

Social Crofting CASE STUDIES



Case Study 2

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Case study 2 is an established site where care farming has been in place for 12 years. The person running the farm had previously worked in the NHS, but was inspired by existing care farms, mainly in England that she visited, but also in Aberdeenshire, where lots of good work was happening at that time.

The first contract won was with the Dept of Work and Pensions helping people prepare to go back to work. These were 12-week placements – people with health problems and disconnected from work. The people who attended had been out of the workforce a lot time and re-orientation into work culture was not easy. It was successful, in that half the people who attended went onto a work or a work-related activity but it was stopped in 2010, and the care farm had a year without contracts, and potentially could have folded at this point. Contracts are going to bigger organisations.

A new contract was eventually secured **“by going out and knocking on doors”** For the last 10 years a service level agreement has been in place with NHS from the Adult Social Care budget to provide activities and rehabilitation for people with long standing mental health problems or learning difficulties.

Also, the care farm has an activity agreement with the local Council for variable numbers of young people, often with problems, who are under 21. Some young people have made progress while at the care farm, but circumstances in their lives often mean they stop coming, they disappear from view.

The care farm is open three days a week. This has ticked along and suits the farmer, her daughter might have taken it on, if circumstances for providing care on farms was more favourable, but there just isn't enough money in it to invest.

Financially, the care farm does not bring income into the farm. By the time costs are covered, it probably costs the farm. The payment for clients has remained fixed for 10 years at £50 per client per day. There is always uncertainty about whether these contracts will be renewed.

However, it has been an enjoyable and personally rewarding experience helping other people over the years.

To the clients – this is work, some have been working at the farm for years and they gain from the structured day, but they are unlikely ever to move back into employment given their ability levels and also benefit system which supports them. Some of these clients do things that are of value to the farm, feeding the hens, or weeding, but it is important always to keep an eye and some are always under supervision.

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Clients get a purpose to life, and the camaraderie you get in a workplace. Clients have to go out in all weathers to do their work and looking after animals and growing things is therapeutic. One client who is unable to weed and grow plants, likes woodwork, and makes shelters for pet lambs. Clients get enjoyment from their day on the farm. **“Care farming suits old fashioned farming”** In the past people with mental health issues or learning difficulties would work as farm hands, with a roof over their heads, and would get fed, and some basic pay. Nowadays these people are homeless, or are sitting at home watching TV, unable to break out of the benefit system.

There are parts of the farm are out of bounds as part of the health and safety policy. The care farm makes a risk assessment for each client. There is a need to be careful at all times on a working farm.

Each client is offered the following:

- A holistic, person -centred health assessment
- A structured health improvement plan
- A work plan based on ability and aims to achieve.
- Ongoing health coaching and mentoring from a qualified health professional
- Advice and support on condition management
- Tuition and mentoring from experienced rural skills instructors
- Access to work experience on a commercial farm within a supportive team environment
- Work conditioning and coaching
- Help with employability skills e.g. job searching, improving communication skills, confidence building, applying for jobs, CV preparation and preparing for interview.
- Referral for advice and assessment to other health professionals.

It seems to have got more difficult over time to get contracts, there is no guaranteed payment as clients can just stop attending. At the moment, it feels like there are lots of opportunities being missed. There is a feeling that DEFRA have invested in care farms in England, where external contractors are more accepted. but because of the philosophy of the NHS in Scotland, things are not as advanced. Self-directed support doesn't seem to have worked. Therefore, the care farmer was not sure if it will grow in Scotland. However, the lesson is – **“if you want to do it you should do it”**.

Page 2

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Farmers need resourced, so perhaps the solution is direct social subsidies to farms who provide social benefits, rather than trying to get contracts from hard pressed and bureaucratic public authorities. Care farming is not for most farmers, maybe just the socially minded, or community minded, and this kind of direct subsidy would help these people develop these kinds of service.

This care farm has undertaken a lot of work over the years, and is now in need of some way or remunerating the positive social outcomes being delivered, for the service to sustain itself.

Case study 2

Established arable farm

Established care farm, from nursing background

Care farming does not contribute significantly to farm income

Clients gain from a structured day activities on the farm

Benefit system is a barrier for clients to progress

Difficult to sustain care farming without proper funding

