

Social Crofting CASE STUDIES



Case Study 5

Author: Dr David Heaney, Rossal Research & Consultancy

This case study is a smallholding on which the social croft was planned to be the primary source of income. After considering a range of options and drawing up a detailed plan, the croft opened in November 2017.

The social crofter did not have a farming background, but did have a lot of experience with gardening and doing voluntary work on farms through the 'WWOOF' scheme, and had attended training courses run by Scottish Crofting Federation and SAC Consulting after taking on the croft* in 2015. She had also done formal studies in 'forest therapy' and the wider evidence base for the therapeutic benefits to mental and physical health of nature and outdoor activity.

(*It is not a registered croft with the legal and regulatory underpinnings that go with that, it is a small farm).

The social croft was primarily focused on providing services to teenage and adult clients with learning disabilities and autism, and also took clients with ADHD, behavioural issues and mental health issues like anxiety. The social crofter's professional background was as an occupational therapist, and she had many years' experience working with these clinical conditions.

Occupational therapy is concerned with the complex and often difficult relationship between disability and the activities that we all want and need (and are expected!) to do in order to live our lives and keep ourselves happy and healthy. Disabilities can make it difficult to do many ordinary things, and then societal systems and structures create additional barriers for people with disabilities that make it even harder.

The intention was to use the farm as an educational and therapeutic space where outdoor activities could be adapted to suit the individual abilities of each service user so that they could participate in activities and work on their therapeutic or educational goals.

People assume that because we live in the Highlands, that everyone has easy access to nature and the countryside. But for people with disabilities, that is not always the case. Mobility issues, transport issues, money issues, support issues, accessibility issues, safety issues... and in particular opportunity issues (outdoor access not being seen as a priority) - means that someone with a disability who lives in a small town in the Highlands might never actually leave the very limited circuit between their house, the supermarket and the doctor's surgery.

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Process of setting up:

Legal structures meant that becoming a social enterprise was a risk.

“I looked for too long at legal structures in the early stages. I wanted to set up the service as a social enterprise, but that’s difficult when you own the farm. The asset lock that comes with the social enterprise legal structure means that operating on land that you own personally is difficult. As a social enterprise, if the business were to fail, the assets – including the land – are supposed to be transferred to another social enterprise - so you risk losing the land. And there is a potential conflict of interest that funders are wary of. I got legal and business advice, and was advised that my options were to either ‘gift’ the land to the social enterprise (and so risk losing it), or run the service on someone else’s land so there’d be no conflict of interest. Neither was a good option.”

Some people have found a way around all this and set up their social farms as social enterprises, but not in this case. It meant that a private limited company legal structure was chosen, and that meant that many of the available grants and support for this kind of service couldn’t be applied for. Also, when it comes to health and social care, both the public sector and third sector can be suspicious of the motives of private sector providers – even really small local ones. So that created an issue that was occasionally sensitive.

The next steps were to prepare a proper business plan which was submitted to the Chamber of Commerce, and a Start Up grant was awarded. Other time-consuming work in the set-up phase included:

- **Applying for planning permissions and change of use for areas of the farm.**
- **Risk assessments**
- **Insurance arrangements**
- **Applying for PVGs**
- **Getting up to speed on the legal responsibilities of running a business and gaining business skills by attending Business Gateway courses.**

In all, a lot of time and money went into the set up. Did get great support from a start up grant from Social Farms and Gardens, which involved a day spent on an established social croft and mentoring from an experienced social crofter. The Care Farming Network was also a useful resource.

Learning how to price placements, do bookings, and put together terms and conditions was new work, as was building the polytunnel and wider site facilities (with disabled access in mind), and setting up the website and social media.

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The Placements

Placements lasted from an hour to 2.5 hours. For some people an hour can almost feel too long, for others 2.5 hours isn't anywhere near enough so it's important to be able to tailor it. Some clients attended with assistance (for example, a teaching assistant from the school, a paid support worker, a volunteer or a family member), others came without support.

Over time, the social crofter developed a loose programme of therapeutic and educational activities that could be tailored to the needs of the service users. There was a range of outdoor activities, involving both animals and plants. Most people who came engaged really well with the animals, especially the pigs. There were also indoor activities in the polytunnel for bad weather.

“With every new person who came there was always a process of finding out what they like, what they respond best to, then tapping into those preferences for creating a therapeutic programme that worked for them. We launched the service in bad weather (the cold winter of 2017/18), but it turned out that shovelling snow and brushing it off the polytunnel was seen by several service users as great fun and something they never usually got to do. As a therapist, I could harness these activities to work with them on their goals around gross motor skills, balance, physical fitness, or using the physical activity and sensory inputs to stabilize energy and moods or increase focus and attention. Likewise, cutting the grass with the lawnmower was a hugely popular activity, and I could use it to work on similar physical function goals plus do some work on positive risk taking, trust and responsibility, and impulse control. In wet weather, one of the most successful activities was using battery-operated engraving pens to write plant names on aluminium tags – it was a novel and interesting experience for pretty much everyone (clients and support workers alike), and it was a great way to work on hand writing, spelling and fine motor skills with younger service users, and as a sensory self-regulation strategy to work on energy and mood issues with some older teenagers with autism or other neurodiversity issues. With young people with anxiety or behavioural issues, the peaceful low-demand environment of the polytunnel and gardens opened up space to talk through their issues and explore strategies to manage them in a way that wasn't possible in school. “

Transport can be a barrier for delivery of services on crofts - getting people to the site isn't seen as time or cost effective, especially by funders and budget holders. However, it can be incorporated into the service as a positive. One-to-one time in the car, between the client and the therapist or other staff member – can be valuable and highly effective 'talking therapy' time that frames and strengthens the practical activity on the croft.

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There's often a debate about whether this kind of service is just a way to get free labour on the farm. There are concerns that it could be exploitative. Depends on the complexity and the needs of the people who are attending, but with this client group there was only maybe one person whose help contributed more to the running of the farm than the time and resources that were put in to setting up and running their placement.

This kind of model would be a good first step on a pathway taking people from non-participation/high levels of social exclusion to eventual independent/semi-independent participation in mainstream community countryside volunteering or community gardening. Not everyone can just show up at a mainstream community group and thrive – even if they have a support worker with them - as we can see by the lack of people with disabilities in most local clubs and social groups. Expecting people to do this often sets them up for a negative or even damaging experience. There needs to be supported and structured pathways towards proper equality and community inclusion, and social crofting can definitely plug that gap.

Despite the social crofter's background in health, and despite a lot of interest from people with disabilities and their families, support from front-line staff, and meetings at a higher strategic level in Health & Social Care, the pathway for placement referrals and bookings did not work out. ***“When it came to it, we never got the ‘okay’ that would have allowed for Self-Directed Support budgets to be spent on our service – which was one of the key funding streams we were looking at. We were asked to come back if we could make it ‘cost neutral’ for the NHS, which for us was an unrealistic ask.”***

When Self Directed Support was introduced, it was supposed to be a system where people could spend their budgets on whatever they liked so long as it would meet the outcomes that had been agreed with Social Work – it was supposed to be about giving people proper choice and control. At the time of setting up our social farming service, one of the main problems that the Self-Directed Support administrators were reporting was that there were so few places in the Highlands where people could spend their budgets! However, the rules on Self Directed Support budgets became much more restrictive and it never became an option for people to use their budgets to purchase a service like ours in our area of the Highlands. This became a huge challenge to the financial viability of our service.

There were also regular clients who paid privately for the service with their own money, as well as one-off visits and block contracts with schools in the area for young people with additional needs or needing a different approach than the ones that the schools could offer, and those worked well. However, again funding was a problem as the schools did not have budgets to pay for an additional service like this longer term, and success is often dependent on the drive of an individual teacher to make a non-traditional initiative like that work. Feedback from schools was consistently good and it was reported that the young

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people who attended the croft were often much better able to engage at school following a session at the croft.

Although the bookings were steady, they were not enough to reliably sustain the business long term and the service has since closed down.

Scotland doesn't seem to be following England in terms of investment in social farms. In the Highlands, we don't have the population for specialist services like they have in the cities, but we do have our own unique assets and opportunities that come with our geography and people, such as crofts and crofters, and they can offer a strong solution to our local health and social care issues. But it's hard to make it happen. The interest and the need are there, but not so that crofters can readily make a living from it. People with vision, community development skills and a bit of clout are needed to push it forward.

This social crofter would advise caution to anyone who is thinking of going for this kind of model of social crofting.

The idea that such a service can be cost neutral is difficult. It is possible that it would be 'cost neutral' if you consider the improvement in health and wellbeing that comes with a placement against prescription costs and reduction in demand on other services – but that would take a full research study to establish and isn't within the reach of individual crofters. This type of service will always have running costs that need to be covered, and they aren't cheap.

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Small holding

Care croft was to be primary income

Lots of planning over model

Struggled to establish

Low population density

Contracts are not forthcoming