Delivering Care in the Countryside: Taking Care Farming Forward in Wales

FINAL REPORT

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Executive Summary

In recent years the concept of care farming in England and Scotland has gained momentum, facilitated through the development of national networks coordinating and representing stakeholders (Care Farming UK and Care Farming Scotland). Wales has no such coordinating mechanism and with no framework for development the concept has continued to stall. The notion of care farming was identified as being of relevance to the aspirations of the Rural Health Plan. Hence the Institute of Rural Health (IRH) proposed a study to: investigate the current nature, activity and extent of care farming in Wales; to explore the actual and potential contribution of care farming to health and social care in Wales; and to outline next steps for the development of care farming activity in Wales.

Guided by a Project Advisory Group, this study engaged with potential and existing care farmers, interested commissioners and stakeholders, Local Authority representatives, organisations with a green care remit, third sector representatives, and relevant policy-makers. This report outlines the development needs of care farming in Wales from the perspectives of provider and commissioner.

Use of the term 'care farming' varies considerably – it has different meanings to different observers. One accepted definition is that of Care Farming UK - care farming is the therapeutic use of farming practices to provide health, social or educational care services for one or a range of vulnerable groups of people. While care farming is a generally accepted 'brand' among those who provide an alternative care/education/rehabilitation service to vulnerable groups through the medium of farming activity, overall, there is a lack of awareness and understanding of the concept in Wales. This project identified a need to raise awareness of what care farming is, and is not, to inform potential commissioners, service-users and farmers of the benefits and potential of care farming.

Evidence of the health and wellbeing benefits of care farming have tended to be derived from short term tests on self-reported feelings and/or qualitative, participatory means. Reported benefits are from the perspective of service-users and commissioners, providers and volunteers, and the wider community. Current UK studies include and consider: the 'psychosocial' value of care farming; an evaluation of 'farming on prescription'; and a NIHR funded study of 'community farms' effectiveness. There is an understanding of the need to develop the evidence base in Wales and a willingness to do so with a view to 'professionalising the offer' to instill confidence among commissioners and users of services.

Press coverage of this study and referrals from Care Farming UK have generated a large number of care farming enquiries on two levels: general interest; and requests for specialist/technical information and advice. Wales has the beginnings of a care farming network as logged on the study database. There is an opportunity through the development of case studies to bring together all of the interested parties whilst simultaneously providing a platform for development and monitoring; however this will require some facilitation.

Issues to be addressed from a commissioners' perspective include the need for a clear, unambiguous message as to what exactly is being offered, to whom and whether the activity is for individuals or groups (with an emphasis on individualised care). Raising the profile of care farming,

its benefits and its potential is considered an immediate, necessary step to take – professionalising the offer. The challenges to development are recognised as: ensuring the timely 'match' of provision and utilisation (by service-users) which relates to securing commitment from commissioners; an austere funding climate; no single Local Authority budget to which to attribute 'preventative' services; direct payment systems are not well developed in Wales; ensuring standards; and issues of access and critical mass (viability).

There are a number of operational issues to be addressed: the challenges associated with piecing the development 'jigsaw' together; care farming falls across policy remits (and not under one); coordinating the requirements of varied and diverse interest groups; taking care not to reinvent the wheel; raising and managing expectations; how to fund; and sustainability over the longer term.

Proposals from the provider-led First All-Wales Care Farming Conference include: means of enabling and facilitating a Wales network e.g. events and activities, links, news, updates; the development of a Care Farming Wales website; and the pursuit of funding opportunities to resource a part-time care farming coordinator for Wales. The way forward as proposed by commissioners includes: partnership working to bring key players together; building on the principles of existing schemes and initiatives to accommodate and incorporate a care farming dimension; an independent coordinator to facilitate the development of a 'coalition of the willing' and to develop pilot care farming projects on the ground. There is consensus that a Wales focused 'hub' to deal with care farming enquiries and to promote and disseminate information on a Welsh level would be both wholly appropriate and beneficial. This should be coordinated at an impartial central point.

Wales now has the opportunity to capitalise on what we have learnt from this work and from the experiences of other countries and regions. The development of care farming in Wales needs to acknowledge, and find ways of managing two fundamental points: that the health and social care landscape is complex and variable thus engaging effectively with statutory agencies presents significant challenges for individual care farmers; and referrers and users need to have knowledge of and complete confidence in the services that are available through care farming.

The statutory sector is often very slow to adopt new ways of working and care farming in Wales will have to work hard to overcome the resistance to change but it does provide an opportunity to tackle disadvantage innovatively. There is now a real opportunity for a Wales care farming network to: promote care farming in Wales; to raise awareness of the benefits of care farming as underpinned by a growing evidence-base; and to facilitate the development of care farming provision in response to local needs.

This study makes the following recommendations:

1. **A care farming coordinating lead to bring key players together.** An individual to facilitate the development of a care farming network in Wales is essential.

2. **Facilitate a 'Care Farming Wales' network.** The network would provide a point of contact for all interest groups and would provide opportunity for information exchange and discussion. A great deal of this groundwork has now been done.

3. **The development and provision of information and guidance notes – a 'toolkit'**. Bridging the gap between potential care farmers and the commissioning bodies is central to development. Towards this end, the development of a **Wales website (bi-lingual)** is proposed. This will act as the portal for information and networking for: existing care farmers; those interested in taking up care farming; and for those referring individuals to care farms. In conjunction with this, it is proposed that a **'toolkit'** is developed that provides: basic information on the concept and ethos of care farming; steps to be taken in the development process (including compliance and regulation) and in accordance with service-user needs and requirements; possible support mechanisms, funding streams and business models; training requirements and opportunities; and signposting.

4. **Facilitate opportunities for development of care farms – pilot/monitoring project(s):** There is a need for technical expertise and guidance and for potential care farmers to be able to access this. This can be enabled through a network but may also involve accessing the experience of those familiar with setting up appropriate social enterprise/business models. The identification of a pilot care farm or farms in different settings could provide a test case (or cases). This also presents an opportunity to put into practice integrated working arrangements amongst the parties involved.

List of Abbreviations

AAT	-	Animal Assisted Therapy
CCW	-	Countryside Council for Wales
CFWM	-	Care Farming West Midlands
CIC		Community Interest Company
CMHT	-	Community Mental Health Team
CSSIW	-	Care and Social Services Inspectorate Wales
DARDNI	-	Department of Agriculture and Rural Development Northern Ireland
EDA	-	Enterprise Development Associates
ERDF	-	European Regional Development Fund
FACS	-	Fair Access to Care
FCFCG	-	Federation of City Farms and Community Gardens (Wales)
FFH	-	Farming for Health
FUW	-	Farmers' Union Wales
IRH	-	Institute of Rural Health
LSB	-	Local Services Board
NCFI	-	National Care Farming Initiative
NFUW	-	National Farmers Union of Wales
NIHR	-	National Institute for Health Research
PAG	-	Project Advisory Group
PAVO	-	Powys Association Voluntary Organisations
PHR	-	Public Health Research
PHW	-	Public Health Wales
RCT	-	Randomised Control Trial
RDP	-	Rural Development Plan
RHIG	-	Rural Health Implementation Group
SAC	-	Scottish Agricultural College
SoFar	-	Social Services on Multi-functional Farms
SROI	-	Social Return on Investment
UWIC	-	University of Wales Institute Cardiff
WAG	-	Welsh Assembly Government
WCVA	-	Wales Council for Voluntary Action
WG	-	Welsh Government
WHIASU	-	Wales Health Impact Assessment Support Unit
WRN	-	Wales Rural Network

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1 STUDY BACKGROUND

1.1 Context

The publication of a Rural Health Plan for Wales in December 2009 resulted from a commitment made in the 'One Wales' agreement underpinning the coalition of 2007-2011. The Rural Health Plan seeks to "ensure that the future health needs of rural communities are met in a way which reflects the particular conditions and characteristics of rural Wales" (WG, 2011). Issues identified as "deeply affected by the prevailing conditions in rural life" (WAG, 2009: 8) are identified as: access to services (improvement); the need and opportunities for closer service integration (to improve service provision and ensure effective use of resources); and harnessing community cohesion and engagement as a key element of service planning.

The Rural Health Plan outlines the need to develop the evidence base to inform rural health policy making and to embed improved knowledge into policy-making structures. Implicit within this is a requirement to better understand the nature and role of existing non-statutory provision for health and social care and to explore how such provision can be better integrated into new models of community based care. The notion of care farming was identified as being of relevance to these aspirations. Given an intermittent history of development in Wales the Rural Health Plan Innovation Fund presented an opportunity to revisit and assess the presence of, and interest in, care farming in Wales. Furthermore, it was proposed that the study itself would strengthen working between a number of rural health and wellbeing organisations and practitioners through its implementation.

1.2 The project proposal

In recent years the concept of care farming in England and Scotland has gained momentum, facilitated through the development of national networks coordinating and representing stakeholders (Care Farming UK and Care Farming Scotland). Wales has no such coordinating mechanism and as such the actual or potential contribution of care farming to health and social care cannot be estimated with any certainty and with no framework for development the concept continues to stall. Against this background, the Institute of Rural Health (IRH) proposed to: investigate the current nature, activity and extent of care farming in Wales; to explore the actual and potential contribution of care farming to health and social care in Wales; and to outline next steps for the development of care farming activity in Wales. A proposal (initially for a 12 month study) submitted to the Welsh Assembly Government Rural Health Implementation Group (RHIG) in August 2010 received approval in October 2010.

1.3 Methodology

The study was not experimental by design - it was of a scoping nature and the methodological approach, that was essentially participatory, reflected this. Three interrelated phases of work (review and work plan; gathering baseline information; event and next steps) sought to meet the project aims. Secondary data sources were utilised for the following outputs: a definitional overview of green care and care farming; briefing notes; a literature review of the reported

benefits of care farming; a Wales database for care farming activity (structured according to 'providers and potential providers', 'policy/academic', 'commissioner/care professions interest' and 'other interest'). Primary data sources (reporting) includes: meetings (minutes) of the Project Advisory Group (PAG); the First All-Wales Care Farming Conference (afternoon workshop session); a commissioner's meeting (report); and a qualitative survey of potential commissioners and other stakeholders.

Key parties were involved from the outset. This was to facilitate the integration of any care farming developments within existing services and structures. Additional organisations and individuals became involved over time as contacts 'snowballed'. This was as a result of initial enquiries made in the earlier phases of the study and also significant press coverage over the course of the project.

1.3.1 The Project Advisory Group

At the outset of the study a Project Advisory Group (PAG) was established and individuals from a number of organisations were approached to join. The formation of a PAG elicited and harnessed interest, willingness and commitment at an early stage in the project; it also provided a coordinating mechanism through which to manage collaborative working. The PAG formally met three times over the course of the project. At the end of the project representatives from the following organisations comprised the PAG and as such were engaged with the study: Amelia Trust; Care Farming UK; Countryside Council for Wales (CCW); Federation of City Farms and Community Gardens (Wales) (FCFCG); Farmers' Union Wales (FUW); MIND; National Farmers Union of Wales (NFUW); Pembrokeshire County Council/Collaborative Communities; Powys Association of Voluntary Organisations; Royal Welsh Agricultural Society. The following organisations and individual remits were also approached and/or made contact and requested to be kept updated: the Forestry Commission for Wales; Public Health Wales (PHW); the Sustainable Futures Commissioner for Wales; Welsh Government (Rural Policy) representative. Membership of the PAG and other individuals who engaged with this project are included in Appendix I.

1.3.2 First All-Wales Care Farming Conference

The original proposal suggested that an event was organised to gather together interested individuals from relevant sectors e.g. health and social care, justice, education, agriculture, enterprise, care farming practitioners, the voluntary sector. At the beginning of the project it was discovered that the Amelia Trust in conjunction with UWIC (University of Wales Institute Cardiff) were themselves in the process of organising a Wales event. It was agreed that duplication should be avoided and that the various parties should work together. As a result, the afternoon workshop session of the First All-Wales Care Farming Conference (19th May, 2011) was facilitated by the IRH and focused on the way forward. The conference was well attended with representation of care farmers from across Wales and staff and associates of Care Farming UK.

1.3.3 Commissioners and other stakeholders survey

A survey of potential, relevant commissioners of care in Wales and other stakeholders was carried out to establish their awareness of the care farming concept, their requirements in terms of commissioning care (procedures, assurances and mechanisms) and their views as to the development of coordinated care farming in Wales. A purposive sample of key individuals included representatives (relevance and/or remit indicated in brackets) from: two Local Health Boards

(strategic); two Local Authorities (regeneration/social services); primary care (operational); Community Mental Health Teams (operational); Public Health Wales (strategic); and the third sector (strategic/operational). The schedule that guided these interviews is found at Appendix II.

1.3.4 Commissioners' meeting

In addition to the Care Farming Conference a meeting of interested and willing commissioners was convened. In practice, it was felt that the Conference was care farming provider orientated and it was deemed necessary to engage further with a commissioner cohort. The purpose of this meeting was to gather as many views, experiences and thoughts as possible as regards the development of care farming in Wales and to draw upon the expertise of those present in their related fields of activity. Ten individuals attended a meeting on 5th July 2011. These individuals mostly had some experience of care farming and/or an interest in its development. Approximately half of those present had experience of care farm development and half were potential (health/social care) commissioners.

1.4 Report structure

Data derived from the project's outputs are incorporated throughout the report but are found mainly in Section Four under Development Needs (4.2). This Section has introduced the study, its aims and objectives, and the tasks undertaken to meet these. Section Two introduces the concept of care farming whilst Section Three reviews the evidence base in relation to the benefits of care farming and the opportunities as they relate to the Welsh context. Section Four focuses upon existing activity in Wales and development needs from the perspective of both provider and commissioner. Section summaries outline the key points in terms of taking care farming forward in Wales and these are drawn together in Section Five whereby four study recommendations are proposed.

2 WHAT IS CARE FARMING?

2.1 Care Farming and Green Care

It is important to consider how 'care farming' is already defined in the UK and Europe so that any developments in Wales take into account existing frames of reference. This section considers care farming's position under the wider umbrella of 'green care' before focusing on the term 'care farming' and understandings of it.

The IRH study 'A Pathway to Health' (Davies and Deaville, 2008), commissioned by the Countryside Council for Wales, is one of the first of its kind to examine the relationship between the environment and health and wellbeing. The systematic review report reveals a large body of empirical evidence that suggests the natural environment can have a restorative effect on people, making them feel less stressed, more relaxed and more able to concentrate. The findings also reveal a distinction between nature as an enhancer of general wellbeing (as regards the population in general terms) and nature as part of an intervention or programme of care (for those with mental and physical health problems). This distinction moves us into the realms of green care. Activities such as walking and gardening may well provide benefits to people's general health and wellbeing but possibly without emphasis on care and therapeutic outcomes; the intention of green care is the provision of benefits for particular groups (Hine *et al*., 2008a: 27):

> 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.

A range of different contexts, activities, health benefits, service-users, motivations and needs reside under the umbrella of green care (Figure 1), for example: facilitated green exercise; ecotherapy; and care farming. In its broadest sense, the care component comprises aspects of healthcare, social rehabilitation, education or employment opportunities for vulnerable groups (Figure 2).

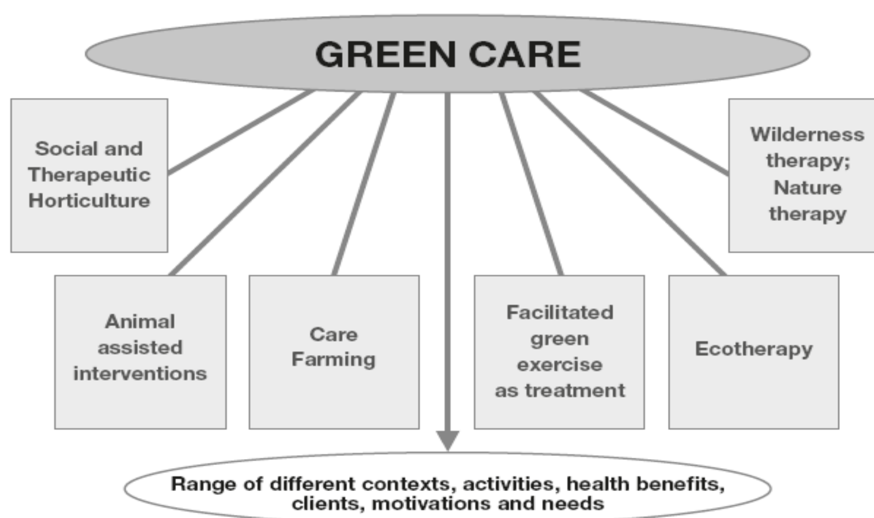


Figure 1: The diversity of green care (Source: Hine *et al*: 2008a: 26)

Figure 2: Elements of care within 'green care' (Source: Sempik *et al*., 2010: 22)

As is intimated in the range of activities there is a great deal of potential for overlap amongst the named concepts therefore developing a single, non-prescriptive definition of care farming is problematic; to illustrate, the basis of activity on a care farm may harness the potential of animal assisted therapy and/or social and therapeutic horticulture. However, Hassink (2006) does offer a means of distinguishing care farming from other green care activity and this distinction is one that has been adopted by others (Elings and Hassink, 2008; Hine *et al*., 2008a: 6):

> ...'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.

Thus where social and therapeutic horticulture does not usually focus on commercial production activities, all care farms offer some elements of farming to varying degrees, and a proportion of care farms are focused on production at a commercial level. For some care farms it is the presence of a commercial working farm with the farmer, farmer's family and staff that are the constituents of successful rehabilitation for participants (ibid: 30). Furthermore, all care farms offer some element of 'care' – "health, social or educational benefits through farming for a wide range of people" (ibid: 6). Elings and Hassink (2008) include a variety of client groups, such as psychiatric patients, people with learning disabilities, those with a drug history and those suffering the effects of stress. Clearly there is great diversity of care farms, as characterised in Figure 3, and this diversity is often considered to be a strength of the concept; the provision of a multitude of different services and settings tailored to need. As care farming gained ground in the UK, the then National Care Farming Initiative (NCFI) (latterly re-named Care Farming UK) undertook a membership consultation exercise to develop a concise definition of care farming. The result of this was:

> Care farming is the therapeutic use of farming practices to provide health, social or educational care services for one or a range of vulnerable groups of people.

From the perspective of Care Farming UK (www.carefarminguk.org), care farms: utilise the whole or part of a farm; provide a supervised, structured programme of farming-related activities; provide services on a regular basis for participants; are commissioned to provide care farming services by referral agencies.

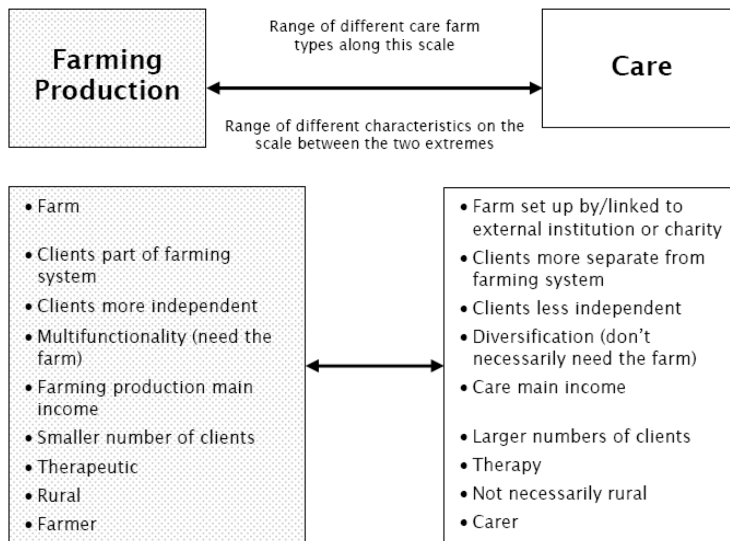


Figure 3: Characteristics of care farms with differing focus (Source: Hine *et al.*, 2008b: 249)

Use of the term 'care farming' across Europe and even within countries varies considerably. For example, in the Netherlands, a care farm is an agriculturally productive farm where, at the same time, some form of care, cure, or health promotion is offered. The total farm income is derived both from agricultural activities and from care activities. Conversely, in Germany, care farming only takes place on a large scale, for many clients (catering to more than 300 clients), and care farms are always linked to healthcare institutions; thus, there are no farms based solely on agricultural production. In these two countries, the distinctions arise from the development pathways. In the Netherlands, care farming emerged from agriculture and created a link with healthcare, and is therefore strongly linked to agriculture. In Germany a link with agriculture arose from traditional healthcare, thus care farming in Germany is closely linked to healthcare institutions (Haubenhofer *et al*, 2010).

Other terminology based on a combination of agriculture and care includes 'social farming' and 'Farming for Health (FHH)'. European research or practitioner led initiatives and networks encompass care farming as it has been presented here but often the prefix 'social' is adopted as opposed to 'care'. There are examples of this across administrative levels: a European project entitled 'SoFar' (Social Services on Multi-functional Farms)[1] sought to clarify the concepts of social/care farming and to promote specific EU policies to support the use of agriculture in care and social exclusion practices; Northern Ireland's DARDNI Rural Policy Division refer to 'Social

[1] SoFar (2006-2009) was a multi-country specific support action, funded by the EU Commission [Sixth Framework Programme for Research and Technological Development]. It's main goal was to support the building of a new institutional environment for 'social/care farming'. See http://sofar.unipi.it/

Farming'[2]; and some regional networks in England tend towards 'social farming' for example, Green Care in Northumberland.

To summarise, care farming provides the opportunity for farms, market gardens and woodlands to be used as places to provide meaningful activity for a range of client groups (including those experiencing mental health issues; excluded and disaffected youth; those with alcohol/drug issues; people with special needs and autism; prolific offenders and those on probation; the long-term unemployed). The therapeutic benefits of becoming involved in farming practices can provide an alternative to traditional medical interventions and treatment, and conventional training.

It should be stressed that the foundation and basic unit of care farming is the farm (or other land-based enterprise) itself i.e. it is not an artificially created situation but an existing enterprise that has the potential to be used in different ways and benefit additional people. In a time of escalating costs in health and social care provision, and an increasing need to diversify in agriculture, farmers and land managers can provide an additional 'service' by allowing groups of people access to their farms, market gardens and woodlands in ways that fit in with, but also enhance, their existing farm operation.

2.2 Definitional parameters in this study

A challenge that became clear at the beginning of this project process is that the term 'care farming' has different meanings to different observers. Whilst it is a generally accepted 'umbrella term' among practitioners who provide an alternative care, education and/or training service through the medium of farming activity, others, in particular potential health and social service commissioners, suggest that the term can be misleading. It is important to stress that the commissioners involved in this project are supportive of the principles of care farming and of the proposal to develop care farms in Wales; it is the terminology and its portrayal that initially caused discomfort amongst a number of this group (see 4.2.2.1).

The ongoing debate and challenges as regards terminology are acknowledged. However, for the purposes of this project it is suggested (source: PAG) that care farming does appear to be an accepted national brand in the UK and Europe. The alternatives, such as social farming and training farms, can be and are adopted as descriptors as deemed appropriate at a service provider level. Furthermore, a care farming title or header can be accompanied by a strap line that can assist in explaining the term. The main problem is perceived to be an overall lack of awareness and understanding of the concept. It is clear that adequate information dissemination as regards what care farming is and is not, remains necessary to break down popular misconceptions and to inform potential commissioners, service users, and farmers of the benefits and potential of care farming. This should occur in tandem with a 'professionalisation' of care farming to assure potential commissioners and service-users of a quality framework.

A final point as regards definition refers to the parameters of this study. 'Taking Care Farming Forward in Wales' was funded by the Rural Health Innovation Fund, hence the approach taken in

[2] A Policy Report, 'Social Farming: an Opportunity for Northern Ireland' was written in 2010 by the Department of Agriculture and Rural Development.

this report reflects the funding criteria and emphasises care farming as it relates to health and community care. The strategic development of care farming elsewhere in the UK has tended to be led by agriculture and related representative organisations (for example, Harper Adams University College, the Scottish Agricultural College, the Arthur Rank Foundation). It has been approached slightly differently in Wales (through the Rural Health Plan) but this provides an opportunity to draw upon what has been done elsewhere whilst also developing new means and ways of taking the care farming agenda forward. Clearly, a focus on health-related care does not preclude other elements of care (social rehabilitation, education, employment) and the recommendations made in this report apply to all aspects of care farming provision.

2.3 Key points for next steps in Wales

- A single definition of care farming is difficult and use of the term varies considerably – it has different meanings to different observers. It is a generally accepted ‘brand’ among those who provide an alternative care/education/rehabilitation service to vulnerable groups through the medium of farming activity.
- There is an overall lack of awareness and understanding of the concept in Wales. There is a need to raise awareness of what care farming is, and is not, to inform potential commissioners, service users and farmers of the benefits and potential of care farming.

3 BENEFITS OF CARE FARMING – THE EVIDENCE

3.1 Introduction

There are a number of literature reviews, reports and studies ongoing that contribute to a growing evidence base as to the benefits of care farming. This section summarises the available evidence, refers to the need for such evidence, outlines the challenges associated with measuring the benefits of care farming, and frames this information within the Welsh context.

This information is structured according to three themes: clinical evidence of health and wellbeing benefits (from the perspective of those cared for); benefits from the perspective of the provider e.g. economic benefits such as those derived from diversified income streams; evidence and/or examples of care farming as an integrated strategic activity across policy remits e.g. health, justice, agriculture, enterprise.

3.2 Health and wellbeing benefits

3.2.1 The evidence base

From the perspective of green care, "evidence of the positive relationship between exposure to nature and an individual's health is continually growing" (Hine *et al*., 2008a: 6). Systematic review studies such as those undertaken by the IRH (Davies and Deaville, 2008) and Bowler *et al*. (2010) report the existence of evidence demonstrating that activity in a natural environment can have a positive impact on mental well-being. However, a caveat is highlighted (ibid, 2010: 5):

> However, this is primarily drawn from short-term tests on self-reported feelings such as 'anger/aggression', 'sadness/depression' and 'fatigue/tiredness'. The validity of these psychological scores as measures of mental well-being is not clear. There is little evidence of an impact on physiological outcomes but this is limited by the low number of studies available which measured similar outcomes. There was insufficient data to allow comparison of differences types of exposure to nature ... The evidence is suggestive that nature may be used within the context of public health promotion interventions but we require a more comprehensive evidence-base in order to make appropriate and effective use of natural resources.

The "ingredients" that "make care farming so successful are deemed: "the connection with Nature, the connection with other people and the connection with meaningful work and a healthy daily structure" (Howarth, 2011). Evidencing this is problematic. With reference to the health-benefits of care farming (and related) activities, available empirical data has tended to be derived through the use of either recognised, standardised tools (e.g. Rosenberg Self-Esteem tests, Profile of Mood States) which measure participants levels of self-esteem and mood (e.g. Hine et al, 2008a; 2008b; MIND, 2007) or, via qualitative participatory means such as focus groups, in-depth interviews, and case studies (Elings and Hassink, 2008; Mind, 2007; Quayle, 2007). The health-benefit study component of Hine *et al*'s (2008b) work included participants with mental health needs, the unemployed, homeless disaffected young people, those recovering from drug and alcohol misuse, older people, offenders, ex-offenders and people recovering from accident and illness. The findings showed that (ibid: 255):

> 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.

One of few controlled studies developed in the context of green care is Berget *et al*'s (2008) study using farm animals as therapeutic agents for psychiatric patients. A randomised controlled trial and follow up concluded that, "AAT [animal assisted therapy] with farm animals may have a positive influence on self-efficacy and coping ability among psychiatric patients with long-lasting psychiatric symptoms". This is a study of one particular group and one aspect of activity. As illustrated below the permutations of care farming are many:

> It is interesting to see how the connection with something as simple as a daily structure can impact so positively. Take for example those experiencing substance misuse issues. Prior to engaging with care farming this group of people tend to be physically active from mid-afternoon into the early hours, often intensely involved with acquisitive crime. The initial integration into the care-farming process focuses upon getting them out of bed in the morning and onto the farm. They become involved with the physical work of the farm, are given responsibility for looking after plants and animals and also get a good lunch sitting around a table eating together, which can be a new experience for some.
>
> When they return home at night, they have the satisfaction of feeling they have done a decent day's work and actually feel physically tired. The process builds and eventually they start to go to bed earlier. This simple habitual change has an enormous effect on their lives. It begins to reduce the connection to people and trigger-points that were helping to perpetuate and sustain their addictions. So in a completely practical form care farming focuses upon nurturing possibilities and provides the conditions for transformation to occur on a personal level.

To date, the majority of studies into care farming outcomes do not constitute "the 'hard' data ... necessary to convince healthcare professionals" (Hine *et al*., 2008b: 42). An underdeveloped evidence-base "at times lacking in scientific rigour" (Sempik *et al*., 2003: 4) is an issue recognised from within the care farming sector and whilst there is a great desire from within the sector to rectify this, the task is by no means straightforward.

The need for a more comprehensive evidence base is perceived as twofold: to validate care farms and so secure future funding; and to underpin any potential for policy/practice changes which can assist in the development of care farming (Skerratt and Williams, 2008). Against this background "green care has tried to find means to show its effectiveness in ways which are comparative to those of clinical health care" (Rappe, 2007: 33). The randomised control trial (RCT) is referred to as the 'gold standard' in effectiveness methodology in the field of healthcare evaluation and among those who draft policy in that field (Sempik, 2007) but activities such as care farming do not lend themselves to the type of quantitative methodology typified by RCTs. Hine *et al* (2008b: 250) outline why in the evaluation of care farming (and other green care) interventions it is challenging to achieve the RCT standard; care farming by its nature precludes the use of comparison, randomisation and blinding:

> Care farming usually does not involve the application of a discrete or defined 'treatment' such as a medicine. Care farming is also not amenable to placebo (e.g. it is not possible to design an activity that is just like being on a farm, but isn't being on a farm at all). Similarly, care farming activities cannot easily be blinded as it would not be possible for a patient to be honestly unsure whether they had been on a farm or not. The outcomes being looked for in care farming are not necessarily discrete or easily measurable (e.g. feelings of improved general wellbeing, increased social inclusion etc.) and, finally, it could be construed as unethical to deny participants access to a care farm (i.e. withholding treatment when they consider that it might be beneficial to their health and wellbeing).

Furthermore, those involved with care farming are keen that the experience of the participant is not impinged upon through the use of 'intrusive' evaluation approaches or tools. This is a theme picked up in the SoFar Project – "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: 45-53).

A great deal of anecdotal evidence is available from the observations of care farmers carrying out their own (informal) monitoring and evaluation activities (on the basis of informal discussions, written evaluation and external assessment). The challenge is making this meaningful at a composite level, where different potential funders and/or stakeholders require the assessment of different outputs and outcomes. The sheer diversity of on-farm experiences of care farming make the outcomes of care farming (and related) activity difficult to prove, especially when a bio-medical disease-orientated construct of health is used (Sempik *et al.,* 2010).

Alternatively, a number of authors argue the usefulness of a health promotion framework through which to examine and evaluate care farming: "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 promotion" (Rappe, 2007: 33). The use of a relative model of health starts from the premise that health is a multi-dimensional and dynamic process, thus when care farming is viewed as health promotion, it enables a wide range of outcomes to be considered on different levels (Sempik *et al*, 2010). The adoption of this perspective is increasingly accepted and it is also being harnessed as a framework underpinning larger-scale research studies incorporating economic data to estimate with greater accuracy the cost implications and savings for healthcare, social rehabilitation and education from care farming.

3.2.2 Current research

Towards the end of 2010, the National Institute of Health Research (under the Public Health Research strand) issued a call entitled 'Community Farms, Gardens and Allotments' (PHR No 10/3005) with a view to establishing the 'effectiveness and cost effectiveness of community farms, gardens and allotments in improving health and wellbeing'. Also in 2010, a research partnership between Care Farming West Midlands and the University of Worcester resulted in a PhD programme of study, the 'Psychosocial Value of Care Farming', which will utilise Social Return on Investment (SROI) analysis "to allow aspects of economic, social and environmental value to be taken into account" (Leck, 2011). This year, a research partnership comprising academics, clinicians, accountants, and care farmers has been convened by Care Farming UK. The aim is to undertake a large scale research study to make a comprehensive contribution to the evidence base. Certainly increased publication in 'mainstream' medical, scientific, and social science journals to catch the attention of medical professionals and those engaged in central and local government, will be an objective of these three studies.

Another study, the results of which are eagerly anticipated, is the Farming on Prescription project, which started in September 2010. This one-year pilot project is being run in partnership with NHS Great Yarmouth and Waveney and Norfolk and Waveney Mental Health NHS Foundation Trust and Clinks Care Farm (a 143 acre Norfolk County Farm). Strategic Health Authority Innovation Funds (£90,000) will allow local GPs to refer their patients in primary care to the care farm as part of their

treatment plan. The project allows 48 patients from NHS Great Yarmouth and Waveney catchment area to participate for one day a week over a period of 12 weeks (Dobma, 2011).

With reference to these research studies, the IRH has been liaising and communicating with Care Farming UK and associates throughout this project. The IRH, whilst not directly participating in the above research, is being kept informed of progress and the findings and outcomes of 'Taking Care Farming Forward in Wales' are being fed into the research process (of the Care Farming UK research partnership).

3.2.3 Developing an evidence base in Wales

As will become clear the issues highlighted in this section of the report bear relevance to the situation in Wales. This is evidenced in the outputs and messages derived from the various components of this study. Research and evaluation activity is already taking place in Wales, with the Amelia Trust and UWIC working closely to develop the evidence base. At the Care Farming Conference (19th May, 2011), the morning session concentrated on the importance of evidence-based research, it outlined the scope of collaboration with academics to this end, and presented work ongoing as to 'why' the Amelia Trust Care Farm makes a difference to the lives of young people. Three messages emerged from the morning session (source: Conference Report):

> In addition to encouraging research-based activity that helps us and others to understand the benefits of care farming, we should be gathering, assimilating and disseminating the various forms of research and evaluative activity (at all levels) taking place on care farms in Wales.
>
> There is scope to work with academics and others to undertake research which can be to the benefit all of those involved whilst simultaneously accessing alternative funding streams.
>
> Getting the most from research and from research participants i.e. understanding how and why care farms make a difference, will often require qualitative and participative approaches to research design and implementation.

Among care farming providers in Wales there is a willingness and an understanding of the need to develop the 'outcomes' evidence base. From a procurement standpoint, the situation is less straightforward: evidence of care farming benefits is required in a language that is meaningful to potential commissioners and at this point in time the emphasis is on the care farming sector to provide that information. Discussions with a number of those responsible for commissioning services suggested that there is a need to 'professionalise' the care farming product to instill confidence among commissioners and users of the quality and effectiveness of the services on offer. It is of utmost importance that these fundamental points are accommodated in developmental activity.

Clearly there is a need for dialogue and partnership between provider, commissioner and service-user. With this in mind, it is suggested that 'a coalition of the willing' (within the healthcare sector) is a potentially useful means by which to proceed (source: commissioner survey). A small group of well-networked healthcare professionals, who have an interest in care farming and are persuaded as to its potential, are well placed to inform and support the development of care farming activity, outcomes monitoring and evaluation. This might be through a single case study or a series of case studies that brings all of the interested parties together. In this respect, there are at least two case studies that with some facilitation could provide the basis of pilot exercises in Wales. There is

scope to engage with, and seek advice from, WHIASU (Wales Health Impact Assessment Support Unit) in this respect.

3.3 Benefits from the perspective of the provider

3.3.1 The economics of care farming

Information regarding the economics of care farming, from the perspective of UK agriculture, is mainly derived from the findings of two studies: Care Farming in the UK: Evidence and Opportunities (Hine et al, 2008); and a briefing paper, The Potential Development of Care Farming in the UK (Dover, 2008).

The latter study made projections from Dutch research (Hassink *et al*., 2007) which showed that the 2005 annual average revenue from care activities on care farms was €73,000 (£52,517). Using this data, Dover (2008) projected that care farming could generate £149 million for the UK (rural) economy in 10 years from the delivery of care alone, which excludes the associated health and social welfare benefits. The projections were broken down by region and show that (based on a projected number of 338 care farms)[3] Wales has the potential over 10 years to generate £17.7 million in income for the rural economy. Whilst simplistic in approach and seemingly optimistic in his growth projections Dover (2008: 2) does state that, "care farming in the Netherlands has been developed over the past 10 years from a similar position of that currently found in the UK".

Care farming services are commissioned by referral agencies such as social services or health care and costing will vary considerably in terms of amount and by how they are charged (e.g. per person, per day, per groups, for use of facilities). Fees can range from £25 to £180 per day. This is seen in the Hine et al (2008) study and also in guidance information developed by Care Farming West Midlands (2010). Funding can come from social services, mental health teams, pupil referral units, probation services, police or drug intervention teams.

The University of Essex study (Hine *et al*., 2008a) undertook a scoping exercise of the number of care farming initiatives operating in the UK at that time; 76 care farms returned a survey questionnaire. These care farms reported employing 355 full-time staff and 302 part-time staff together with 741 volunteers; the average per care farm is five full-time employees, five part-time employees and 12 volunteers.

Whilst it is strongly advocated that the main driver of the development of a care farming enterprise is not financial gain, it is also recognised that farmers need to be reimbursed for their time and expertise and that care farms require strong economic foundations. Hence diversification opportunities are presented thus: income received per service user, per day to cover the cost of service; the employment of extra staff to assist in the provision of care or as part of the farm business adjustment (to deliver the opportunities for people to feel part of the farming process); and (potentially) diversification to low-carbon, organic, locally available food production, which is

[3] The authors of this study suggest that these potential growth figures are treated with some caution, not least because the definitional parameters of the study are unclear. There is a great deal of potential for care farming in Wales but it is suggested that development should be incremental and is responsive to local needs and requirements as opposed to the attainment of (unrealistic) target numbers of care farms over a period of time.

branded as such (adding value at the farm gate and communicating to customers the social value of the product) (Howarth, 2010). Those interested in care farming as a diversification or development tend to be smaller scale farmers, usually already diversified in some respect e.g. organic farming, tourism/tourist accommodation, and pluri-active i.e. a member of the farm household works off-farm (e.g. in caring or education professions) (source: commissioners' meeting).

3.3.2 Addressing isolation

Another bonus of care farming is that it can help address the rural isolation of farming communities. Lone working (by farmers) and the isolation associated with modern day farming can lead to problems becoming internalised and embedded; factors which have been linked to a higher rate of suicide in the farming community (ibid). Care farming enables farmers to use their knowledge, skills and farming resources to help others and, in so doing, reduce their own isolation. This is implicit in care farmers' responses in the Essex (Hine *et al*., 2008a: 55) study when they were asked about their motivation for setting up a care farm:

> To try and create a better society.
>
> We get approached by many residential care homes and day centres for adults with physical and mental disabilities to provide some meaningful tasks on the farm for those people who are interested in working outdoors and/or with animals.
>
> A need to try and make a difference to children's lives and future.
>
> To pass on my knowledge to others who would not normally have a chance to become involved with livestock/ farming.
>
> To demonstrate a viable farm diversification that was not removed from farming, but completely linked with it.

There is the potential to benefit the whole rural community as people work together and barriers are broken down. The relevance of care farming to concepts of community cohesion and integration has become apparent at numerous junctures during the study. A great deal of academic and policy-related material is available as regards successful 'community engagement' and indicators of this (see for example, Nimegeer *et al.*, 2010). Such indicators include: increased stakeholder awareness of contextual issues in community; increased trust between stakeholders; community participants taking some ownership and carrying forward; improved communication between stakeholders; reaching consensus on goals. It is beyond the remit of this study to speculate in any depth as to how care farming might perform according to such indicators, but community engagement frameworks do have the potential to be utilised, in a monitoring capacity, in the process of care farming development.

3.4 Integrating activity across policy remits

3.4.1 The strategic context

3.4.1.1 Care and support services

The way in which Health and Social Care services are delivered in Wales is changing. The Welsh Assembly Government has set out the strategic context in key documents, such as 'Designed for Life', 'Fulfilled Lives, Supportive Communities', 'The Rural Health Plan' and 'Setting the Direction'. These strategies are indicative of a drive towards greater individual control over care pathways with an emphasis on proactive intervention based on 'wellness' not 'illness' and models of care that actively pull patients towards high quality organised services closer to home. The need for collaborative effort, closer working relationships and greater integration of services delivered by statutory and voluntary sectors is highlighted.

The establishment of localities and community resource teams within these localities will be the mechanism through which these aspirations will be enacted. The role of the Local Service Boards (LSBs) is also highlighted as paramount to successful delivery. It has been suggested (source: PAG) that tapping into the LSBs might seem an appropriate channel through which to discuss care farming development and potential initiatives. Each LSB area has produced a local partnership/community strategy where priorities are highlighted.

The national strategic context is being reflected in the redesign of Local Authority Programmes. To illustrate, Shared Lives Powys is an adult placement service managed by the county council to provide support for vulnerable adults and help them to choose who they live with, where they live and how they spend their time. The regulated service helps arrange for people, who may need some additional help, to have short breaks or live long term, in the homes of carefully selected and trained people called Shared Lives Carers. Another Powys initiative, the Accredited Accommodation Scheme, is a local alternative to in-patient care, for a targeted group of patients with enduring forms of mental illness. Links between both of these schemes are being explored. The principles underpinning the development of these schemes, for example joint-working across sectors and services and with providers to meet identified needs in a safe, regulated and resource efficient manner, could provide a platform from which to develop care farming initiatives. Each Local Authority area has its own suite of initiatives which could provide a starting point for the integration of care farming activity.

The implications of these strategic directions and accompanying plans for working arrangements are far reaching for the voluntary and community sectors. In many respects these shifts are timely for the development of care farming in that closer working of the sectors and new ways of working present real opportunities. Care farming has been described as a potential "golden thread" (source: PAG) in that its development/provision 'fits' with the aspirations of these strategies and with the generation of outcomes in practice.

However, the policy frameworks for health and social care are complex and care farming is not about simply moving current provision into a farming environment. Guidance for the development of care farming in practice will need to draw attention to: national and local strategic frameworks; commissioning and procurement procedures; direct payments; quality and regulatory practices.

This labyrinth of frameworks, pathways, procedures and regulation can be a daunting prospect, especially for those with limited healthcare, education, or social care experience. Furthermore, at a time of unprecedented public funding restrictions, barriers to developmental activity are heightened.

3.4.1.2 The Rural Development Plan

The Rural Development Plan (RDP) for Wales (2007 – 2013) provides the framework for rural development measures and schemes. The activities permitted under the RDP are designated according to four streams (Axes):

- Axis 1: Improving the competitiveness of the agricultural and forestry sectors
- Axis 2: Improving the environment and the countryside
- Axis 3: Enhancing the quality of life in rural areas and the diversification of the rural economy
- Axis 4: Adopting the Leader approach for community regeneration

The RDP is a potential vehicle for the development of care farming - from a diversification perspective, Axis 1 delivered through Farming Connect services, and with resonance with Axes 3 and 4. Axis 3 seeks to promoting village renewal and development, encourage tourism, support micro-enterprises and improve basic rural services. Axis 4 uses the 'Leader' approach to encourage people to become involved in improving and developing their rural communities. In particular Axis 4 aims to generate new innovative ways in which to sustain long-term development in Wales. The RDP acknowledges that "each area is different and that to set a prescriptive approach at the start of the new programme would limit its effectiveness" (WAG, 2010: 34). Eighteen combined (Axis 3 and Axis 4) Partnerships, one for each Local Authority area, were established; these Local Partnerships submitted integrated Local Development Strategies based on need.

In parallel, the Wales Rural Network (WRN) is responsible for promoting the exchange of expertise between everyone involved in the RDP to help and support the implementation and delivery of the RDP across all four Axes. This has been implemented through the establishment of four thematic groups: energy, local products, tourism, and agri-food. Themed meetings and study visits have been held (according to theme) for individuals and organisations involved in RDP projects.

An investigation undertaken by the NCFI in conjunction with the English RDP Network showed that there is scope for care farming to gain support under measures applied under the Regional Implementation Plans of the RDP in England. However this study also revealed that there is a need for care farmers to be assisted to visualise their operations in terms of the RDP schemes being provided and for those responsible for the schemes to be aware of the potential represented by care farming.

Whilst it is anticipated that there is scope for care farmers to access funding (through the RDP) for capital works e.g. disabled toilet facilities or wheelchair access and potentially training (through Farming Connect), it is unclear how many farmers in Wales have pursued support along these lines. On the basis of RDP priorities (particularly under Axes 3 and 4) care farming appears to be a supportable activity although the interpretation of the RDP in local authority areas does vary and this is likely to impact on eligibility criteria. Also at this late stage in the Rural Development

Programme 'embedding' care farming related activity will be challenging. There is a case to be made in terms of awareness raising among potential stakeholders now with a view to incorporating 'windows' for care farming development during the transition period and in the next round of Rural Development Programming (2014-2020). This will require a 'champion' to engage with the process.

3.4.2 Learning from elsewhere

Dover (2008: 2) refers to the rapid growth of care farming in the Netherlands and attributes this to the support (in 1998) of the Ministry of Agriculture, Nature and Food Quality and the Ministry of Health, Welfare and Sports, "which collaborated to stimulate the development and professionalism of care farming nationally". Care farms are considered as "examples of innovation in the rural area and contributors to the desired integration of care in society".

Certainly care farming is hailed a success in the Netherlands; Hassink (2007) reports 0.9 % (818) of all farms in the Netherlands as providing care, with more recent estimates putting this figure at approximately 1,000 (Haubenhofer *et al*., 2010). Care Farming UK currently has 850 supporters on their database of which 164 are care farm practitioners and 171 are prospective care farmers (Care Farming UK, 2011). The care farming phenomenon has certainly made in-roads in the English regions and is gathering momentum in Scotland and Northern Ireland. A common element that appears indicative of (outcomes-based) development is the presence of a care farming coordinator who acts on behalf of, or represents, a 'hub' or central point of contact for all interested parties. This individual tends to be based and/or housed in an organisation, for example Harper Adams University College (as in the case of the original NCFI) and the Scottish Agricultural College (SAC) in Scotland. The governance structures that reside over the activities of the coordinator vary but it is acknowledged the organisation and individual(s) in question need to work closely and in partnership, with other stakeholder groups; an integrated and organised network is a pre-requisite for successful development.

3.4.3 Opportunities for Wales

Policy engagements with health, wellbeing and the landscape can be viewed through the work of a number of organisations, partnerships and networks, for example, the Countryside Council for Wales, the Forestry Commission for Wales, Sport Wales, Public Health Wales, the Physical Activity and Nutrition Networks Wales, the All Wales Mental Health Promotion Network, and aspects of activity under the Health, Social Care and Wellbeing Partnerships, through the Health Challenge Wales Network, and the ERDF funded Collaborative Communities[4]. Engagement is seen in the Welsh Government sponsorship of a number of campaigns and schemes. A plethora of programmes and initiatives include: Let's Walk Cymru; Mentro Allan; the Change4Life campaign; helping to create a 'Natural Health Service' (the strategic development of green exercise in Wales) and Tyfu Pobl (Growing People).

Only very recently the new Minister for Health and Social Services outlined her vision for working with the third sector and a wish to "'explore the opportunities to build on partnerships' with the third sector" (WCVA, 2011: 5). Support was proffered to the third sector in terms of:

[4] Only across four counties in the south west: Carmarthenshire, Neath Port Talbot, Pembrokeshire, and Swansea.

> Reiterating with LHBs and local authorities their responsibilities regarding local mental health support, particularly low level early intervention including self-referral to services … Green exercise in welcoming the work to date and considering further development (ibid).

It is important that Wales does not 're-invent the wheel' and that any efforts to develop care farming in Wales learns from others as to what works and through the problems that others have faced. Furthermore other parallel, established operations and programmes already exist in Wales, the Federation of City Farms and Community Gardens (FCFCG) being an obvious example. There are lessons to be shared, particularly over issues of day-to-day operations, legislation, guidance and advice, education and training. This is also the case with regard to the CCW and the Forestry Commission in Wales. A care farming network in Wales needs to link with these organisations and groups to engage, network and learn from their experiences. This project has made a great deal of headway in this respect, through the channels of the PAG and also through informal discussions as to how aspects of these points might be operationalised in practice. There is now an opportunity to build upon these pre-existing links.

Care Farming UK is a new organisation that has evolved from the National Care Farming Initiative (NCFI). Care Farming UK (website and personnel) has become the 'first port of call' for those with an interest in care farming. Over the past seven years, the organisation has done an enormous amount to take the care farming agenda forward in the UK. As outlined above regarding established, related activities in Wales, it is important that developments in Wales work in partnership with Care Farming UK and seek to parallel and apply to the Welsh context. Wales (individuals pursuing the care farming agenda) has a good relationship with Care Farming UK and it is important to maintain and build on these relationships.

3.5 Key points for next steps in Wales

- Care farming does not involve the application of a discrete or defined treatment hence outcomes are not generically defined. As such evidence of the health and wellbeing benefits of care farming have tended to be derived from short term tests on self-reported feelings and/or qualitative, participatory means. Reported benefits are from the perspective of service-users and commissioners, providers and volunteers, and the wider community.

- Current studies include and consider: the 'psychosocial' value of care farming; an evaluation of 'farming on prescription'; and a NIHR funded study of 'community farms' effectiveness.

- There is an understanding of the need to develop the evidence base in Wales and a willingness to do so with a view to 'professionalising the offer' to instill confidence among commissioners and users of services.

- To facilitate dialogue and partnership, a 'coalition of the willing' is a pragmatic means by which to proceed. A small group of well-networked healthcare professionals, who have an interest in care farming and are persuaded as to its potential, are well placed to inform and support the development of care farming activity, outcomes monitoring and evaluation.

- Care farming is described as a potential “golden thread” in that its development/provision ‘fits’ with the aspirations of strategic direction in Wales and accompanying plans.
- Wales should not ‘re-invent the wheel’. Efforts to develop care farming in Wales should learn from others (parallel, established operations and programmes in Wales and beyond) as to what works.
- There is an identified opportunity for a single case study (or a series of case studies) that brings all of the interested parties together and provides a platform for development and monitoring; bringing these partners together will require facilitation.
- The policy frameworks for health and social care are complex and care farming is not about simply moving current provision into a farming environment. Guidance will be required for the development of care farming in practice and a ‘champion’ to engage with strategic frameworks and policy processes.
- A common element that is indicative of (outcomes-based) development elsewhere is the presence of a care farming coordinator who acts on behalf of, or represents, a ‘hub’ or central point of contact for all interested parties. This individual tends to be based in an organisation.

4 TAKING CARE FARMING FORWARD IN WALES

4.1 Overview of existing care farming activity in Wales

In 2007, a pilot project 'Care Farms in Wales' was undertaken. The project developed by Enterprise Development Associates Ltd (EDA) and supported by the Brecon Beacons National Park Authority Sustainable Development Fund, the Powys Equals Partnership and Welsh European Funding Office aimed to conduct a scoping study into the needs and benefits of Care Farms in Wales. As part of this project, a discussion forum took place in November 2006. The aim was to raise awareness of care farms, of the pilot project, and to seek the views and input from all potential stakeholders to assist in the design and delivery of the pilot project. As on the EDA (Enterprise Development Associates) website (EDA, 2011), the pilot results are outlined as: 37 taster sessions on 12 farms; 31 individuals (aged between 18 and 62) resulting in 85 placements; those involved included the long term unemployed, disabled, homeless, and those with drug and/or alcohol dependency.

The longer-term outcomes and legacy of the EDA project are unclear, although it does appear that momentum ceased on completion of the pilot (and project funding). There is a possibility that a number of key players who have in the past attempted to develop care farming in Wales become ‘disenchanted’ with the ‘stop-start’ nature of what has taken place to date and, if this is indeed the case, then experience and learning from previous endeavours is lost.

Additional seminars and events, supported by Care Farming UK, and/or hosted by individual care farmers have since taken place. The Amelia Trust has hosted training events and meetings at their care farm in the Vale of Glamorgan and there has also been a steady flow of activity in Pembrokeshire over the past twelve months. With support from Collaborative Communities, Clynfyw Community Interest Company (CIC) Care Farm, near Abercych, has been actively engaging with local stakeholders and commissioners in particular, to develop a ‘vision’ and strategy to take the Centre forward. The Pink Cow Project based in Pembrokeshire, supported by Gwalia Care and Support and Collaborative Communities, is making headway with its proposals for a care farming based development to include supported accommodation for marginalised young people. Whilst each of these ‘care farms’ is at a different stage of development, the individuals responsible for these ventures have all made a significant contribution to this study and there is a consensus that a Wales focused ‘hub’ that could deal with enquiries and promote and disseminate information on a Welsh ‘level’ would be both wholly appropriate and beneficial.

There is a persuasive case to be made for continuity in approach and a mechanism by which enquiries, queries, networking and promotion can be coordinated at an impartial central point. Press coverage of this study and referrals from Care Farming UK have generated a large number of enquiries as regards care farming. These have tended to be on two levels: the first, a general interest and request to be involved; and the second, requests and queries in terms of specialist and technical information and advice. Examples of these enquiries can be seen in Box 2, quotations taken from emails, as received from potential and developing care farmers and those already established.

Box 1: Nature of email enquiries from existing and potential care farmers in Wales

I would like to develop the project that we have and would welcome contact with others.

We are stronger together ...

I have been very keen to get the care farming movement growing in Wales.

I wonder therefore whether Care Farming in Wales has a network that I could join or be involved with in some way?

Regional support for potential care farmers in Wales similar to the kinds of support on offer in England.

... to know more about the commissioning and funding opportunities in Wales.

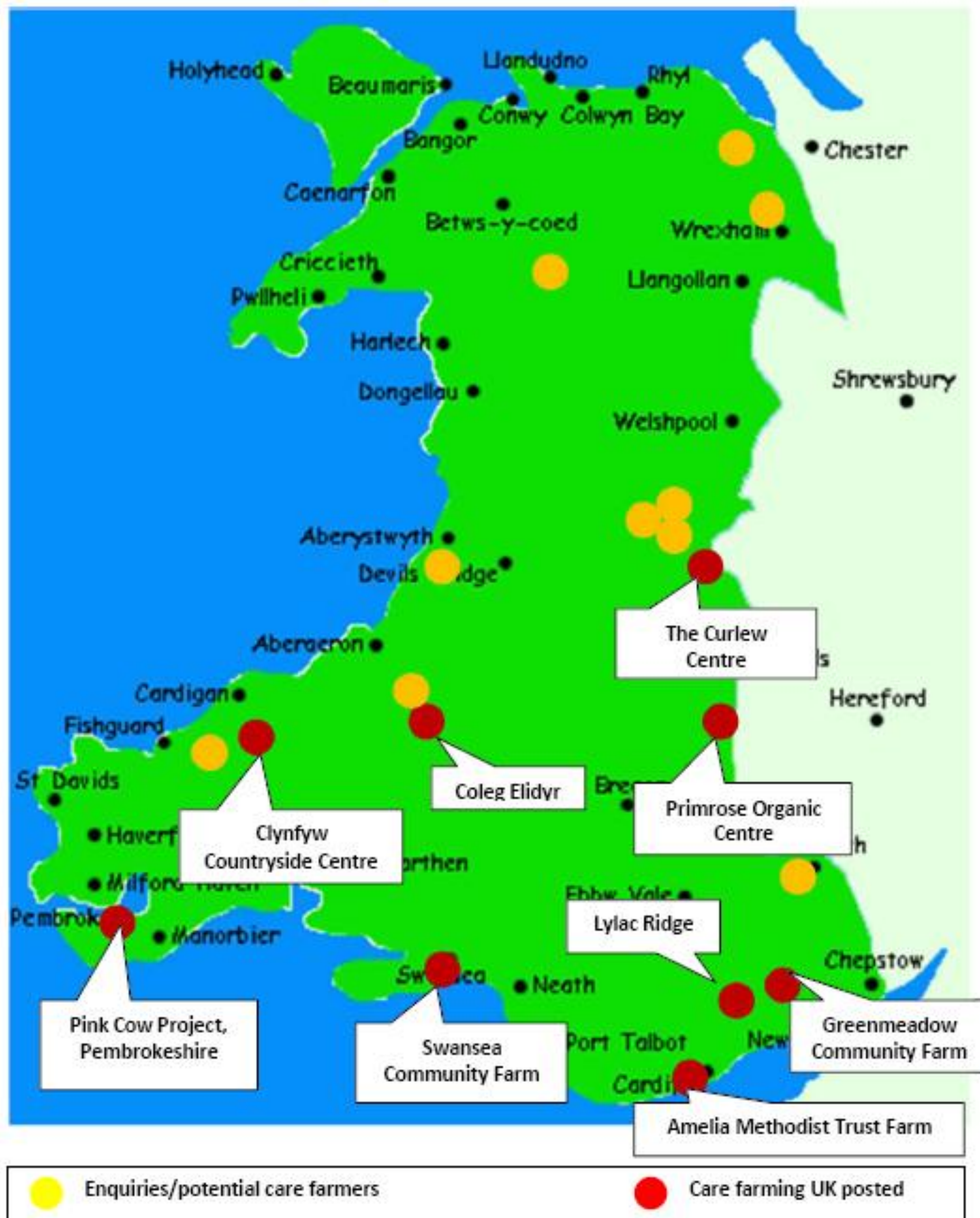
... grateful for any information, assistance that you can provide.

Information that you may have available about possible funding?

I want to establish a charitable trust working with young, at-risk ex servicemen and also local disaffected teenagers, using practical land based activities to support them in making good transitions into civilian (or adult) life. I have in mind those people who don't necessarily need therapeutic interventions, but who are 'at risk' - and who, without support and a structured transition, may end up out of work, homeless, in prison, with substance misuse problems or mental health issues.

Some indication of the coverage of the enquiries is provided in Map 1. Whilst this map is by no means exhaustive and it refers to the situation in mid-July (a number of further enquiries have been received since), it does show the 'real' possibilities for development at this early stage. Furthermore, representatives from the Wales Federation of City Farms and Community Gardens, state that they have been approached by a number of individuals for assistance/guidance, but that these approaches are made by those who are more akin to a care farming entity than to community gardening/horticulture, thus the support that can be extended is limited. The Network Development Manager (for Wales) for UnLtd, a charity to support social entrepreneurs, also suggests that they are aware of social entrepreneurs who are involved in activities that fit under a care farming banner but which are not recognised as such; they could be included in a care farming network.

Map 1: Location of Care Farming UK registered care farms (Wales) and development enquiries (Jan–Jun)



Wales has the beginnings of a care farming network as logged on the database compiled during the course of this study (from email and telephone enquiries, meetings and the Conference). This can form the basis of a mailing list for newsletters, newsflashes, events and promotion. As indicated above there is a great deal of scope to develop and grow the network, through existing contacts.

4.2 Development needs

4.2.1 The providers' perspective

To develop care farming in Wales it is essential that any proposals reflect the views of existing and aspiring care farmers. To gauge and gather the opinions of this group, an afternoon session, facilitated by the IRH, formed part of the First All Wales Care Farming Conference. This workshop

session considered 'what next' as regards a Welsh network – how would those present like to see care farming progress in Wales and how best to achieve this? Attendees were divided into four groups and each group was given the same set of questions to discuss: the remit and objectives of a Welsh network; potential activities, meetings and events to maintain and promote networking activity; means of communication to care farmers and other interested parties – web sites and pages, managing and posting information; and the identity of a Welsh care farming group. Feedback from the four groups is now summarised collectively:

- A **Wales website** (bi-lingual) with links to relevant organisations.
- A map of Wales showing the location of care farms (with linked further and contact information) and knowledge-mapping (expertise). To provide useful information for both care farmers and potential service users (e.g. location/travel times/accessibility).
- Signposting through the network i.e. identifying areas of experience, interest and means through which others can contact.
- Identify client-based networks and expertise.
- Opportunities re networking/communication activities through Blogs, Facebook etc.
- A Welsh 'hub' to publicise: funding opportunities; code of conduct/code of practice; accreditation (e.g. CEVAS).
- **Care farming conference/event** at least annually (venue to change each year); possibly a presence at the Royal Welsh Show. Speakers need to be passionate (and realistic) and could include: care farmers (experiences); possibly service-users; examples of partnership working.
- Merit in pulling together a list of related care farming events that are already taking place in Wales and publicising these more widely – raises the profile of care farming and activity in Wales.
- A **coordinator** - PT (initially) or FT (in longer-term).
- Identify key people to drive forward: one coordinator; two development officers.
- Establish/maintain relationships with other groups and organisations – provide links from one to another.
- Bring WAG to care farms – let them see for themselves.
- Consider means by which smaller-scale, less well-known care farms can encourage commissioners to their farms.
- **Care Farming Wales** to identify the Welsh network/group.

As a result, the proposals put forward in the Conference Report are:

a. Liaise with staff at NCFI to develop and post information to the Welsh pages of the NCFI website. This is to include (in the first instance): conference report and slides; project updates (IRH project); list of events and activities taking place in Wales; links to other relevant organisations and contacts in Wales; news items; research activity (UWIC).

b. Look into the possibilities re the development of a Care Farming Wales website (that links with NCFI) for the longer-term and through which the context-specific issues and information can be dealt with (e.g. language, funding streams for Wales, policy context in Wales, research activity in Wales, map of care farming and related activity). Initially this may need to be developed through an existing, independent organisation e.g. IRH.

c. Look into potential funding streams and opportunities through which resources can be acquired to support a part-time care farming coordinator for Wales.

d. The network adopts the name of Care Farming Wales and begins to form an identity as a group.

e. That the thoughts and proposals of those attending the conference are relayed to the Project Advisory Group (re the IRH project) and that under the remit of this project (until September) this group seeks to push these proposals forward and incorporate them into the project report and action plan for WAG

These proposals were later circulated to conference attendees and to the PAG to allow opportunity for comment.

4.2.2 The commissioners' perspective

For care farming to become a resource for adults and young people with a variety of needs it requires the support of the commissioners who may commission and/or refer to care farms. This study sought to engage with commissioners from the outset and incorporated a survey and a commissioners' meeting to this end. Both methods aimed to gain a better understanding of the pertinent issues (from a commissioners' perspective) regarding the development of care farming. The findings from the survey and the meeting are reported under three headings: terminology; professionalising the offer and; making it work – partnership.

4.2.2.1 Terminology

As reported previously understandings of the term 'care farming' - the concept and how it works in practice vary significantly. This was particularly the case among a majority of commissioners who had not encountered care farming in any capacity previously. There was clearly some discomfort with the term 'care farming' and the messages that it was considered to portray; as illustrated by the quotations in Box 2:

Box 2: Commissioners' quotations (source: commissioners/stakeholders meeting and survey)

> The immediate reaction [...] is negative, just by its terminology.
>
> The other aspect is lack of individuality. 'Care Farming' is 'farming people', not meeting the needs of individuals.
>
> Nobody needs a care farm - they need meaningful support in one form or another.
>
> What about 'Care in the Countryside'?
>
> Hundreds of people across the country have tried to come up with a better name but still haven't.

A further point raised by potential commissioners' was that the focus was "woolly" and that there is an associated element of naivety in the terminology used and the claims made. It was generally accepted that "small numbers" might benefit from or be interested in the sort of experience offered by care farms, but clear communication is required as to whom these individuals might be and that the care farm offering is focused on individuals' needs – "How they meet individual needs, is an important message to get out". The message should be unambiguous as to: what exactly is

being offered; to whom; and whether the activity is for individuals or groups (with an emphasis on individualised care).

Other points relate to the business of care farming and the models in place. The perception of farmers "out to make money" is clearly a 'hurdle' to understanding. In practice, care farms (the care component of the business model) tend to be social enterprises and/or community interest companies (CICs). The reasoning behind this is illustrated in the response (of a professional with experience of care farming) to a question posed, below (source: commissioners' meeting):

> Why do they have to be social enterprises? Is it because you get better funding? They don't want farmers making a bob?
>
> It's because the starting point for anybody considering doing this is really, the ethos should be about providing care and support and training skills. It's not about profit but obviously any enterprise that sets up needs to be economically viable. Because the activity is generally about the community benefit that's why it has the emphasis of starting as a social enterprise but it could be done by any farm, as a farm diversification. A fundamental starting point is that it's for community benefit.

Overall, the potential commissioners' that were engaged over the course of this process were extremely supportive, especially following discussions and in some cases their own 'follow-up' exploration (through websites for example). All of those involved conveyed their opinions as regards necessary 'next steps' if care farming is to develop in Wales. Raising the profile of care farming, its benefits and its potential is considered an immediate, necessary step to take. The messages must be clear about what is in it for commissioner and their potential users and to have supporting evidence plainly presented – "defined evidence against a defined problem". In this respect there is an immediate need for a review of the language used and web content that works for Wales.

4.2.2.2 Professionalising the offer

Following on from raising awareness of the evidence-based potential of care farming, commissioners' stated a need to "professionalise the offer" in response to the challenges that care farming development faces. The issue of funding was raised on numerous occasions during this study's interaction with stakeholders, in particular the challenges associated with ensuring the timely 'match' of provision and utilisation (by service-users): "set up and running costs are quite high. It's a chicken and egg scenario" and "You can't open on promises". One side of the equation relates to securing commitment from commissioners and the underlying drivers and objectives of the procurement process:

> Some commissioners don't understand what they're commissioning.
>
> As a commissioner, it's about saving money. How can care farming save money to practitioners, secondary care, educational placements?
>
> It's very difficult to prove that if we do this now, we will save money next week, next year or whenever.

It was felt among commissioner groups that care farming is a 'preventative' service in that the intervention prevents deterioration in health (for example) of a service user. The challenge with

this is that whilst it conceivably saves money 'across the board' there is no single budget to which the cost of prevention can be attributed hence there is no natural funding stream to support the development of the service. Local Authorities are "pushed towards critical substantive provision" whilst also being told that they "need to adopt preventative measures". Therefore the point to be promoted is – how can care farming save (Local Authorities/Health Boards) money? Simultaneously it is very difficult to put forward a business argument that evidences this without one or both parties "taking a leap of faith" beforehand. The implications of an austere funding climate are thus:

> We have to sit and be honest that the Mental Health Service in [rural county], the community mental health services … are very, very poorly funded. There is very little available in terms of invitation.

To illustrate, a developing care farmer in Pembrokeshire is trying to make in-roads with commissioning agencies in the South-west. A structured open-day was held very recently, the point of which was to ask commissioners what they want. The overall consensus at that meeting is considered positive with a will to move forward; the main hindrance to progress is budgetary.

Systems supporting the use of personal budgets/direct payments are not considered well developed in Wales (source: commissioners' meeting), with the traditional block contract model still providing the basis of activity. Thus emphasising the relevance and opportunities associated with direct payments is cautioned:

> If you lived in a city you have probably got 40 or 50 different sorts of service provider and you can take your £50 or whatever and you have a whole range of different people to go to. If you live in [remote rural area] there is not that choice of service providers. You would take a huge risk taking the money yourself and then being responsible ... We have very limited or virtually no infrastructure to support people in using their direct payment.

Further issues relating to the development of care farming were identified: insurance issues, quality standards, training and regulation (how it might sit in relation to CSSIW, for example, and who is ultimately responsible for ensuring standards). Access - the need for transport to/from the care farm (particularly for those located in a rural setting) was also raised. The market for care farming in a rural area was questioned as was (on identifying a service-user group) transporting individuals to provision, which also has a cost implication. There was a general feeling that the provision of a service and having a feasible take up of that service, whilst not insurmountable, was potentially problematic in a rural locality, for example:

> If you look at [rural county] you are looking at farmers with a population with a limited number within transportable distance of that place. It might be that you can't focus on a particular area. Make it as generic as possible in order to provide a community service for anybody.

In this instance, care farming would provide generic modes of care/education/training for those within a drive-time/transport radius. The reality of an eclectic mix of service user groups would have potential ramifications in terms of service outcomes, but the connotations of this were not necessarily considered to be negative. Generic support activities could assist in de-stigmatising conditions with additional benefits to be gained through working alongside other users; provision based on a community model. There may well be a role and value in engagement with multi-agency planning groups (e.g. mental health, drugs and alcohol). Thus the commissioner perspective

is that care farm development should address “needs in a local area” and consider “what can be provided” to meet those needs.

The concept was considered relevant to particular groups, for example, older people living alone – with the potential to avoid or delay long-term care if this group had access to a care package on a care farm; older, isolated (considered ‘well’) but potentially suffering some anxiety would ‘fit’ with the care farming concept.

From a commissioning perspective the challenges of care farm development are clear but possible solutions are also proposed. One of the themes to have emerged over the course of the study is the desire not to re-invent the wheel, to learn from experiences elsewhere and where possible place this within a Welsh context.

4.2.2.3 Making it work - partnership

With the aim of considering what may, or may not, work in Wales, an Occupational Therapist from Ludlow (Shropshire) Community Mental Health Team (CMHT) gave a presentation at the commissioners’ meeting - ‘Care Farms and Mental Health Services’. With assistance from the Care Farming Development Officer for Shropshire (Care Farming West Midlands, CFWM) and a care farmer, the speaker outlined why care farming ‘makes sense’ and how they have ‘made it work’ in Shropshire. Initially, CFWM promoted care farming with senior management (budget holders) and CMHT staff (budget administrators). The role of CFWM as matchmaker and facilitator was crucial to the development as was finding the ‘right partnership’ i.e. enthusiasm on both sides (commissioner and provider) plus team working. The following activities/issues then had to be addressed:

- Development of a referral form
- Outcome measures
- Confidentiality
- Risk
- Education on mental health problems
- Next steps - supporting people into voluntary, paid work or productive leisure time
- Funding (use of personal budgets)
- Transport

The experience in Shropshire is that, “the funding panel was happy as long as you showed that you were working towards a certain goal”. In the case study ‘Fair Access to Care’ (FACS) provided the funding criteria and funding stream; sourcing funding for those who do not meet these criteria was something that the team were working on.

Those involved in the development (the commissioners of the service and the care farmer) had been asked to reflect on the process. The responses were reported as follows:

- Service users valued: feeling safe; free to leave and a safe space; understanding of individual difficulties; grading activity so you are not overwhelmed; gradual supported introduction to the care farm; learning new skills.

- Commissioners valued: evidence that service users meet the funding criteria (Fair Access to Care); value for money; evidence of therapeutic benefit; commitment to meeting service user goals; predicted length of placement.
- The care farmer valued: simplicity of the systems; to feel valued; appropriate information re service users; assurance re funding; monthly meetings getting to know each other, sharing successes and any difficulties; education re common mental health problems.

The role of the coordinator in the process is seen through this person's emphasis on the principles and mechanics of the process, for example: assurance that all Health and Safety and Risk assessments for activities are in order; timely communication about progress and difficulties; simplicity in all aspects of the process, funding, transport, review; person-centred flexible approach; commitment to the service users goals; information about activities on offer; suitable facilities; enthusiasm and care. The below quotations (Box 3) clarify and illustrate some of these points:

Box 3: Quotations (source: commissioners/stakeholders meeting)

Value for money - £50 per day per person for all the work seems to be very acceptable to the commissioners.

[Commissioners/care co-ordinators] want assurance that all health and safety risks assessments have been awarded.

They [care farmers] like appropriate information about service users, they don't like too much, but they want to know what their risks are and everything. Anything they need to know about, any triggers.

What they [care farmers] would like would be assurance about funding. They'd like to know if we can get 20 service users to them every week, but we can't do that unfortunately. They like monthly meetings to share in success and difficulties. [Farmer] said that they had an educational session on mental health problems which they found very useful.

Farmers that get involved with this, they may be isolated themselves, getting people onto their farm will help improve the economic viability of the farm, but it may in many cases improve the [wellbeing] position of the farmers themselves.

Translation of such an approach in a Wales context was explored (through the commissioners' meeting and the survey). A number of suggestions were made as to how it might work, for example reference was made to the principles of the 'Shared Living Project', the 'Accredited Accommodation Scheme' (families taking individuals in for longer term accommodation or for respite care), and 'Prime Cymru'. Building on existing schemes and initiatives was deemed a logical way forward from the commissioner perspective. Developing a "coalition of the willing", those commissioners and/or clinicians with an interest in care farming and its development, was proposed as a means of engagement with the commissioning fraternity.

The need for an independent facilitator or coordinating lead is considered crucial to development. The role of this individual is suggested as being one of profile raising, networking, brokering, facilitating whilst having a technical and operational knowledge of the processes involved e.g. setting up a CIC, business planning, knowledge of the necessary assurances and procedures:

> I think you definitely need that person who can have access to commissioners. What I would say if someone came to you and said that they want to set up a care farm. Go to the farm. See what they're interested to do. Have a look at that very local area, and think what the potential is, because say you have a very rural area it might be that realistically they're not going to attract many people, and they have to know that from the outset. Or it might be that there is an autistic school there down the road and they may be able to attract that as a funding scheme. And then you could go to that school or whoever and say we've got this potential partner for you and they want to offer this. Do you have funding for that? But, I think you can't expect farms to do all that work.
>
> Also they won't get their foot in the door. There has to be a body with a name, logo, DVD and the confidence to take that in and say - this is who we are, this is how it can be funded. It's all very simple and straight forward. We'll match you up and this is what happens.

It is felt that an indirect 'blanket' approach to commissioners will not yield any results in the first instance. Alternatively, by building on the links made over the course of this study there is an opportunity (through a coordinator) to establish a 'coalition of the willing' very quickly and then to galvanise this into action, for example involvement in: website development, a care farming toolkit, and a care farming pilot development.

4.3 Bridging the gap - key issues for a viable future

- There is consensus that a Wales focused 'hub' that could deal with care farming enquiries and promote and disseminate information on a Welsh 'level' would be both wholly appropriate and beneficial. This should be coordinated at an impartial central point.
- Press coverage of this study and referrals from Care Farming UK have generated a large number of care farming enquiries. These have tended to be on two levels: general interest; and requests for specialist/technical information and advice. There are 'real' possibilities for the development of care farming in Wales and these opportunities need to be built upon.
- Wales has the beginnings of a care farming network as logged on a database compiled during the course of this study. This can provide a platform e.g. the basis of a mailing list for newsletters, newsflashes, events and promotion.
- Proposals from the First All-Wales Care Farming Conference include: means of enabling and facilitating a Wales network e.g. events and activities, links, news, updates; the development of a Care Farming Wales website; the pursuit of funding opportunities to resource a part-time care farming coordinator for Wales.
- Issues to be addressed from a commissioners' perspective include the need for a clear, unambiguous message as to what exactly is being offered, to whom and whether the activity is for individuals or groups (with an emphasis on individualised care). Raising the profile of care farming, its benefits and its potential is considered an immediate, necessary step to take – professionalising the offer.

- The challenges to development are recognised as: ensuring the timely 'match' of provision and utilisation (by service-users) which relates to securing commitment from commissioners; an austere funding climate; no single Local Authority budget to which to attribute 'preventative' services; direct payment systems not well developed in Wales; ensuring standards; and issues of access and critical mass (viability).

- Solutions were proposed by commissioners: partnership working to bring key players together; building on the principles of existing schemes and initiatives to accommodate and incorporate a care farming perspective; an independent coordinator to facilitate the development of a 'coalition of the willing' and to develop pilot care farming projects on the ground.

5 CONCLUSION AND RECOMMENDATIONS

This study has explored the nature, activity and extent of care farming in Wales. A review of literature has shown that there are health and wellbeing benefits to be gained by service-users involved with care farming activities. However, the majority of studies do not constitute the 'hard data' necessary to convince healthcare professionals. Current research studies (including some in Wales) are seeking to address this.

Guided by a Project Advisory Group, this study has engaged with potential and existing care farmers, interested commissioners and stakeholders, Local Authority representatives, organisations with a green care remit, third sector representatives, and relevant policy-makers. The support and involvement of Care Farming UK was established at the outset. This report has outlined the development needs of care farming in Wales from the perspectives of provider and commissioner.

Wales now has the opportunity to capitalise on what we have learnt from this work and from the experiences of other countries and regions. The development of care farming in Wales needs to acknowledge, and find ways of managing two fundamental points: that the health and social care landscape is complex and variable thus engaging effectively with statutory agencies presents significant challenges for individual care farmers; and referrers and users need to have knowledge of and complete confidence in the services that are available through care farming.

There are a number of operational issues to be addressed: the challenges associated with piecing the development 'jigsaw' together; care farming falls across policy remits (and not under one); coordinating the requirements of varied and diverse interest groups; taking care not to reinvent the wheel; raising and managing expectations; how to fund; and sustainability over the longer term.

The statutory sector is often very slow to adopt new ways of working and care farming in Wales will have to work hard to overcome the resistance to change but it does provide an opportunity to tackle disadvantage innovatively. There is now a real opportunity for a Wales care farming network to: promote care farming in Wales; to raise awareness of the benefits of care farming as underpinned by a growing evidence-base; and to facilitate the development of care farming provision in response to local needs.

This IRH scoping study makes the following recommendations:

1. **A Care Farming coordinating lead to bring key players together:** An individual to facilitate the development of a care farming network in Wales is essential; this has resonated throughout this report and from all perspectives. This person/organisation needs to have strong links with the rural community (with farmers, care farmers and other interested groups), with potential commissioners in the statutory sectors, with the third sector, and appropriate Government Departments. Much of the activity of a coordinator should focus on networking, information exchange and partnership working to raise the profile of care farming in Wales and to facilitate the development of new care farms. On the appointment of a coordinator, it is proposed that a Steering Group is established to meet quarterly.

2. **Facilitate a 'Care Farming Wales' network.** The network would provide a point of contact for all interest groups and would provide opportunity for information exchange and discussion. A great deal of this groundwork has now been done – the structures put in place for the purposes of this study (e.g. the PAG) and the proposals/solutions put forward by care farming providers (and facilitators) and interested commissioners (the 'coalition of the willing') provide a vehicle for development. Building on these activities and through the maintenance and development of the care farming database compiled over the course of this project, care farming in Wales now has an opportunity to: establish an identity; to raise awareness of care farming in Wales; to engage with other 'green-care' organisations and initiatives; to engage with and inform appropriate Departments in the Welsh Government; and to develop in a manner that is responsive to needs in Wales.

3. **The development and provision of information and guidance notes – a 'toolkit'**. It is apparent (as evidenced in enquiries) that those interested in developing care farming tend not to have experience or knowledge of the workings of the health and social care sectors. Bridging the gap between potential care farmers and the commissioning bodies is central to development. Towards this end, the development of a **Wales website (bi-lingual)** with links to relevant organisations is proposed. This will act as the portal for information and networking for: existing care farmers; those interested in taking up care farming; and for those referring individuals to care farms. In conjunction with this, it is proposed that a 'toolkit' is developed that provides: basic information on the concept and ethos of care farming; steps to be taken in the development process (including compliance and regulation) and in accordance with service-user needs and requirements; possible support mechanisms, funding streams and business models; training requirements and opportunities; and signposting. Liaison with Care Farming UK, existing knowledgeable care farmers, relevant organisations and networks e.g. FCFCG, social enterprise development officers in Wales, amongst others, will be necessary. In parallel, guidance notes aimed at the statutory and third sectors (addressing questions/concerns) and written in partnership with these groups should be developed.

4. **Facilitate opportunities for development of care farms – pilot/monitoring project(s):** It has become apparent that there are interested commissioners and interested farmers who wish to develop some form of care farming activity with specific types of service-user in mind. There are also care farms in existence in Wales at varying stages of development. There is a need for technical expertise and guidance and for potential care farmers to be able to access this. This can be enabled through a network but may also involve accessing the experience of those familiar with setting up appropriate social enterprise/business models. The identification of a pilot care farm or farms in different settings could provide a test case (or cases) in terms of: development and operation; outcomes and effectiveness; and process, with wider dissemination in terms of the challenges faced, solutions and lessons learnt. Such an approach also presents an opportunity to put into practice integrated working arrangements amongst the parties involved.

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Appendix I: Project Advisory Group

Project Advisory Group membership:

John Lloyd-Jones (Chair)	Chair
Arry Beresford-Webb	Countryside Council for Wales
Lorraine Brown	Amelia Trust Farm
Trish Buchan	Powys Association Voluntary Organisations
Kevin Doolin	Pembrokeshire County Council/Collaborative Communities
Barrie Jones	Royal Welsh Agricultural Society
Gareth Jones	MIND
Katie Jones	Federation City Farms & Community Gardens
Richard Kirlew	Church in Wales
Nia Lloyd	Wales Young Farmers' Association
Gaynor Orton	Care Farming UK
Stephen Parsons	Freelance (former Harper Adams/NCFI)
John Phillips	Farmers' Union Wales
Huw Thomas	National Farmers' Union Wales

Requests to be kept informed as to developments:

Barbara Anglezarky/Richard Davies	Forestry Commission
John Jenkins/Chris Potter	Public Health Wales
Peter Davies	Sustainable Futures Commissioner Wales
Helen Minnice-Smith	Welsh Government (Rural Policy)
Wasi Mohamad	Mental Health Team, Betsi Cadwaladr Health Board
Michael Whithouse	Care Farming West Midlands
Prof. Wynn-Jones	Former Harper Adams University College

Appendix II: Interview schedule – commissioners' survey

Taking Care Farming Forward in Wales
Institute of Rural Health
Rural Health Plan Project

COMMISSIONERS OF CARE IN WALES SURVEY

OBJECTIVES:

- *To meet the requirements of the proposed project: " A survey of potential, relevant commissioners of care in Wales and other stakeholders will be carried out to establish their awareness of the care farming concept, their requirements in terms of commissioning care (procedures, assurances and mechanisms) and their views as to the development of coordinated care farming in Wales".*
- *To inform the potential/feasibility/remit of a care farming coordinating mechanism in Wales.*

INTRODUCTION

- *Summarise IRH project (main aim) and outline need for the survey as above. Summarise the concept of care farming as necessary.*

Awareness of care farming:

- Awareness of the concept of care farming.
- Experience of care farming – first hand, peripheral?
- Initial perceptions of care farming and relevance to remit.

Requirements re commissioning care:

- Role and remit e.g. young people, offenders etc?
- Area/locality covered?
- Outline procedures when commissioning care on behalf of this group.
- What policy frameworks are in place as regards this group e.g. Children and Young People's Plan.
- What assurances/mechanisms are in place to ensure quality/safety etc re referrals?
- In your opinion, would a local care farming provider/ providers offer an alternative service to that already existing/ or an additional service?
- Would you consider referring clients to a care farm?
- What would need to be in place in order for you to do this?
- What type of evidence do you require to demonstrate that care farming works?
- How can we best present the opportunities afforded by care farms to potential commissioners?
- Can we/how can we integrate care farming into existing models of care and education/referral pathways?
- How can partnerships between care farming provider and commissioner be brokered in Wales?

Views as to the development of care farming in Wales:

- Is the care farming concept of interest or relevance to you and/or the group for which you commission services?
- How do you think we can best incorporate/involve the commissioning bodies in the development of care farming in Wales?
- How can care farmers be made aware of, and supported to meet, the requirements of commissioning bodies?
- In what areas of health, social care, education, enterprise (in Wales) is care farming particularly pertinent? Should we be focussing on any in particular?
- Care farming straddles a number of policy remits – who do you think should be driving this forward (if at all)?
- How might the role/impact of care farming differ in a rural/semi-rural setting from an urban setting?

Event 5th July/next steps:

- Would the event on 5th July be of interest? Are you/colleagues able to attend?
- Who else should we be talking to?