Social Agriculture’s Activities

Care Farms and Social Farms– the different typologies

- Before going into the specifics of the activities that characterize social agriculture, it must be underlined that in Europe there are different orientations that characterize the realities that practice Social Farming.

In Italy and France, social farms have focused on work integration and social inclusion, primarily through community-based organizations such as social cooperatives. In Norway, the Netherlands, and Flanders, care farms are mostly operated by family farms and are examples of multifunctional agriculture.

In Germany, Austria, Ireland, Slovenia, and Poland, most social farms are communities whose therapeutic services are provided by public bodies.

(Hassink, 2018)

Care Farms and Social Farms– the different typologies

- In most European countries, care farms or social farms address the target of mental disability, psychological distress, addiction, but also aim towards child services or vulnerable categories such as the elderly and problematic young people;
- The types of legal entities that give rise to these organizations are also diverse: private individuals who set up agricultural businesses, non-profit organizations, care and assistance facilities, social cooperatives, etc.
- Among this variety of models, various studies conducted (Di Iacovo and O'Connor, 2009; Dessein and Bock, 2010) have identified three main approaches.

Community Social Farms: Social and Work Inclusion	Private family farms: care farms and multifunctionality	Social farms as community services offered by institutional collaborations
This is the prevailing model in Italy and France, where the focus is not on care farming, but on social agriculture. The actors are primarily social cooperatives and non-profit organizations in which socially marginalized people (people with disabilities, with mental issues, those with a history of addiction, etc.) participate in agricultural activities and regain a working role that can rehabilitate them in society.	Mainly found in the Netherlands, Belgium, and Norway, care farms are private, family-run farms. These businesses offer care services alongside agricultural production. These services represent a secondary source of income for farmers, while agricultural production remains the primary source. Typically, around 10 people use these services per day	This model is widespread in Germany, Ireland, Slovenia, Austria, and Poland, where care farms originally arose from third-sector initiatives. Today, they have evolved into agricultural farms that provide care services through specialized personnel and comply with strict regulations dictated by the health service. These activities often target specific groups of users (mental health problems, cognitive disabilities and addictions).

Social and labour inclusion

Analyzing in depth these activities, the social and labor inclusion typical of the first model has some peculiar characteristics that concern the work context.

i. Non-judgmental contexts, characterized by positive relationships between workers, and between workers and employers;
ii. Work activities with increasing complexity and responsibility;
iii. Knowledge of the entire process (e.g., production, processing, marketing);
iv. Awareness of one's role within the process;
v. Awareness and understanding of the outcome and therefore the importance of one's work;
vi. Relationships with other stakeholders (technicians, agronomists) and with the local context (possible clients, partner companies, etc.);
vii. Territorial outreach and communication.

Social and labour inclusion

- The "social" dimension in this integration process concerns some fundamental steps

i. Definition of personalized courses;
ii. Monitoring of the experience;
iii. Support and tutoring

Social and labour inclusion and relationship with the community

- However, to carry out inclusion projects it is not enough to stop to what happens within the realities that practice social farming: real social inclusion occurs when the external context i.e. society as a whole welcomes and includes diversity;
- The goal of social and labor inclusion is achieved not only through the implementation of activities within social farms, but also, and above all, through the development of local networks capable of extending the inclusion process of vulnerable individuals beyond the confines of social farms.
- This dual and integrated objective must be considered both by those designing social farms and by the institutions responsible for legislating and governing local policies.

Co-therapy activities

- It is now widely demonstrated that contact with nature and outdoor activities produce positive effects on human health, both physically and mentally.
- Especially in Northern European countries, the association between Social Farming and Green Care is very strong, including a fairly wide range of co-therapeutic activities carried out in contact with nature.
- The situation is different in the area belonging to the so-called Mediterranean model, where various social farming activities coexist, ranging from social and work inclusion to co-therapy activities.
- The Netherlands and Norway are undoubtedly the countries where this care farming model is most widespread, with approximately 1,250 social farms in the Netherlands and 400 in Norway (plus an unknown number of unregistered social farms).
- Care farming activities are also growing in other countries, where exact numbers are unknown, but estimates indicate significant growth: Austria (n=600), Belgium (n=670), France (n=900), Ireland (n=100), Italy (n=675), South Korea (n=30), Switzerland (n=1000), United Kingdom (n=230).

De Bruin et al., 2020

The different typologies of green care activities

- "Green care" or "Green therapy" activities include a wide range of interventions and services based on the use of plants, animals or sometimes even natural landscapes in order to create genuine therapeutic treatments that can be adapted to both general public health and the specific needs of social groups.
- These activities differ not only in terms of the target group they are addressed to but also in terms of the design and the environment in which they are carried out.
- Specifically, wilderness therapy, animal-assisted therapy, care or social farming, gardening and horticultural interventions will be analyzed.

Wilderness Therapy

- It is a therapy whose roots are in the Outward Bound educational program (UK), founded in 1941 by Laurence Holt and Kurt Hahn.
- It was originally an outdoor education program aimed at training young sailors.
- Outdoor Bound was not created with therapeutic purposes and still today offers experiential outdoor activity camps (rafting, hiking, orienteering, climbing, etc.), active in approximately 35 countries and with more than 150,000 participants each year (Outward Bound, 2022).
- Many of the activities offered in these camps have inspired Wilderness Therapy projects.
- Outdoor Bound recently launched a hardship prevention program called Outdoor Bound Intercept, which consists of 28- and 50-day residential programs for children and young adults in difficulty (Outdoor Bound, 2022).

Wilderness Therapy

- Wilderness Therapy serves adolescents with behavioral disorders, substance abuse, or mental health issues.
- The goal is to provide a unique and transformative experience that promotes self-reflection, self-discovery, and personal growth.
- Therapeutic programs involve young people spending extended periods in the wilderness, engaging in hiking, camping, climbing, and developing wilderness skills

There are three main models:

1. Expeditions: Participants embark on extended excursions, setting up camp in various locations and developing survival skills;

2. Base Camps: Participants stay in a central facility while taking short nature hikes.

3. Long-term Residential: Combines traditional residential treatment with Wilderness components integrated into daily activities or the facility environment.

Animal-assisted therapy

- Animal-assisted therapy includes different typologies, addressees and goals that can be educational, therapeutical, social or emotional.
- Animal-assisted therapy interventions can be carried out in various settings, both outdoor and indoor, individually or in groups, and with a wide variety of animals, such as dogs, cats, rabbits, but also goats, donkeys, cows, horses, birds of prey, and dolphins.
- Animal-assisted therapy interventions take on therapeutic status when they deliberately use animals as a form of treatment to support and promote the social, emotional, physical well-being and cognitive functioning of people with different types of problems (Ernst, 2014).
- The practice of these activities is regulated by specific laws and requires specific skills and qualifications.
- In particular, a responsible animal care and welfare officer is required, as is a veterinarian who oversees their care.

Horticultural therapies

Horticultural Therapies (HT) interventions include all those activities in which gardening represents physical and psychological therapy. They are performed in public parks, private land, or in more structured environments such as hospitals and residential communities.

It is an easily accessible activity that does not require any particular physical effort and can also be done in a group (Harper & Dobud, 2021).

HT influences physical flexibility, balance, aerobic endurance, psychological health, emotional functioning, social well-being, and quality of life (Liu et al., 2022).

Horticultural therapies

These activities are particularly suitable for seniors as they fall into the category of non-pharmacological interventions. Working with plants has a relaxing effect, linked to reduced activation of prefrontal cortical activity and increased activity of the parasympathetic nervous system (Park et al. 2017).

Care farming activities for people with dementia

- These activities, addressed to aa target group of older adults with specific challenges, they required a rethinking of the hosting environment and, above all, close collaboration between healthcare professionals, architects, the patients themselves, and their families (De Boer et al., 2021).
- There are three fundamental factors that impact the lives of people with dementia:

Care farming activities for people with dementia

1. Physical environment: Activities are structured in familiar settings to give people with dementia the feeling of being in a safe and familiar environment. To encourage them to engage in as normal a routine as possible, people have free and safe access to both indoor (kitchen, living room, etc.) and outdoor (plant nursery, gardens, farm) environments.
2. Social environment: An effort is made to create a community environment and an inclusive atmosphere through a series of activities in which everyone is included and empowered to participate.
3. Environment organization: Person-centered, focusing on the development of skills, personal autonomy, and dignity.