations or prisoner rehabilitation networks – may directly commission care farming support. In summary, care farms are embedded within a local and environmentally defined agricultural system, the extent of which may be affected by policies, services and supply chains of sub-regional markets, public and Third Sector structures and institutions.

Policy drivers both facilitate and constrain the development of care farms. On one hand, the delegation of public services to third parties such as care farms, has allowed land owners and farm businesses to diversify the income sources they attract, as well as providing a significant financial return for the functions of agriculture that are not rewarded through the market. On the other hand, cutbacks in social care provision, rural transport and agri-environment payments for public goods such as educational farms visits, mean that care farms need to be very creative in how they organise the relationship between the care and agricultural aspects of their operations. Recent agri-payment reforms have been particularly challenging, as this quotation reveals:

*‘...the farm received support under the old Countryside Stewardship Scheme for educational visits. Under that scheme there was no upper limit on the number of educational visits per year, which rose to 376 on the farm, with a payment of £100 attached to each, representing a substantial income for the farm. However, under the new Stewardship model, educational visits are capped at 25.’ (CF4)*

The dispersal of mechanisms for accessing care farming – referral, delegation or simply interest – may also mean uneven co-ordination of the balance of supply and demand in a region.

## 2.4 Common aims, conflicting interests and goals

While care farms seem to be agreed on their aims, namely to use agricultural settings to therapeutic ends, a number of conflicting interests arise. In this study, these particularly relate to:

- the choice of organisational structure depending on the balance between agriculture and care
- land ownership and succession
- financial viability

### a) Organisational structures

Beyond the common objective of recognising the potential for an agricultural setting to support personal development, the overarching aims of care farms varies. For example, while all three case study farms support children, CF2 serves those outside mainstream education, CF1 is linked to a school for children with special educational needs, and CF4 combines links with excluded teenagers and adult care. In common with other care farms CF3 specialises in supporting ex-offenders and individuals with drug and alcohol dependencies, many of whom





are from deprived areas or backgrounds. Thus a key concern for CFUK is exploring which organisational, legal and governance models may best serve particular care farms.

In the case of CF2, the primacy of the social objective over the agricultural operation is explicit:

*'We did find that we became task-focused. [Colleagues] would be going "well the animals have all got to be fed! It's 12 o'clock and they've not had anything to eat and the kids are all kicking off and this is a nightmare!" So you can see how you can come into that mind-set of [being task-led]. But that was never why CF2 started. The animals and everything were there to change the young people's behaviour, it wasn't about them coming here to feed the animals. ...I didn't want this to be the kids' job. It's a totally different thing... the young people come first.'*

Similarly, while CF3 began life in 2008 as an organic farm with commercial objectives, a strategic decision was taken four years ago to shift the primary focus away from growing commercial produce to 'growing people', with all produce now consumed on site as part of its remit of 'grow it, cook it, eat it'.

*'Four years ago we had a workforce who could plant, grow and seed quite competently. We are left now with people with far more complex needs. You can't really have that diversity and grow commercially.'*

*'We deal with people who society deems to be un-investable in. And we don't say no to anyone. The majority are referrals from the mental health sector, although we do [have] self-referrals. A lot come from drug treatment agencies and rehabs, a lot from probation agencies and the job centre. Some clients are from deprived areas and can't afford a meal, so it's very beneficial. Through nurture and planting we give people a sense of responsibility.'*

## **b) Land ownership and succession**

In three out of the four cases, care farming activities and agricultural enterprises are separated as legal entities, for example both CF1 and CF2 agricultural enterprises are run as partnerships, while their care farming is organised as a charity and as a limited company, respectively. Such a separation can help to reduce the risks outlined in the quotation above, and can help manage complex land management arrangements between multiple parties, as revealed in the case of CF4, which includes land owned by Cumbria Wildlife Trust:

*'The land occupancy is complex. [The director's mother] donated ownership of 35 acres of her side of the farm to Cumbria Wildlife Trust (excluding her house) and retained a 15 year tenancy on the land. CF4 CIC therefore rents the land from CWT. When she dies, the rest of the land will be bequeathed to CF4 CIC...'*

In CF3, on the other hand, agricultural and care aspects are both run under the umbrella of a national charity. Additional grant funding, beyond that which pays for staff and other fixed costs, is made independently by the organisation and not by the parent charity.



Another potential challenge is ownership, leadership and succession. It is clear that personal motivations are key drivers in care farming start-ups. The Director of CF2 was formerly an educational social worker who recalls a happy childhood on her family's farm. Similarly, the Director of CF1, who works in the provision of housing for people with disabilities, wanted to share his own positive experiences as a rural child:

*'...because of my [work with] children with disabilities, I have persuaded the local special school to send a class once a week. I had no idea what I was doing at that time, just was doing things that I'd enjoyed doing when I was growing up here. And over time it very slowly grew.'*

In these quotations, direct connections are evident between a happy rural childhood and experience in the caring professions as the motivators to develop care farms. CFUK officials emphasise that:

*'a large number of them are farmers first of all, and they have come across the opportunities for care farming very often through relatives... Of all the sectors in the country, the farming sector has the greatest proportion of partners – husbands and wives – who are in a caring profession, such as social workers, occupational therapists, nurses etc.'*

However, the reliance of individuals, both as care farm directors and as agricultural land-owners presents challenges around succession, and may influence the choice of organisational forms:

*'Charitable status was, and still is, being considered, but the difficulty with that was, I didn't want to be told what to do by trustees.'*

CF3 is distinctive in our sample because one of the co-managers came to the farm as a volunteer as part of his rehabilitation from a long-term drug dependency. Following two years volunteering and a period of detox and rehabilitation he was subsequently offered a job by the parent charity. He is now a role model for similar individuals who can see the potential for life changing benefits of volunteering on the farm at a very early stage.

More broadly, care farming, quite directly, represents a shift of skilled social workers from the public into the Third Sector, without any corresponding shift in the administrative or financial support which councils would have provided to social workers and educational experts.

### **c) Financial viability**

It is notable that the care farms in this study struggle financially. All four require significant income from non-agricultural and non-care funders, including corporate sponsors and charitable foundations to secure their operational costs. With no commercial income and being supported primarily through a lottery-funded national charity, CF3 in particular is heavily reliant on grant funding from a variety of sources. Core lottery funding through the parent charity pays for managerial staff and other fixed and variable costs such as utilities, while for other costs relating to the upkeep of the farm and maintenance CF3 are reliant on external funding sources, which they bid for independently, such as Crime Beat, the substance mis-



use recovery grant panel and other community pots. Around £10,000 per annum needs to be raised through these sources as (as yet) no direct income is received from individual referrals. CF3 is distinctive in that, unlike CF1 and 2 (but more like CF4), the services it provides are offered on a charitable basis and funded indirectly through the Big Lottery and other grants, which fits with the remit and ambitions of the parent charity. However, long-term financial viability is likely to be dependent on the provision of service user income at some point.

With no commercial income, and in addition to the reforms to state funding for local authorities and for agri-environment schemes, another factor affecting overall farm income is farm's engagement with the market. For example, both CF1 and CF2 operate within commodity meat markets and are price takers, despite the added value which CF2 could potentially realise through local and high quality single-breed meat production. CF1's reluctance to adapt its low-input closed beef herds and sheep flock to the prescriptions of organic certification may also represent a lost commercial opportunity. CF4's rare breed meat is marketed entirely through higher-margin direct sales at local farmers markets, but the reduced subsidy income for educational visits is substantial.

### **3. Status of the SES and potentials**

#### **3.1 Relationships between farming and forestry, and the quantity and quality of ESBOs**

A limited number of care farms contain forestry land or make particular use of forestry management as a therapeutic activity. However, CF1 does include significant woodland coverage (280acres/113ha), of which a small part is used as a forest school for outdoor education and personal development.

In relation to agriculture, therapeutic efficacy seems linked to a range of factors. Our data particularly emphasises the following four:

##### ***(i) Contact with animals***

At CF2, all staff are trained in techniques of Animal Assisted Therapy (AAT) and the range of animals and their respective functions matches the differing needs and backgrounds of the children. For example, large animals are in regular need of attention for feeding, grooming/mucking out and moving around the farm as pasture becomes exhausted. The grooming of a beef steer requires teamwork, and pigs are especially responsive to affectionate attention. During our visit, three children, including one with a record of violent behaviour in school, seemed gentle and affectionate towards a rescue pony which, as a result of neglect by its previous owner was thin and ill. Similarly, the occasional rejection of lambs by their mothers offers opportunities for bottle feeding vulnerable animals. Smaller animals can be handled in pairs or alone, providing periods of comfort and reflection.

##### ***(ii) Contact with the changing seasons***

CF2 runs a session called the *Countrymen's Club*, which provides opportunities for older men suffering from dementia, memory loss or social isolation to meet. While this offers a respite space for their wives and/or carers, it also returns the men to an agricultural setting that



reflects seasonal change. Sessions include periods of sitting outside, in the sunshine, or even in less clement weather, in order to renew their sensual attachment to the seasons. Similarly, CF1's forest school offers outdoor educational experiences all year round.

### **(iii) Supportive social contact with other people**

Because some users have chaotic or dysfunctional home lives, care farming offers ways in which people can develop new inter-personal relationships within a supportive environment. Key aspects of animal contact are the development of trust, responsibility and care, even though these factors are sometimes absent in the home.

*'Every young person should have hope... I like to think that we meet some of their basic needs by giving them food, warmth, affection....' (CF2)*

This is a central aspect of what CF3 is trying to achieve through their emphasis on 'growing people', which includes not only therapeutic experiences through working outdoors and green spaces, but also through the strong emphasis on building community and a sense of family by incorporating a model of 'grow it, eat it, cook it.'

*'It's about being here rather than what they do here. ...See the growth in people, even through sitting down and having a meal, which some people have never done. Even washing-up and appreciating a cooked meal does a lot for self-esteem. The most important people are the people who come here. It's not about what we create in terms of produce, it's about creating a safe environment here, and we do that. We grow people, that's what we grow.'* (CF3)

### **(iv) Creativity**

Creativity is required in both the operation of the farm and the care of its users and staff, including:

- organisationally, by adapting business models, legal structures and staff capabilities to be aligned with care needs;
- practically, by involving users in the design and construction of buildings such as stables and classrooms, or in catering for staff and users;
- therapeutically, by offering sessions including painting and crafts, for example in the *Countrymen's Club*.

A significant level of public and charitable investment has been channelled into care farming. The following quotation from CFUK is an example of both:

*'At the moment we are almost entirely reliant on Esmée Fairbairn Foundation (EFF) funding. [EFF provided three years funding for the NCFI] in order to start working and to determine the most appropriate structure for the future'. [Later, very limited trust and donation funding was received by NCFI, leading to a hiatus'. Further trust funding was then secured to enable organisation to develop a business plan]. 'I wouldn't say it was a very robust business plan, but [it was enough to] persuade EFF to give us funding to build on the work we'd already done, and by that time Natural England had already got involved and were really interested'.*



Natural England has also invested substantially in individual local farms, including CF4:

*'Natural England also invested £90,000 in our farm classroom to support the [educational] visits by schools.'*

Such investments, especially those funding experimental or development, or which are directed at purchasing services on behalf of public authorities with a duty of care towards vulnerable people, require some degree evaluation. In the case of CFUK, developmental investment, as well as *'quite a bit of money over the past few years to pay for research'* have been with the anticipation that CFUK will soon be able to finance itself through professional membership services, including the development of a code of practice.

Individual care farms have cited a number of qualitative and quantitative methods for judging the effectiveness of their actions. This can include comparing a child's behaviour as recorded in pre-placement social worker assessments, compared to recorded behaviour during the programme of farm visits.

*'Some kids, when they first come [to CF2], might need a couple of hours to get off the bus. Others come with reports that say they have thrown chairs through the windows at school... but we find that their behaviour here almost never reflects what those reports say.'*

Qualitative feedback, both formal and informal, from teachers, parents and carers also provide insights including, for example, any evident changes in behaviour when back at school, levels of truancy, and levels of continuing attendance – *'if the training is working they tend to come back'* (CF4), or of behaviour change in the home: *'the wives of the men in the Countrymen's Club have complained that before they came, their husbands would just sleep all the time; after coming a while they have said that they don't just sleep but are alert and they talk.'* (CF2).

Rates of transition into work following the completion of apprenticeships, BTEC courses or similar vocationally-directed programmes can also provide some outcomes data. For example at CF2, about a half of the school-leavers who have transferred into jobs move into agriculture and animal care, while the other half is roughly split between social care and catering.

CF3 is seeking ways to systematically monitor and evaluate the wide range of outcomes which fall across health, well-being, employability, work and life skills development, green behaviours and happiness. Ultimately, this is likely to require additional funding sources to commission establish an evaluation framework able to assess the development of the service users. But such an investment could also help secure the on-going grant support required to keep the farm financially viable, not least through helping it to demonstrate a return on investment, for example through equivalent cost-savings associated with drug and alcohol rehabilitation, crime reduction and reduced pressure on mental health services in the local authority area. This type of information could help secure service user income for



individual referrals, possibly through social prescribing in the first instance but ideally from the local support services which currently make unpaid referrals.

*'We have just introduced an outcomes assessment... we do rehabilitation on site while they are up here they are not using [substances]. We get results, especially from the drug and alcohol and substance mis-use cases. It is shown to work and the outcomes are tracked.'*

*'While they are here they're not in the town creating chaos, they're not engaging in criminal activity. So there are fantastic outcomes really, and saving money on vast scale for the criminal justice system, and that goes right down the line from probation, to courts, to prison. And the NHS - the money saved is quite widespread.'*

Environmental data is somewhat less definitive, and agri-environmental subsidy reform is likely to affect this. For example, at CF4, farm income is split approximately 50:50 between farm meat sales and income from care farming. Reforms in Stewardship now limit educational visits to 25 per year and links agri-environment subsidy more closely to local priority habitats and species. This has resulted in a reduction of farm income of up to 8%. The resultant withdrawal from agri-environment schemes, except for entry-level organic, with its different requirements for conservation monitoring, will affect data collection and availability of wildlife, beyond the farmer observations. At the time of the interview, CF3 was about to employ an additional staff member to deal exclusively with the recognition and management of environmental impacts, including biodiversity, habitat management and the promotion of environmental behaviours through vocational opportunities and public events. CF3 has introduced 'bug hotels' and will be expanding the scale of its composting and recycling. This new post reflects a recognition that CF3 wishes to proactively forge environmental impacts rather than recognising them as bi-product of the therapeutic focus.

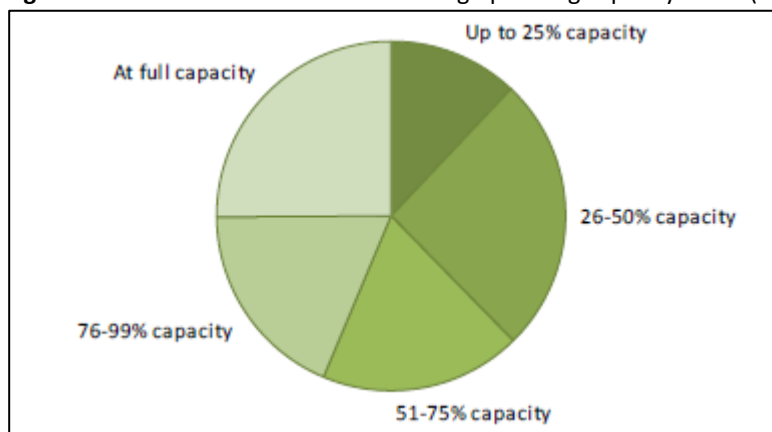
### **3.3 Key motivational, institutional and socio-economic factors**

Empirical data reveals three main contexts for framing transformative practice in care farming. The first context, revealed by CFUK's latest *State of Play* report, is the gap between capacity and take-up of care farming opportunities. The second relates to the apparent fragility of the sector to attain financial sustainability, revealed by the need for public or state funding, exploration of charitable status to attract business funding, and evidence in our cases of not-for-profit models of incorporation. Thirdly, the gap between sectoral (as distinct from the operational) and the gap between agriculture and health needs to be bridged.

The graph below (from the *State of Play* report) shows that the majority of the 138 (58%) care farms which made returns to the CFUK survey of its 240 members currently have spare capacity.



**Figure 1:** Number of care farms at differing operating capacity levels (CFUK 2016)



The CFUK report reveals an average operating capacity level of 57% and the graph shows that around a third of farms are operating at a capacity level below 50%. Transformative practice is therefore required in order to optimise the delivery of ESBOs from the care farming community in the UK.

At a farm level, all three case studies reveal that making care farming financially viable is challenging. Incremental development strategies, fruitful and long-term personal relationships enhanced by positive qualitative and quantitative evaluations are counter-balanced by an apparent reliance, to greater or lesser extent, on the motivation of a small group of highly motivated individuals willing to embrace care farming as a vocation, rather than a career choice.

The reforms in subsidies and the cuts in social care have been described. Beyond these policy influences, our care farm case studies reveal an underdeveloped presence in the market, which may be a result of the need to separate agriculture and social functions. CF2, for example, despite raising high quality meat from high-welfare and grass-fed production, remains a price taker within a wholesale market led by fluctuating prices in a global commodity market. In addition to the professionalization of the membership of CFUK, some attention to ethical and provenance-linked value added marketing could be something that social farmers might learn from their colleagues in the local food sector.

Finally, it seems unlikely that care farming will attain financial security through a creative juggling of marketing and philanthropic giving. The therapeutic efficacy of care farming needs to be evaluated using metrics commonly applied by social care and health commissioners. Currently, care farms form part of the process of delegation of services from the public to the third sector, the logic behind which includes making service provision more efficient than they might be in the public sector, due to the associated costs. However, with this transfer is not being accompanied by investment by care and health authorities in the form of research and development of the care farm sector. Investment for such development is, instead, coming from the conservation sector (specifically the Department of the Environment, Food and Rural Affairs; and Natural England), and directed at short-term, pump-priming activities.

### 3.4 Levels of provision, trends and determinants

The ESBOs in relation to care farming are health and well-being and rural vitality. Assessing the quality of well-being is relatively straightforward because the users passing through care farms are qualitatively and quantitatively monitored. Indicators of the success of the inter-



vention include the number of young people leaving full-time education for work or further training, re-offending rates, improvements to violent behaviour, a reduction in school attainment between excluded and mainstream pupils, improved inter-personal skills and concentration in class following periods at the care farm. However, as demonstrated through monitoring and evaluation frameworks developed for other horticultural initiatives focussed around growing to achieve health and social benefits (see for example, Courtney 2014; 2016), the measurement of outcome change over time is likely to prove a more fruitful avenue for care farms to demonstrate ESBOs in relation to health and well-being. Whilst allowing the value of potential benefits to be set against nominal investment costs, this approach takes into account the trajectory of outcome change in a chain of events, thus providing a more realistic assessment of benefits at varying time frames. Such frameworks can also assist at a managerial, operation and strategic level, in turn allowing impacts to be compared with other institutions and agencies.

*‘Drug treatment centres work on a 3% success rate, so we [CF3] do record outcomes now, especially on a longer-term basis. Most people volunteer here for around 12 months and then move onto bigger and better things, it’s the start of someone’s journey, it really is.’*

One interviewee suggested that children may readopt some of their negative behavioural patterns following periods of absence from the care farm, such as during summer holidays.

Gaps relate to changes in the way that school attainment is perceived and measured, with a greater emphasis now being placed on the attainment of academic subjects:

*‘Drama, for example, as well as work-based learning, has been replaced with more academic subjects at GCSE such as geography and history.’ (Local authority service commissioner).*

Assessing how care farming contributes to rural vitality is more complex and requires close dialogue with relevant partners. Our research revealed short food supply chains for meat, social and educational partnerships with other non-care farms, and positive impacts on local employment and staff retention in the case studies. Recent studies (especially CFUK 2016) show estimations of the potential of a thriving CFUK network to support rural jobs and services culminating in a contribution to the rural economy of £17 million, but these estimates could only be verified by more detailed research.

In terms of direct socio-economic impacts through agriculture, CF3 is somewhat limited in scope, primarily due to the fact that all produce is consumed by the volunteers as part of their experience and raised beds are cultivated in the style of an allotment. However, there are plans to specialise in one or two horticultural crops (such as herbs or chillies) in order to help generate income and add value to produce.

Helping volunteers move closer to the labour market, training or education (for example, through a chainsaw training course) is an implicit ethos of the work at CF3, and over the medium to longer term the impacts to local social and economic vitality may be significant, par-





ticularly if links can be made with neighbouring commercial farms or associated industries. However, CF3 benefits are likely to accrue largely to the adjacent urban area, rather than on the rural locale.

Demand for care farming, on the base of our limited research, is rising. Partly this is linked to its clear therapeutic effectiveness, as well as the structure of social care provisioning in the UK. Nevertheless, concerns about organisation and finance have been described. The development of care farming should not be seen in isolation of changes to rural service provision and interviewees have cited inadequate rural transport as a limited factor in expanding care farming:

*‘The key difficulty is transport and especially the cost of it... CF2 is in the middle of the countryside. ... if the county can’t afford to transport people to get there, that can affect the length and the amount of the sessions CF2 can offer. While minibuses can save money, in some cases children will need individual transport, for example if they are too vulnerable to travel in groups, or too violent. The round-trip cost of a taxi from [town] to CF2 might be £130, for one child’ [more than the cost of two sessions at the care farm]. (Local Authority Service Commissioner)*

### 3.5 Relevant governance arrangements and institutional frameworks

Two levels of governance arrangements are pertinent here. Firstly, the governance of CFUK, has been developing from a pilot project into professional network. As interest in care farming grows from policy, health and scholarly arenas, as well as from the growing membership, CFUK will need to evaluate effective mechanisms and structures to support the diversity within the trio of its membership categories. A key concern might be that the role of the agri-environmental policy sector is changing:

*‘I don’t see much potential within agri-environment arenas, partly due to the limited money available. However, Defra is currently writing its 25-year food and farming plan and one important theme within that is called ‘People and Nature’ and this is a good opportunity... A number of CFUK allies are feeding into this policy development process, on the basis of retaining rural population and, in some cases making non-viable farms more viable. Devon council, one of the very few councils which has retained its county farm estate, has sold off some farms to raise income, but is also buying other farms where this helps implement a range of the county’s rural and health policies. I’d love to see this rolled out in other counties.’ (CFUK)*

Recent policy developments linked to mental health, obesity and dementia – all coming from the health arena, contrast with the perceptions of the membership. That ‘care farmers do not see themselves as part of the health sector’ might constitute an important challenge if care farming is to progress towards Di Iacovo and O’Connor’s (2009) fourth developmental stage. Nevertheless, the move towards social prescribing as a mechanism through which health can be delivered at a local level, and through alternative means of treating (particularly mental) health problems is deemed to provide a potentially fruitful income source to secure the longevity CF3.



*'The danger is that we become a dumping ground for people with high supervision needs and mental health problems. The case-loads of support workers in the community is increasing all the time, and while people are here they are getting supervised, so referrals keep increasing. It's effectively free supervision'.*

In addition, care farmers at the local level need to consult with care commissioners, employees and landowners to work out best practices of governance to align these multiple interests and in the light of time-limited and shrinking non-commercial funding. There is potential to consider how the organisational separation of agricultural and therapeutic performance can be mutually beneficial, for example where the cost of care farming operations such as building rental constitute an income for the farm enterprise. Where care farms are significantly dependant on public sector income, for example when working with children, the employment of specialist teachers who are able to contextualise academic subjects at the farm site could help improve attainment target gaps and attract an expansion of demand from local authorities for such educational services. Finally, the small-scale of many care farms, their operation of on-farm micro-businesses producing charcoal and other wood products, and their careful use of very particular animal breeds noted for their docility, all offer potential to realise greater turn-over from retail or supply into higher end or corporate catering:

*'The next stage is very much to grow the microbusiness. We have here the apple juice, vegetables, produced in the kitchen, so our aim is to create an orangery, a sort of multi-use space that would be used as a cafe, and a meeting room.'* (CF1)

*'So we are now trying to build up our corporate buddies for them to be using the facility. The whole idea would be for them to do the projects/ management meeting, then for us to be part of the whole thing- food served by the young adults, food prepared by the young adults.'* (CF1)

In these respects, care farming advocates may benefit from reviewing the rapid development of governance in the social enterprise sector, in which public and environmental objectives are met through the provision of goods and services.



## 4. Conclusions derived from analysis in Steps 1 and 2

### 4.1 Key findings on the particular SES and its potentials

In the case of care farming, a gradual development in an experimental professional network has been accompanied by an increasing investment, by policy-makers and charitable funders, in examining the scope, scale and potential of the sector. However, it is clear that individual care farmers are ‘tethered’ by their sense of professional responsibility, personal motivation and family ownership of a farm/land to a difficult life-style. Over and above the challenges faced by conventional farmers, the SES simultaneously reveals a highly localised resource context and universal reform in the way that health and well-being and education is organised. It is notable that care farming operates on relatively small family-farms which currently struggle to generate an operating surplus for therapeutic services. Although there is significant potential for and spare capacity within the sector, improvements to governance and co-ordination at multiple scales are needed, and CFUK is trying to address this. One key challenge is to consider how to harness the interest of the health policy arena by evaluating and articulating the therapeutic benefits of care farming at a time when growing emphasis is being placed on preventative health and mental well-being. Good examples of how this is happening in the education sector have been described.

### 4.2 Governance arrangements and institutional frameworks

The governance of CFUK has been developing from a pilot project into professional network. As interest in care farming grows from policy, health and scholarly arenas, as well as from the growing membership, CFUK will need to evaluate effective mechanisms and structures to support the diversity within the trio of its membership categories. Recent policy developments linked to mental health, obesity and dementia – all coming from the health arena, contrast with the perceptions of the membership. That ‘care farmers do not see themselves as part of the health sector’ might constitute an important challenge if care farming is to progress towards Di Iacovo and O’Connor’s (2009) fourth developmental stage.

Policy and institutional arrangements are being adapted to local contexts, but again primarily through the health rather than agri-environment arena. Social prescribing provides a potentially fruitful opportunity for care farms, and another source of funding. But some care farms may be in danger of being over-burdened by health and social agencies in the face of public sector cuts, pressure on local substance abuse and mental health services, and the demonstration of success by care farms as an alternative provider of these services.

Policy drivers both facilitate and constrain the development of care farms. On one hand, the delegation of public services to third parties such as care farms, has allowed land owners and farm businesses to diversify the income sources they attract, as well as providing a significant financial return for the functions of agriculture that are not re-



warded through the market. On the other hand, cutbacks in social care provision, rural transport and agri-environment payments for public goods such as educational farms visits, means that care farms need to be very creative in how they organise the relationship between the care and agricultural aspects of their operations. Recent agri-payment reforms have been particularly challenging. Our data has also revealed that directors of the three care farms operated by farmers (CF1, 2 and 4) find the paperwork associated with dealing with agri-environmental programmes challenging.

#### **4.3 Other enabling or limiting factors**

Our empirical data reveals three main contexts for framing transformative practice in care farming. The first context is the gap between capacity and take-up of care farming opportunities. The second relates to the apparent fragility of the sector to attain financial sustainability, revealed by the need for public or state funding, exploration of charitable status to attract business funding, and evidence in our cases of not-for-profit models of incorporation. Thirdly, the gap between sectoral and operational needs, and the gap between agriculture and health should be bridged.

#### **4.4 Reflections on the case study methodology used and potential improvements**

The case study methodology was a useful and systematic framework for carrying out an investigation of ESBOs in relation to care farming. For example, the SES was a usable and structure for planning field work and organising the analysis. However, the range of considerations linked to care farming was far broader than the SES model could capture. It was also felt that the distinction between CFUK as a national network and the case study focus on individual local farms was challenging in terms of developing a unified SES picture.

As discussed, while the delivery of the ESBO of well-being was relatively simple to verify, due to the highly regulated nature of social and educational care, a clear understanding of care farming's contribution to rural vitality is not clear in the four cases featured. Development of appropriate monitoring and evaluation frameworks for care farms is likely to prove useful for demonstrating both types ESBOs. Whilst also allowing the value of potential benefits to set against nominal investment costs, this approach takes into account the trajectory of outcome change in a chain of events, thus providing a more realistic assessment of benefits at varying time frames.

Lastly, the care farming picture in the UK seems related to specific policy drivers and localised contexts and these may not prove generalizable for stages 3 and 4 of the work package.



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<sup>i</sup> CFUK (2013) What is Care Farming? <http://www.carefarminguk.org/> (accessed 9<sup>th</sup> March 2016)

