

Care Farm as a Chance for Social Services for the Silver Generation

Karolina Jarosz

Abstract: **Background:** The article presents results of my research on the state of knowledge and people's readiness to run a care farm.

Research objectives: The article scrutinizes care farm as forms of providing social services in rural areas as well as preparing people and institutions to conduct this type of activity. The text stems from a fragment of own research commissioned by Poland's Ministry of Agriculture and Rural Development in 2022. The study aimed to provide knowledge about the demand for advisory and training services for people running care farms in Poland and people planning to start this type of business.

Research design and methods: I conducted the study using a survey. I prepared three survey questionnaires and addressed them to people running or intending to establish a care farm (78), Agricultural Advisory Centers (190), regional social policy centers, and social economy support centers (18). Apart from the groups indicated above, the study included local government units (social welfare centers, district family assistance centers, district labor office), Agricultural Advisory Centers in part relating to care farms, people engaged in activities other than agricultural (agritourism farm with the potential to run a care farm, horse riding and hippotherapy activities, family social welfare home), and a social enterprise.

Results: The main results show the problem of an insufficient number of entities providing care services (61.1% of respondents). However, a care farm can successfully provide social services, including care services (94.4% of respondents), and 88.9% of respondents indicated their significant role in the deinstitutionalization of social services.

Conclusions: Respondents' expectations concern support in the form of training on topics related to the creation and operation of care farms, running and managing this type of institution, care services, and an elderly caretaker course. In turn, the advice should concern searching for financing sources and legal aspects of the care farms functioning – which is consistent with the support offered by Agricultural Advisory Centers – submitting offers in public procurement, and concluding contracts for the provision of services. Further barriers arise from the poor level of knowledge about care farms among more than half of the surveyed Regional Centers for Social Policy and Social Economy Support Centers as well as low or no knowledge of the GROWID project in this group of respondents.

Keywords: social farming, care farm, elderly people, deinstitutionalization

JEL Codes: A13, L31, J14, Q10

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1. Introduction

Social farming is becoming an opportunity for the development of rural areas in Poland, due to several factors. Firstly, it allows farms to diversify their activities by incorporating new functions, which helps address challenges related to limited access to social services, which is a common issue in many rural locations. These problems are a serious threat in the context of

the growing phenomenon of aging of the population. Secondly, contact with nature, the qualities of the rural environment and the therapeutic effect of green provide the basis for creating high-quality services that will have a real impact on the quality of life of the people who use them. By supporting community development, social farming will also be available at community locations and result in proper communication. At this point, I must also highlight the financial aspect of developing one form of social service provision, namely care farms. Apart from fulfilling the primary social service function, they aim to support diversification and contribute to economic sustainability.

The article will present a care farm as one of the forms of providing social services in rural areas and preparing people and institutions to conduct this type of activity based on a fragment of my research commissioned by the Ministry of Agriculture and Rural Development in 2022. I aimed to provide knowledge about the demand for advisory and training services for people running care farms in Poland and people who are just planning to start this type of business. The study supported the Ministry of Agriculture and Rural Development in improving access to social and health services in rural areas, addressing current demographic challenges. The study results served during the implementation of the care farm model into the legal system, which directly translated into the area of social services deinstitutionalization. The results of the study also served during work under the Strategic Plan for the Common Agricultural Policy for 2023–2027 (LEADER measure), which provides financial support for activities related to the creation of care farms (Ministerstwo Rolnictwa i Rozwoju Wsi, n.d.).

2. Care Farms: General Approach

Social farming involves activities that utilize agricultural resources, such as plants and animals, to deliver social services in rural or suburban areas. These services include rehabilitation, therapy, care, social and professional reintegration. The aim is to create conditions within the farm that will enable people with special needs to participate in everyday activities on the farm to ensure their development and progress and improve their well-being (Sikora, 2018, p. 3). In 2012, the European Economic and Social Committee (EESC) defined social farming in its opinion as an innovative approach combining two concepts – multifunctional agriculture and social services/health care at local level (2013/C 4/07). Recommended activities include rehabilitation, therapy, sheltered workplaces, lifelong learning, and other activities contributing to social integration. Thus, the farm creates conditions that enable people with special needs to participate in everyday activities on the farm to ensure their development and progress and improve their well-being. The Agricultural Advisory Center in Brwinów, one of the national promoters of this movement, provides a similar definition: Social farming is an innovative approach to agriculture, the essence of which is its multifunctionality, understood as the ability to meet not only production and market needs on a farm, but also environmental, cultural, economic, and social needs (Agricultural Advisory Center in Brwinów, Branch in Krakow, 2017, p. 4).

A care farm is a special type of social farm. Here, care means taking care of someone, keeping an eye on someone, and providing help to people in need, i.e., those who, for various reasons, are temporarily or permanently in a difficult life situation. This idea combines agriculture with care for people who require such support.

The Polish definition of a care farm appeared in the studies of the Agricultural Advisory Center in Brwinów, which deals with the issue of green care. A care farm is a form of support in the field of care and social integration implemented as part of a farm conducting agricultural

activity. In turn, J. Król notes that a care farm is “a form of management that combines agricultural activity with care for people in need of support. An important element in a care farm is the use of farm resources to conduct therapeutic, caring, and integration activities (Król, 2017, p. 13).

Due to the challenges in defining the exact scope of social farming and the diversity of its activities, it is difficult to clearly establish the relationship between different forms of non-agricultural farm activities, such as agritourism and social farming. Noteworthy, the topic of care farms appeared in Polish literature relatively recently. The first attempts to create care farms came in the years 2002–2004 in Podkarpacie and the Lublin region. However, only thanks to EU funds in 2016 was it possible to execute the idea in the Kuyavian-Pomeranian Voivodeship. Hence the lack of a single definition of a care farm. In European literature, we call activities social farming, but we may also encounter synonyms as care farming, green care, farming for health, or green therapies (Leck, Evans, & Upton, 2014, p. 313).

As Kamiński states, the beginnings of care farms date back to the second half of the nineteenth century, when authorities sent people with intellectual and sometimes physical disabilities to special care institutions located in closed areas on the outskirts of large cities (e.g., parks) and in villages as such people constituted a shameful social problem and authorities had to isolate them from the rest of society (Kamiński, 2015, p. 109). Consequently, people observed that the natural surroundings had a calming effect on such patients, and participation in agricultural work had a therapeutic effect.

According to Manintveld (2014, p. 8), we may trace back the development of care farms to the 1970s, although in the initial stage they developed slowly in terms of quantity. However, the development of this type of activity was under the influence of the change in the financing of the care system in the mid-1990s. An additional stimulus for the development of care farms was the concept of the American Corporation for Independent Living (CIL), which assumed equipping disabled people with the means to enable them to function as best as possible with their disability, i.e., providing them with individualized care (van Haaster et al., 2012). In the Netherlands, this led to a change in the financing of care services and the creation of the Personal Budget (PGB) in 1995, which provided funds for people who had previously received a positive opinion from the Care Indications Center (CIZ). Thus, care became individually tailored to personal needs and living conditions. This modification resulted in increased access to care services and the possibility to take advantage of the farms’ offers. People running care farms in the Netherlands treat their work as a mission that, apart from the financial dimension, gives the feeling of doing something good for others (Maarse & Jeurissen, 2015). They see the beneficial impact that contact with nature, proximity to animals, being in a group, and everyday duties of simple work on the farm have on people with various disabilities.

In 2012, the European Economic and Social Committee (EESC) defined social farming as an innovative approach combining two concepts, i.e., multifunctional agriculture and social services/health care at the local level (2013/C 4/07). Recommended activities include rehabilitation, therapy, sheltered workplaces, lifelong learning and other activities contributing to social integration. Therefore, the farm enables people with special needs to participate in everyday activities on the farm to ensure their development and progress and improve their well-being.

In Poland, we may find activities for social farming indicated in sectoral program documents regarding the development of rural areas, as well as in the Strategy for Responsible Development until 2020 (with a perspective until 2030), where supporting the development of the social function of farms by combining agriculture with services social is one of the intervention directions (Krzysztofik-Pelka, 2022, p. 112).

Some European countries stand out from the rest due to their relatively high level of development of social agriculture (Figure 1). In most cases, the care farms operating there are quite numerous, and there are various initiatives, both grassroots and more formal, that promote “green” care at the national and regional level.

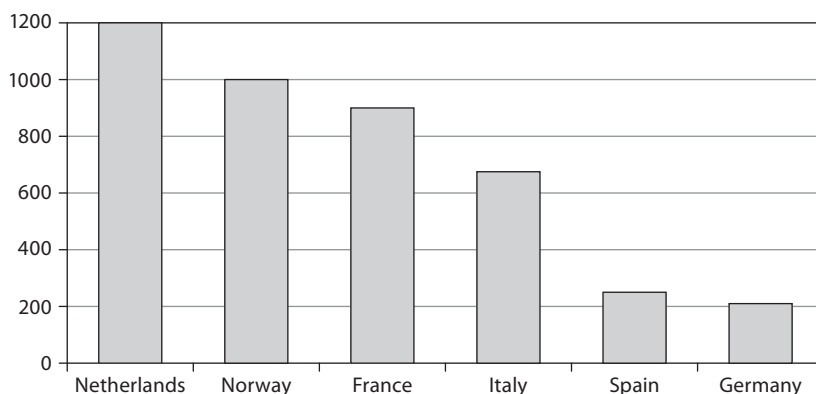


Figure 1. Care farms in Europe

Source: own elaboration.

A special feature of care farms is the use of the farm’s potential to conduct therapeutic activities. In such a household, care means taking care of someone, keeping an eye on someone, and providing help to people in need, i.e., those who, for various reasons, are temporarily or permanently in a difficult life situation. Potential target groups for this type of farms are people who require special support, including the mentally disabled, people with mobility limitations, the unemployed, the burnt-out, the elderly, the addicted, children, and young people with special educational needs, as well as the so-called difficult youth. A care farm focuses on the development of high-quality, individualized services at the family and local community level, which intends to enable a person in need of help to remain in their home environment for as long as possible, and thus prevent these people from being placed in stationary institutions, in accordance with the deinstitutionalization idea.

3. Deinstitutionalization Process

The term “deinstitutionalization” appeared in the context of social policy and social services in the 1970s in the United States. At that time, it referred to social services, especially long-term care, therapy and isolation for the elderly, disabled, mentally ill, and criminals. According to Zbyrad (2016, pp. 43 et seq.), in the context of social services (including social work), the American literature on the subject defines deinstitutionalization as preventing unnecessary or excessive placement in social welfare facilities or long-term separation. It involves creating appropriate alternatives in local communities for the accommodation, therapy, training, education, and rehabilitation of people who do not need to stay in such facilities. Deinstitutionalization should contribute to improving the living conditions and therapy of people requiring support. This concept is about ensuring that a person requiring support or care can function in the local social environment, not in institutions (Grewiński & Lizut, 2021, p. 20).

According to various definitions, deinstitutionalization means prioritizing the retention of individuals with special needs in their home environment to maintain optimal mental and physical well-being. However, in the context of deinstitutionalization, we should pay attention to demonopolization, i.e., sharing responsibilities and tasks in the area of social services between the local government and entities of the non-governmental and private sectors. In social services, demonopolization offers benefits such as increasing the possibility of choosing services from different suppliers, leading to a diversified selection of services, increased competition, improved quality and price, and income increase and diversification for local entrepreneurs, including social economy entities.

Observing the focus of social agriculture in Europe, we can notice the diversity of social services that entities from various sectors provide in this area (Figure 2).

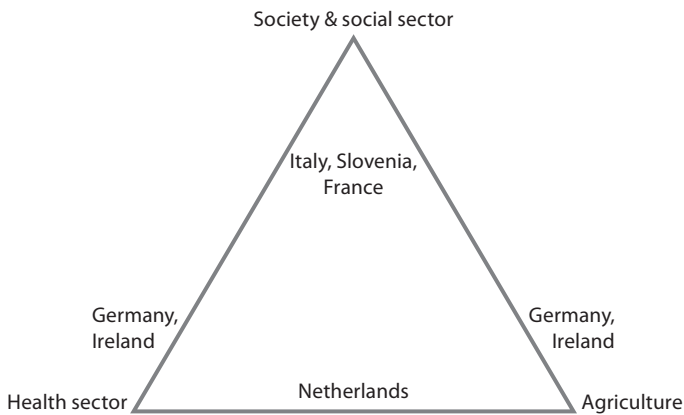


Figure 2. Orientation of Social Farming in Europe

Source: "Supporting policies for Social Farming in Europe Progressing Multifunctionality in Responsive Rural Area," Di Iacovo & O'Connor, 2009, p. 33.

In the case of Slovenia, Italy, and France, social farming activities concentrate in the third sector. Meanwhile in Germany, Ireland, and the Netherlands, healthcare entities and farms dominate. In turn, following the example of Scandinavian countries (e.g., Norway), seeking support from more professional (and therefore more expensive) facilities and organizations – long-term care entities – should take place after using cheaper, non-investment opportunities to obtain support. These possibilities include care farms. For years, authorities have provided institutional care for seniors in villages, mainly in social welfare homes, daycare and social assistance homes operated mainly in cities (Konieczna-Woźniak, 2020, p. 39). The idea of social farming constitutes a part of the deinstitutionalization process, which includes the priority of social services provided in the local community before stationary services. The development of individualized social services provided in the local community, including preventive services, will reduce the need for institutional care.

We may find the confirmation for this thesis in the respondents' answers obtained as part of my research regarding the possibility of providing social services (including care) by care farms and the role of care farms in the deinstitutionalization process.

4. The Polish Model of a Care Farm

Developed countries are facing the problem of an aging population, i.e., a long-term decline in birth rates with a simultaneous increase in the lifespan the elderly. For many years, Poland has been among the top thirty demographically old countries in the world with 112 seniors per 100 young people.

The process of demographic aging of the Polish population is a big challenge not only in terms of the aging of the labor force and the functioning of the pension system but also in the context of ensuring decent care in the last phase of seniors' lives. According to the Statistics Poland forecast, in 2035 people aged 65 and over will constitute 24.5% of the Polish population, in 2050 already 32.7%, while in 2018, it was approximately 18.2% (Statistics Poland, 2014).

The phenomenon of older adults living alone is increasingly noticeable. According to Statistics Poland forecasts, in 2030, people aged 65 or older will lead 53.3% of single-person households, and people aged 80 or older will lead 17.3% (Statistics Poland, 2010). However, from the point of view of the health and independence of seniors, the most important thing is the dynamically progressing process of the population's double aging, i.e., an increase in the percentage of people aged 80 and over. In 2050, the percentage of these people will be over 10.4% (Statistics Poland, 2016).

The aging of the population means that the number of people of working age is decreasing, and therefore there is an increase in social spending directed at older people. The pension system is becoming more burdened and the demand for certain services is growing, e.g., in the field of health care and social care. The family structure is changing, the outflow of young people from rural areas causes an increase in the number of single-person households run by older people. The main problem that seniors will face in the future will be the excess free time and problems with using it. It is important for seniors to manage their time, use their professional and life experience, and their willingness to be useful. Among the basic needs of older people, there are the needs to perform socially useful activities, a sense of social belonging, social acceptance, and maintaining social relationships and mental and mental stimulation (Dyczewski, 1994, pp. 110–112). Their unpaid socially useful activities, both towards the family (benefits for children and grandchildren) and towards third parties, make people feel needed in their family or the wider community.

Documents such as the "Social Policy for Older People 2030: Safety-Participation-Solidarity" (2018; M.P. item 1169), the "Strategy for the Sustainable Development of Rural Areas, Agriculture, and Fisheries 2030" (M.P. item 1150), and the "National Social Economy Development Program until 2023: Social Solidarity Economy" (M.P. item 214) highlight the need to create and develop care farms in Poland. They also point to the development and promotion of care professions, improving the competencies of those providing care, and shaping entrepreneurial attitudes, especially among young people through the development of the social economy sector.

Care farms can become an alternative to nursing homes. There is a growing demand for care services for the elderly on the market. The use of new functions of agriculture, such as social farming, will help solve problems related to the care and social exclusion of older people, as well as achieve the goals of social policy towards older people, such as social integration and participation in social life, individualization, i.e., adapting the benefits provided to real the needs of the individual, or providing them with subjectivity and independence appropriate to their level of life skills (Szweda-Lewandowska, 2011, p. 113).

According to my research conducted in August 2022 among people running or intending to create a care farm (78), representatives of Agricultural Advisory Centers (190), Regional Social Policy Centers and Social Economy Support Centers (18), which are representatives of all voivodeships, the number of entities providing services care is insufficient. The respondents indicated that there was a significant lack of care farms in their area or they did not know that such facilities existed. The research result regarding this area suggests that there is a demand for care services, to which care farms may be the answer. Care provided on a care farm is a solution that will contribute to improving the quality of life of people using it, as well as to the increase in care services in rural areas. A respondent's statement confirms it:

Care farms can contribute to increasing income on farms and will also strengthen position of farmers in local communities. Moreover, direct contact with nature has a beneficial effect on the health and condition of people staying on this type of farm (own study).

Polish authorities developed the care farm model as a part of the project "GROWID: Care Farms in the Development of Rural Areas in the Face of Demographic challenges," implemented by a consortium that included the Ministry of Agriculture and Rural Development, the Jagiellonian University, the Agricultural University of Krakow in Krakow and the Agricultural Advisory Center in Brwinów, Branch in Krakow. The model indicates that a care farm is a service provided on a farm in the field of daycare and/or social integration for individuals and families to improve their functioning (Stępnik, 2020, p. 3). An agricultural farm is an agricultural land with forest land, buildings, or their parts, equipment, and livestock, if they (may) constitute an organized economic whole, including rights and obligations of running an agricultural farm (Stępnik, Nowak, & Adamska, 2020, p. 3). Therefore, the care farm constitutes an extension and complementation to agricultural activities that uses the farm's potential.

The care farm provides social services (mandatory package) in the following areas:

- agrotherapy for participants, which involves implementing a program of therapeutic and activation activities based on the agricultural potential of the farm,
- group classes for participants,
- assistance in dealing with participants' everyday matters,
- assistance in hygiene activities,
- serving meals and drinks to participants.

Furthermore, care farms can provide services that extend and complement mandatory services in the field of:

- free transport of participants from and to their place of residence, and in connection with assistance provided in dealing with everyday matters,
- organizing integration activities for participants' families and the local community members.

Care farms' services can serve people who require support in carrying out basic life activities, hygiene care, ensuring contacts with the environment, support in the field of integration and social activation. Thus, this group includes older people, people with disabilities, and people with special needs – i.e., people who, due to their external or internal characteristics, or due to the situation they find themselves in, must take additional actions or take additional measures to overcome the barrier to participate in various spheres of life on an equal basis with others.

According to the model's assumptions, daycare on a care farm can encompass up to eight participants at the same time, and no more than 24 participants in the week. The scope of sup-

port must be individually determined for the wards in the form of an individual support plan that follows the idea of deinstitutionalization and considers the client's personal needs.

Moreover, the model indicates a minimum infrastructure standard, i.e., the need to have farm buildings, agricultural crops and residential premises that will serve for care activities. A care household should have a room for spending time together in the form of a common room with a table uniting all participants, a separate room with a bed for rest, a kitchen with equipment, rooms for hygiene activities equipped with a shower cabin, a washbasin, a toilet bowl and a washing machine, as well as the necessary facilities to conduct particular forms of agrotherapy.

The care farm model does not specify the number of people providing care for the participants, but one caregiver working at a given time is enough to ensure the safety of the people staying on the farm, and the care household should have at least two people capable of performing the caregiver's function, in case one of them cannot carry out the duties. Caregivers may be members of the farm household working on its behalf or external persons with whom an employment relationship has been established. The model does not specify the level or type of education required of the caregiver. However, it indicates mandatory completion of a training program enabling obtaining or renewing a certificate issued by the Agricultural Advisory Center. If it is necessary to provide care farm participants with specialized support that goes beyond the competences of the care farm staff, the farm should establish cooperation in the form of subcontracting specialized people or external entities.

As already mentioned, care farms operate successfully in many countries in Europe and around the world, but they differ, among others, in structure, target group, and financing.

Italy was one of the first European countries to adopt social farming, which aims to support existing initiatives and regulate their activities more precisely.

The act adopted the definition of social farming as an activity conducted by agricultural entrepreneurs, in the form of a sole proprietorship or company, and by social cooperatives, aimed at the professional reintegration of people with disabilities or those in particularly vulnerable situations. According to the act, social farming provides services and activities for local communities, supports medical and rehabilitation therapy, and uses zootherapy and horticultural therapy. Care farms aim to aid people with various types of problems, most often people with disabilities, the unemployed in difficult life situations, children and youth, prisoners and former prisoners, people with addictions. Meanwhile, Italy listed seniors as the tenth group (Giarè et al., 2017, p. 37).

According to the definition of CIVAM (Centre for Initiatives Supporting Agriculture and the Rural Environment), in France, a care farm directs its services to young or adult people whose life, educational or professional situation leads to conflict or a break in contact with the surrounding society (FNCIVAM, 2011, p. 3). These people also include older people who can benefit from individualized medium- or long-term stays or from individual or group day-care (FNCIVAM, 2014). In France, there is no uniform legal framework defining and regulating activities of care farms. Therefore, the legal forms of activity conducted by care farms are very diverse and change depending on the circumstances in which care activity on a farm begins. The factors determining the choice of legal form are, e.g., the service recipients' type, the planned length of stay, and the type of contract that can be concluded directly with the service recipient or with the facility that takes care of the person. French care farms offer activities such as home activities (cooking, cleaning, spending time with children and family), animal care, education, DIY, gardening, walks, and sports activities. Therefore, according to this definition,

care farms focus on the rehabilitation and reintegration into society of people who, as a result of a difficult life situation, have been pushed to the margins of society.

The Polish welfare farm model considers the experience of countries that are more advanced in developing social agriculture, i.e., the Kingdom of the Netherlands, Italy and Norway. I chose these countries, because in each of them social farming develops based on different regulations and it is possible to learn about various solutions important from the point of view of implementing care farms in Poland. Noteworthy, there are no comparative models; the Polish model is dedicated exclusively to seniors.

Preparing People and Institutions to Provide Social Services in the Form of a Care Farm

The care farm model does not specify the education level or type required for caregivers, which is further supported by the absence of legal education requirements for staff in daycare homes. Therefore, I attempted to examine the preparation of people and institutions for running a care farm and their needs in terms of training and consulting. The presented study complements those existing ones. Thus far, research has investigated attitudes, needs, and expectations of Poles towards aging, with particular emphasis on residents of rural areas, surveys aimed at learning the opinions of older people (60+) regarding the need for innovative social and care services.

5. Research Methodology

I conducted the study in 2022 and aimed to provide knowledge in terms of the demand for advisory and training services for people running care farms in Poland and people who are just planning to start this type of business. I used surveys to collect empirical material and sent them to the institution. For technical reasons, I had to prepare three survey questionnaires, i.e., dedicated to people running or intending to establish a care farm, representatives of Agricultural Advisory Centers, and representatives of Regional Social Policy Centers and Social Economy Support Centers.

Table 1. Survey Respondents

Total	N = 286	All respondents
People running or intending to create a care farm	N = 78	People intending to run a care farm = 34 People running a farm = 12 Local government units = 11 ODR = 7 Care farms = 5 Other activity = 6 Social enterprise = 2 Other = 1
Agricultural Advisory Centers	N = 190	
Regional Social Policy Centers/Social Economy Support Centers	N = 18	

Source: own elaboration.

In addition to the groups indicated above, the study included local government units (social welfare centers, district family assistance centers, district labor office), Agricultural Advi-

sory Centers in the part relating to care farms, people engaged in non-agricultural activities (agritourism farm with the potential to run a farm care, horse riding and hippotherapy activities, family social welfare home), and a social enterprise. I classified one answer in the category "Other." Noteworthy, the representatives of all voivodeships participated in the study.

6. Research Results

I asked the representatives of Agricultural Advisory Centers and Regional Social Policy Centers and Social Economy Support Centers about the functioning of care farms in their area, the actual provision of care services and the possibility of providing these services by care farms (Figure 3 and 4).

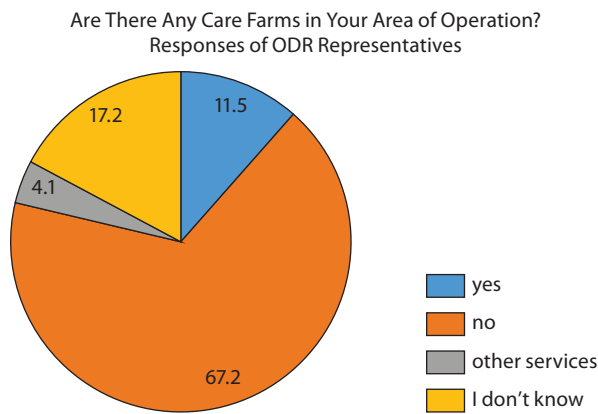


Figure 3. Knowledge of Representatives of Agricultural Advisory Centers

Source: own elaboration.

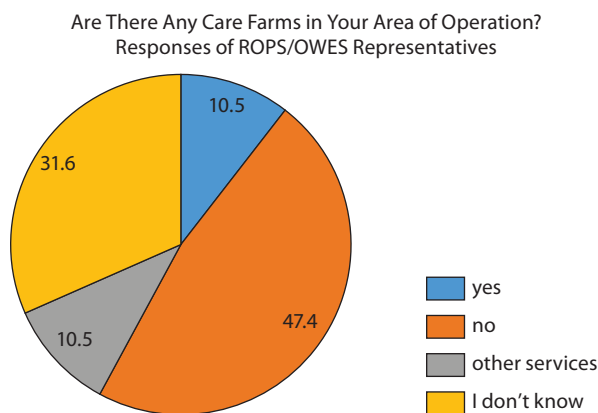


Figure 4. Regional Social Policy Centers/Social Economy Support Centers on the Functioning of Care Farms

Source: own elaboration.

In total, 61.1% of respondents found the number of entities providing care services insufficient. No respondents indicated the answer “sufficient.” The respondents indicated that there was a significant lack of care farms in their area or they did not know that such facilities existed. The research result in this area indicates that there is a demand for care services, to which care farms may be the answer. The aim of social policy towards older people is, among others:

- social integration and participation in social life;
- individualization, i.e., adapting the services provided to actual needs units;
- improving the standard of living of older people through the system of material benefits and services;
- ensuring their subjectivity and independence appropriate to their fitness level;
- promoting inter- and intra-generational integration (Szweda-Lewandowska, 2011, p. 113).

Care on a care farm improves the quality of life for users and increases care services in rural areas, as confirmed by the respondent: “Care farms can contribute to increasing income on farms and will also strengthen position of farmers in local communities. Moreover, direct contact with nature has a beneficial effect on the health and condition of people staying on this type of farms.” This idea is part of the deinstitutionalization process, which includes the priority of social services provided in the local community before stationary services. The development of individualized social services provided in the local community, including preventive services, will reduce the need for institutional care.

We may find the confirmation for this thesis in respondents’ answers regarding the possibility of providing social services (including care) by care farms and the role of care farms in the deinstitutionalization process.

Respondents emphasized that the topic of creating care farms is very interesting and could play an important role in the era of an aging society and in the deinstitutionalization of social services. However, this requires legislative changes, i.e., clear legal conditions, financing methods, etc. These are necessary to develop a model enabling the permanent and continuous provision of services on care farms (respondents’ responses). Social economy can play a significant role here, e.g., by creating – with the support of the Social Economy Support Center – social enterprises/social economy entities on farms to develop care for people who need support in everyday functioning, and also as an alternative form of obtaining external funds for implementing care and social services.

The Agricultural Advisory Center and other Agricultural Advisory Units should educate rural residents, especially representatives of local government units, regarding the possibilities of cooperation with care farms. Their cooperation is recommended here both with government institutions (including the Ministry of Family, Labor and Social Policy, Agricultural Social Insurance Fund, State Fund for Rehabilitation of Disabled Persons) and local government institutions (Regional Social Policy Centers, social service centers), other social welfare units, as well as the non-governmental sector (including Social Economy Support Centers).

Among the surveyed representatives of Regional Social Policy Centers/Social Economy Support Centers, more than half (55.6%) had little knowledge about care farms, and nearly three fourths did not know the GROWiD project or its details. Employees of Agricultural Advisory Centers should play an important role in transferring knowledge, including practical knowledge on green care, to representatives of local governments, and the third sector.

The potential of both Agricultural Advisory Centers and Social Economy Support Centers should be combined, because the knowledge of the employees of these institutions – complementary and adequate to issues related to green care – will ensure that care farms become an

alternative form of care in the local environment and use the potential of both the farm and the social economy sector.

Most care farm owners and those planning to run a care farm have higher education or training in fields such as rehabilitation, public health, gastronomy and dietetics, pedagogy, elderly care, medical caregiving, disability caregiving, first aid, therapy, and hippotherapy.

Nearly three fourths of respondents had experience in providing care, e.g., for a family member (Figure 5).

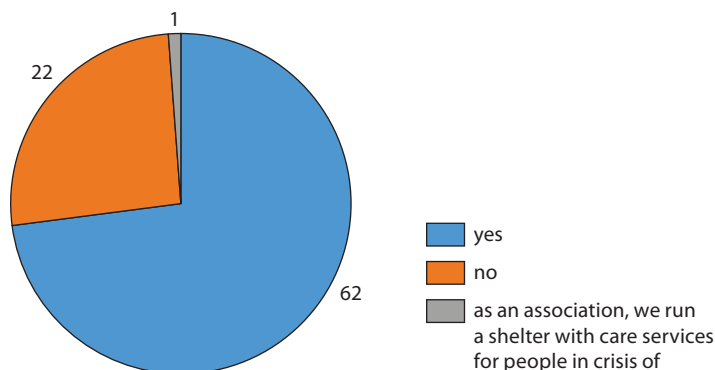


Figure 5. Respondents' Experience in Providing Care

Source: own elaboration.

People who have experience in caring for family members are much more interested in running a daycare home than others (Dąbrowski, Stępnik, & Król, 2017, p. 36).

At the time of conducting this study, Agricultural Advisory Centers could offer support to those running/intending to run care farms, primarily in the field of establishing and operating care farms, searching for sources of financing, running a business/non-agricultural activity and legal aspects of the operation of a care farm. In turn, representatives of care farms and those interested in running this type of activity indicated areas in which training and consulting are necessary (Figure 6 and 7).

First of all, in the case of training, respondents pointed to issues related to the creation, operation, and management of care farms, care services, and the course for an elderly person's caregiver. These last two indications deserve attention because the respondents had experience in providing care for family members (69.6%), but nearly one third had no qualifications. Nearly one fourth of the respondents also indicated training in creating agrotherapy programs and conducting workshops for participants of the care farm (e.g., handicrafts). Knowledge in these areas is crucial because the care farm will offer required agrotherapy services, including therapeutic and activation activities based on the farm's agricultural potential, along with group activities.

When it comes to consulting, the respondents mainly specified issues related to searching for sources of financing, legal aspects of the functioning of a care farm or its management. Respondents also noted the importance of advice on submitting offers for public procurement and competitions, which helps diversify funding sources, and guidance on preparing for inspections, relevant to the future certification system.

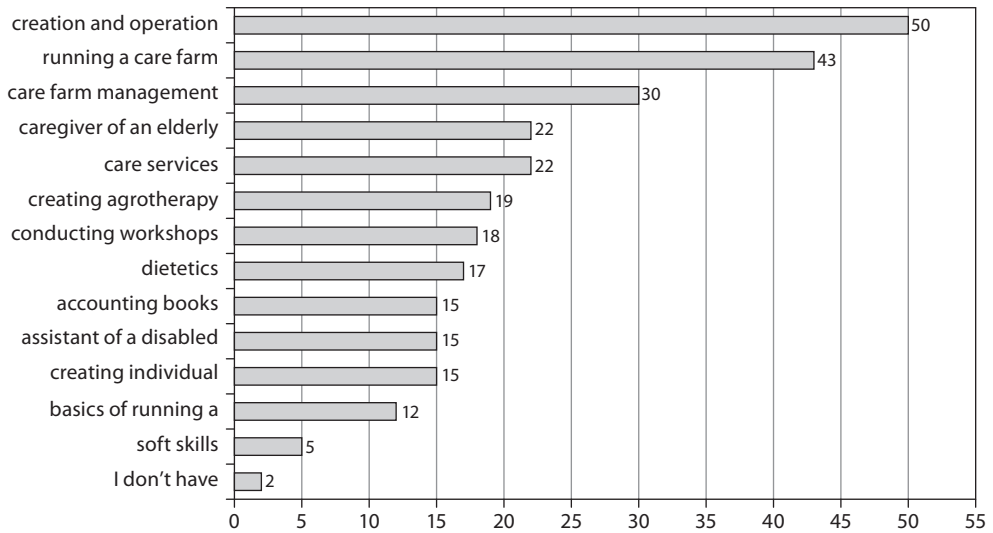


Figure 6. Scope of Knowledge in the Form of Training Needed to Supplement or Acquire to Operate a Care Farm

Source: own elaboration.

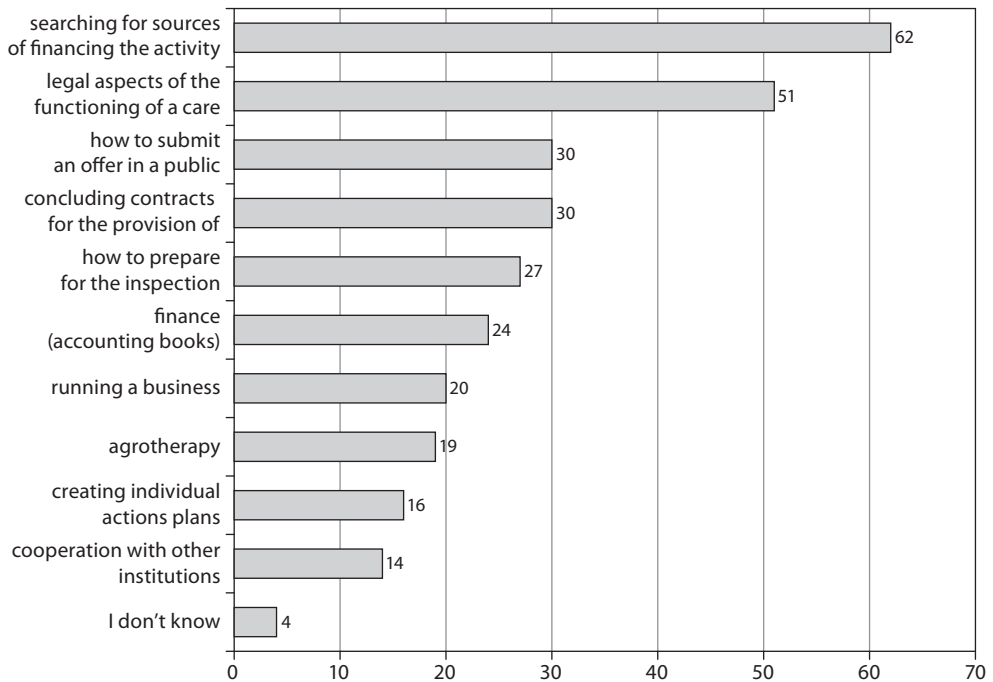


Figure 7. Scope of Knowledge in the Form of Consulting Needed to Supplement or Acquire to Operate a Care Farm

Source: own elaboration.

The care farm model indicated that starting a care farm operation is possible, among others, after completing training and passing the Agricultural Advisory Center's certification process. In provincial Agricultural Advisory Centers, it should be mandatory to create positions of specialists whose sole task will be to support people planning to create and run care farms and people implementing other forms of social farming. The Agricultural Advisory Center should establish a section to implement training programs for care farm operators and caregivers, as well as to verify their competencies. The section will also provide training for people working with care farms, such as social welfare employees. Care farms will undergo periodic evaluations.

7. Conclusions

Old age is a natural stage of human life that we can neither stop nor postpone. However, we can survive this time in good physical and mental condition. The topic of care farms is relatively new but future-proof. It requires preparation for new tasks related to the development of social agriculture. Care farms, which can provide a range of care, nursing, support and other services, are becoming an important entity in the deinstitutionalization of social services from the point of view of the increasing need to share responsibility for the implementation of social tasks at local levels with various stakeholders. The developed model of a care farm will allow for increasing the availability of social services, activating the environment, and developing local communities in rural areas.

To sum up, we can point to aspects related to the problem of old age that justify the need to create care farms:

- demographic changes – aging of society;
- projected increase in spending on health care/senior policy;
- singularization of old age;
- deinstitutionalization of the social assistance system (creation of new forms of assistance provided by alternative entities at the local level).

The importance of green care results from changes in regulations at the European and national levels, as well as from the experiences of other countries in this area.

Key conclusions:

- Care farms in Poland require support of municipal governments that are responsible for providing care services to people who need them. Therefore, care farms should be part of the deinstitutionalization process of social services.
- Local government should become a natural partner for care farms in minimizing social problems.
- An important aspect of implementation activities should be the education of both potential care farm operators and local government officials – mainly decision-makers – conducted primarily in the language of benefits.
- The Agricultural Advisory Center and other Agricultural Advisory Units should educate rural residents, especially representatives of local government units, regarding the possibilities of cooperation with care farms. I recommend their cooperation with the Ministry of Family, Labor and Social Policy, Regional Social Policy Centers, Social Economy Support Centers, social welfare centers/social service centers, and other social welfare units.
- Farms should strengthen the promotion of green care and care services.
- Cooperation of Agricultural Advisory Centers with Regional Social Policy Centers/Social Economy Support Centers should allow for a holistic approach and meet the needs in the

field of training and consulting for care farms or people intending to run such activities. Farmers can operate a care farm as a business or as a social economy entity. The Social Economy Act allows a social economy entity to gain social enterprise status, which provides access to additional financial support.

- Due to the provision of care services on farms, employees of Agricultural Advisory Centers should possess appropriate knowledge. To ensure a professional approach to the issue, I recommend, following the model, creating job positions for specialists whose sole task will be to work with people planning to create a care farm and those running care farms or establishing inter-sectoral cooperation.
- I recommend that Agricultural Advisory Centers and Social Economy Support Centers collaborate on training and consulting to provide complementary support for care farm operators and share knowledge in this area.

I propose that future research directions should focus on preparing farms to provide social services, considering architectural accessibility. The study should analyze and verify the current conditions on each farm and recommend adaptations for rooms intended for care services. It should also assess the need for technical infrastructure to ensure farms are fully equipped to support older adults, people with disabilities, those with special needs, or individuals at risk of social exclusion.

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