

## CARE FARMS AS A FORM OF VOCATIONAL ACTIVATION. A CASE STUDY

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**Purpose:** The purpose of this paper is to present the care farm as a form of vocational activation for the farmer, their family members, or their employees, as well as to prepare or reintegrate into the labour market individuals who use the services of these farms, based on the project "Independently (not alone) – supporting people with disabilities in the Tuchola County".

**Design/methodology/approach:** The article presents the functioning of care farms based on the literature on the subject. A case study of care farms that directed their services to people with intellectual disabilities was presented based on information obtained through an expert interview with the leader of the project "Independently (not alone) – supporting people with disabilities in the Tuchola County" and a representative of the Kuyavian-Pomeranian Agricultural Advisory Centre in Minikowo, a project partner.

**Findings:** As part of the project "Independently (not alone) – supporting people with disabilities in the Tuchola County", jobs were created for 10 people in the examined care farms, and 4 people from supporting institutions were employed for 2.5 full-time positions. An undeniable success of these care farms was the vocational activation of 22% of the participants in the project.

**Research limitations/implications:** The article describes a case study of the completed project "Independently (not alone) – supporting people with disabilities in the Tuchola County". Future research should expand the scope of the study by increasing the number of examined care farms and directly obtaining the opinions of project beneficiaries (people with disabilities and their caregivers).

**Practical implications:** Expanding knowledge about the functioning of care farms may increase interest among farm owners in diversifying their activities in this direction. Identifying the needs of people with disabilities and their caregivers can contribute to improving work organization and management in care farms.

**Social implications:** To include people with disabilities and their caregivers in society, awareness of the needs of people with disabilities and their caregivers must be raised among both entrepreneurs and the general public.

**Originality/value:** The article describes the effects of a completed project aimed at supporting people with disabilities in care farms. Agricultural farms have recently expanded their activities to include the provision of care services, for example, for seniors or people with disabilities. The article is informational and educational, pointing out the possibilities of diversifying the activity profile and sources of income for agricultural farms and drawing attention to the needs of people with disabilities and their caregivers.

**Keywords:** care farm, vocational activation, intellectually disabled.

**Category of the paper:** research paper, case study.

## 1. Introduction

The Polish countryside has changed over the past few years. More and more people are choosing the countryside as a place to live. In 2000, 14.6% of the total population lived in rural areas, and by 2022, this figure had risen to 15.3%. However, agriculture is not the main source of employment for rural residents. In 2000, 27.8% of people worked in agriculture, but by 2022, this percentage had decreased by 19.4 percentage points, reaching 8.4%. The reduction in agricultural employment may be due to concentration processes in agriculture. The average size of a farm in 2020, compared to 2010, increased by almost 16%, reaching 11.8 hectares. The structure of farms is also changing and varies regionally. In the Kuyavian-Pomeranian Voivodeship, farms over 15 hectares are more common than the national average, and large farms, over 100 hectares, constitute over 24% of all farms in the voivodeship. The transformation process in the countryside also affects the farmers themselves, who, in the face of challenges, seek alternatives to diversify their activities and income sources. One option is running a care farm.

Care farms are part of the so-called social farming movement. This is an innovative approach to agriculture that involves introducing social services into functioning farms. It is important that the provision of these services is based on the resources and activities of the farm. Thus, the essence is the multifunctionality of the farm, understood as the ability to meet not only production-market needs but also non-agricultural needs—environmental, cultural, economic, and social (Lenard, 2023). Care farms are run by farmers or household members, and their clients are people in need of support, mainly seniors, but also dysfunctional individuals, those struggling with addictions, the unemployed, and so-called troubled youth (GROWiD, 2021).

This study aims to present care farming as a form of professional activation for the farmer, his family members, or his employees, as well as to prepare or reintegrate into the labour market those who use these services, based on the project "Independently (not alone) - supporting people with disabilities in the Tuchola County".

The article, based on the subject literature, outlines the functioning of care farms. A case study of care farms offering services to people with intellectual disabilities is presented based on information obtained through expert interviews.

## 2. What is a care farm?

The idea of care farms is to adapt agricultural farms so that elderly people or those in difficult life situations can actively spend their free time and receive support enabling social

integration. Thanks to the agricultural nature of the farm, the beneficiaries can experience the therapeutic effects of nature and contact with animals, and by engaging in small household or farming tasks, they can enjoy human interaction and feel needed (Lenard, 2023).

In the field of care farming, the Netherlands is one of the pioneering countries. Compared to other countries, this sector is well-developed there, thanks to the cooperation of farmers at both regional and national levels and the diversity of initiatives undertaken. Care farms are firmly embedded in the perception of Dutch society, particularly in the co-functioning of the social and healthcare sectors. Currently, Dutch care farms are considered a dynamically developing sector of innovative services, actively responding to the changing needs of society (Hassink, Agricola, Veen, Pijpker, de Bruin, van der Meulen, Plug, 2020).

As Hemingway, Ellis-Hill, and Norton (2016) indicate, in the United Kingdom and other parts of Europe, care farming is the potential of agricultural activities that can be used to achieve health, social, and educational benefits. Therefore, they define care farms as the therapeutic application of agricultural practices. According to their research on the English market, staff employed on care farms perceived them as friendly and supportive places where people can experience closeness to nature and sustainable food production. Care farms are considered places providing an inclusive environment conducive to the personal development of clients, offering the opportunity for integration with others, and a place where one can learn about nature and oneself.

In Poland, as Kamiński (2015) points out, the beginnings of care farms can be traced back to the second half of the 19th century when people with disabilities were sent to special care institutions located in rural areas and on enclosed grounds near parks and forests on the outskirts of large cities. It was already noticed then that the natural environment had a calming effect on such patients. A common phenomenon in these institutions was the establishment of one or more farms producing basic foodstuffs, which helped reduce their operating costs. Where appropriate, patients could participate in agricultural work. Besides clear financial benefits, it was observed that the work performed had a positive effect on patients. The concept of combining the productive and therapeutic roles of farms has returned, and for example, in 2019-2022, the Ministry of Agriculture and Rural Development implemented a care farm project (GROWiD). This project responded to the aging rural population and aimed to create a model that would enable the establishment of a network of care farms in Poland (Lenard, 2023). The Kujawsko-Pomorski Agricultural Advisory Center in Minikowo promotes the implementation of the care farm concept as the coordinator of projects such as "Green Care Farms", "Care in the barnyard", and "Independently (not alone)" (Czarnecki, Dudek, Kamiński, Komorowski, Stanny, Wilczyńska, 2021), which is the subject of this study.

The role of care farms results from the multifaceted nature of their activities. As a result, through their activities, they can generate positive external effects and thus contribute to social development. According to a study conducted by Nazzaro and his team (2021), the factors determining the development of care farms are primarily: the desire to develop one's farm in

line with the idea of sustainable development (indicated by 64% of respondents), diversifying the source of income (36%), conducting socially responsible (ethical) activities (24%), and increasing employment opportunities (20%). Despite many benefits, the development of care farms faces many barriers. The biggest problem is the mentality of farmers and their resistance to change, and the need to invest additional funds (28% of indications each), as well as limited access to information (20%) and bureaucratization (12%).

Social farming, which includes the activities of care farms, combines agriculture with activities related to tourism, education, healthcare, or social care, and also the labor market. Therefore, depending on the sector with which the farm cooperates, there are agrotourism, educational, therapeutic, care, or integrative farms (GROWiD, 2022). In the Netherlands, Hassink and his team (2012) divided farms performing care roles according to the following criteria:

- Types of Services Provided [Emergency Assistance (Helping Hand); Basic and Integrated Care Services; Integration Services].
- Engagement of Household Members in Conducting Care Activities [Farmer (Farmer's Wife); Employed Workers from the Care Services Sector; Others (e.g., Volunteers)].
- Form of Conducting Activities (Independent Household, Cooperation, Outsourcing).

Based on their research, six main types of care farms were identified (Table 1). These vary in terms of the funding model, level of investment and costs, and the predominant source of income.

**Table 1.**  
*Characteristics of the main types of care farms*

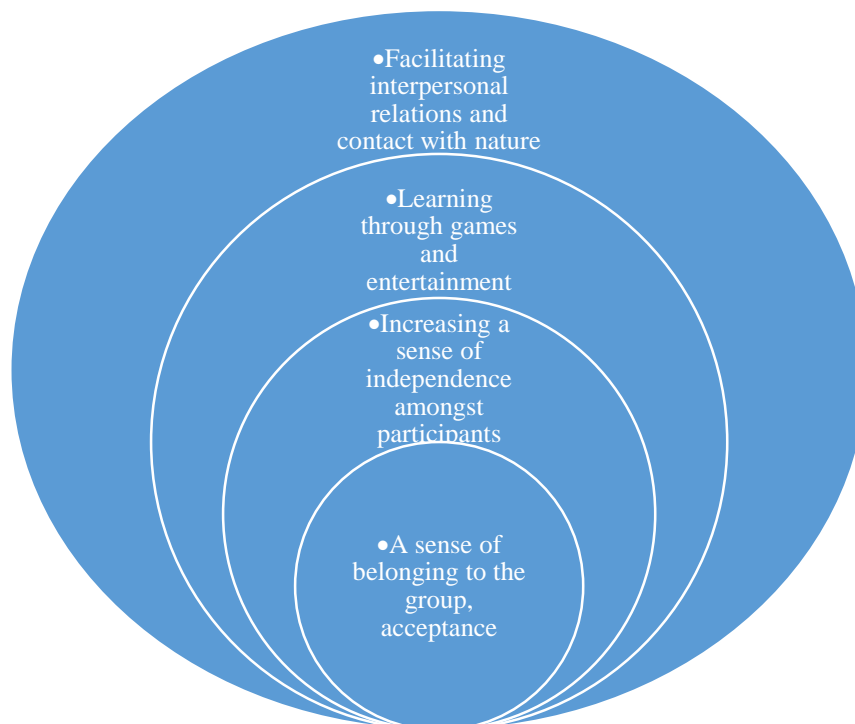
Type of care farm	Characteristic features
Farms providing emergency assistance services ( <i>helping hand</i> )	<ul style="list-style-type: none"> <li>• Low circulation and costs.</li> <li>• The main revenues come from agricultural activities.</li> <li>• Customers are involved in agricultural activities.</li> <li>• Subcontracting services.</li> </ul>
Farms providing basic care services	<ul style="list-style-type: none"> <li>• Low circulation and costs.</li> <li>• Revenues come from agricultural and care activities.</li> <li>• Financing mechanism – deductible or subcontracting of services.</li> </ul>
Integrated Care Farms	<ul style="list-style-type: none"> <li>• Significant expenditures and costs.</li> <li>• Revenues come from agricultural and care activities.</li> <li>• Financing mechanism – deductible or subcontracting services.</li> </ul>
Independent care farm (services provided by a farmer)	<ul style="list-style-type: none"> <li>• Significant expenditures and costs.</li> <li>• The main revenues come from care activities.</li> <li>• Diversified financing mechanism.</li> </ul>
Independent care farm (services provided by persons employed by the farmer)	<ul style="list-style-type: none"> <li>• High outlays and costs.</li> <li>• The main revenues come from care activities.</li> <li>• Diversified financing mechanism.</li> </ul>
An independent care farm run in a different form, e.g., a foundation, an association	<ul style="list-style-type: none"> <li>• High outlays and costs.</li> <li>• The main revenues come from care activities.</li> <li>• A diversified financing mechanism.</li> <li>• Fundraising.</li> </ul>

Source: own study based on Hassink, Hulsink, Grin, 2012, pp. 569-600.

Sedlak and his team (2021), on the other hand, used the following classification of social farms in their study:

- rehabilitation farms,
- social and rehabilitation farms,
- social farms,
- cooperative farms – educational,
- care farms.

Undoubtedly, care farms, regardless of the type, have specific goals to fulfill. According to Hemingway and Co. (2016), the conditions for the functioning of a care farm are to give their clients a sense of acceptance and belonging, as well as to increase their self-reliance and independence. The participants learn through entertainment and fun. All these activities are aimed at building social relationships in harmony with oneself and nature (Fig. 1).



**Figure 1.** The purpose of functioning of care farms.

Source: Hemingway, Ellis-Hill, Norton, 2016, pp. 23-29.

Participants of care farms are oriented towards working during the day and having closer contact with society. They perceive care farms as open, real workplaces where they can demonstrate responsibility and integrate with others (Iancu, Zweekhorst, Veltman, van Balkom, Bunders, 2014). According to Elings (2012), participants in activities conducted by care farms feel more capable and useful when they work together. This combination of various opportunities distinguishes care farms from other work or daycare projects. Care farms are seen by many participants as a pleasant and safe haven between their illness and/or addiction and society in general, providing them with the opportunity to gain regular or volunteer work.

### **3. "Independently (not alone)" - care farms supporting people with intellectual disabilities**

Care farms often tailor their services to the needs of an aging society, frequently targeting their offerings towards seniors. Therefore, the care farms project dedicated to people with intellectual disabilities deserves special attention. The scale of problems faced by people with various dysfunctions is undoubtedly very broad. However, it is difficult to estimate the number of people with disability certificates. Some data is contained in the Electronic System for Monitoring Disability Certification (EKSMOON). The Social Insurance Institution (ZUS), the Agricultural Social Insurance Fund (KRUS), and the Ministry of Interior and Administration (MSWiA) also have their databases. Some people may still have certificates issued by the now-defunct Commission for Disability. Additionally, disability certificates can still be issued by County/Municipal/Voivodeship Teams for Disability Certification. These systems are not cohesive, and individuals may hold certificates issued by several of these institutions. Therefore, the support provided to people with disabilities follows the provisions of the Act of August 27, 1997, on professional and social rehabilitation and the employment of disabled persons (Journal of Laws of 2019, item 1172, as amended), which indicates that not only certificates issued under this Act, but also equivalent certificates should be honoured.

According to data published by the Central Statistical Office (GUS) (2023a), in Poland (as of December 2022), there were 2.3 million people receiving pension or disability benefits or registered for insurance by premium payers in ZUS, who had a disability certificate or degree of disability (issued by disability certification teams) or a certificate of incapacity for work (issued by ZUS). Notably, nearly 700,000 people registered for insurance in ZUS by premium payers presented a disability certificate or degree of disability (issued by a disability certification team) or a certificate of incapacity for work (issued by ZUS). The highest number of people per 10,000 population was reported in the Lubusz Voivodeship (319), and the lowest in the Mazowieckie Voivodeship (127). In the Kuyavian-Pomeranian Voivodeship, this number was intermediate, amounting to 204 people per 10,000 inhabitants.

To estimate the scale of the problem, data from GUS (2023), indicating beneficiaries of community social assistance (with income below the criterion) who were granted benefits due to disability, was used. Based on the data in the table (Tab. 2), we can see that disability is the reason for using social assistance for nearly 45% of all households receiving social assistance. Beneficiaries are more often city residents (about 63%) than village residents (about 38%). Approximately 8% of all households receiving social assistance in Poland are located in the Kuyavian-Pomeranian Voivodeship. In the Kuyavian-Pomeranian Voivodeship, about 6% of all households receiving social assistance and 37% of households in the voivodeship use social assistance due to disability. The share of households located in the countryside is 34% and is almost 3 percentage points lower than the national average.

**Table 2.**

*Households benefiting from social assistance with an income below the criterion by type of household and disability as the reason for granting the benefit in 2022*

<b>Specification</b>	<b>Number of farms</b>	<b>Share (%)</b>
Poland	422 276	-
Including:		
Because of disability	188 650	44,7
In town	117 953	62,5
In the countryside	70 696	37,5
Kuyavian-Pomeranian Voivodeship	32 337	7,7
Including:		
Because of a disability	12 075	37,3
In town	7 976	66,1
In the countryside	4 099	33,9

Source: Beneficiaries of community social assistance in 2022 r. GUS 2023.

The higher number of households receiving assistance in cities compared to rural areas can be attributed to greater accessibility and fewer barriers to accessing such help. The availability of health and social services is a social issue affecting not only farmers but entire rural communities. Rural society, including farmers, is at a disadvantage compared to urban populations in terms of spatial, temporal, and cost-related factors, as well as the quality of services provided. Due to poorer transportation conditions in rural areas (it takes an average of about 40 minutes to reach places offering support, and depending on the region, it can take over 85 minutes), access to various types of support is much more difficult. As a result, there is more often underutilized human capital in rural areas compared to cities (Czarnecki, Dudek, Kamiński, Komorowski, Stanny, Wilczyńska, 2021). Therefore, it is crucial to create support offerings in rural areas, encourage activation, and present interesting self-realization opportunities (Chmielewska, 2018), as well as to continue reducing the disparities between rural and urban areas.

From the perspective of the labour market, the functioning of care farms should be viewed from two angles. First, providing opportunities to enhance skills and qualifications for members of the farming household, simultaneously allowing them to diversify their sources of income. Secondly, the possibility of participating in therapeutic activities offered by care farms opens various perspectives for their participants, including finding their place in the open labour market. In such cases, even a single instance of professional activation is a significant success, especially in peripheral, low-industrialized areas where the unemployment rate is higher than the national or regional average, and finding a job is more challenging even for people without health deficits. Therefore, special attention is warranted for the project "Independently (not alone) – supporting people with disabilities in the Tuchola district", which was implemented from June 1, 2019, to December 31, 2023, by the Tuchola County Family Assistance Centre in cooperation with the Kuyavian-Pomeranian Agricultural Advisory Centre in Minikowo, the Polish Association for People with Intellectual Disabilities, the Chojnice Branch, and the Association of Parents of Special Care Children in Tuchola in the Tuchola district (Kuyavian-Pomeranian Voivodeship). Funding for the project was obtained based on

an application for macro-innovations on the topic: "A community support system for adults with intellectual disabilities – stage II" and amounted to over PLN 5.82 million. Based on the project, care farms were established in three municipalities, and its participants came from five municipalities. The program's direct beneficiaries were people with intellectual disabilities (41 people; including 24 women and 17 men), and indirectly also their caregivers (28 people; including 20 women and 8 men). As part of the project, three Open Integration Points, one Training Apartment, and one Supported Apartment operated in the Tuchola district. As previously mentioned, a care farm is not only about helping those who use its services. It is also an employment opportunity for those who create and manage it. In the discussed example, in two farms, the owner served as a full-time caregiver-instructor, in another farm, no external caregiver-instructors were employed (these roles were filled by family members), and in yet another farm, the owner served as a half-time caregiver-instructor, while the remaining 1.5 full-time positions were filled by external employees. The supporting work of volunteers is also invaluable. In total, in the cited project example implemented by care farms, 10 people were permanently employed, additionally engaging individuals from partner institutions for other activities (creating a total of 2.5 full-time positions for 4 people) and hiring a lawyer on a contract basis for 40 hours/month. Moreover, the care farms directly employed specialists according to the needs of their beneficiaries. Thus, in each farm, specialists, including psychologists, speech therapists, rehabilitation specialists, and career advisors, provided services for 20 hours/month. To implement the project, the following job positions were created:

- Specialist for the activation of people with disabilities (1 full-time position).
- Therapy specialist (1/2 full-time).
- Supervisor (1/2 YTU).
- Supported Housing supervisor (80/90 hours/month).
- Legal Assistance Specialist (40 hours/month).
- and a 5-person Coordinating Team was appointed (working 10 hours per month).

The project aimed to provide day support services, primarily focusing on training, various therapeutic activities, meals, and transportation from participants' residences. Care households offered activities averaging 40 hours per week, including a minimum of 5 hours of therapeutic activities daily, Monday through Friday, and at least one Saturday per month.

Beneficiaries received specialist support from physiotherapists, psychologists, or counsellors, along with assistance in non-care farm-related matters such as obtaining hearing aids, pursuing education, or engaging with potential employers. The project's success is evident in the increased independence of almost two-thirds (66%) of participants, notably higher among women (67%) than men (65%).



The most significant outcome of the project was the professional integration of nine individuals (22% of participants). Specifically, three individuals (7%) secured positions in the open labour market, while two (5%) found employment in supported employment centres (ZAZ), two (5%) in social enterprises, and two (5%) reported other forms of income generation.

## Summary

The establishment of care farms facilitating the integration of individuals with intellectual disabilities into or back into the labour market is crucial for promoting social and economic inclusion. To this end, it is recommended to:

- Continue existing programs and develop new initiatives tailored to beneficiaries' needs, focusing on professional integration aligned with their skills.
- Extend service hours beyond 40 hours per week to enable carers to pursue professional activities.
- Enhance programs to encourage employers to create positions suitable for individuals with intellectual disabilities.
- Conduct public education campaigns aimed at dispelling stereotypes and raising awareness about the potential of individuals with intellectual disabilities, thereby reducing employment barriers.

These efforts can empower individuals with disabilities and their carers to actively participate in social and professional spheres.

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