



(New, rural) business models, their mechanisms and impacts

BM name	Rural care
Type	Providing care
Sector	Services
Organisational scale	Individual/private/family business
Short description	<p>Common synonyms for the rural care business model are care farms, social farming, social agriculture and care farming.</p> <p>Rural care businesses are agricultural enterprises (often small-scale farms) which integrate people with physical, mental or emotional disabilities. Such people living and working on these farms benefit from working or having day care in a rural setting. Common activities in such settings are agriculture-related and sometimes in market gardens and in nature conservation (or combinations of those). Although the work is therapeutic in itself, blends with more professional forms of therapy are common. Prevention of illness, inclusion and a better quality of life are key features.</p> <p>Comparable offers focus on socially disadvantaged such as young offenders or young people with learning difficulties, people with drug dependencies, the long-term unemployed and active senior citizens, and school and kindergarten farms.</p>
Mechanism	<p>Rural care builds on the potential of agriculture and rural areas as a setting for occupation and therapy. Rural care creates room for personal development and offers therapy as well as education. People with psychological problems or mental handicaps perform simple jobs (in combination with therapy) on (often small-scale) farms.</p> <p>Productivity is commonly much lower than that of skilled workers, but the net revenue of the enterprises consists of the agricultural produce (often through short supply chains) as well as payments made by health care.</p>
Innovativeness	<p>Rural care is both a new and a traditional concept. It originates from the traditional rural self-help networks that were well-established in rural areas before the modernisation of agriculture and the rise of the public welfare system.</p> <p>The combination of agricultural activities and competences with therapeutic services and competences is innovative.</p>
Value creation	Mixed
Societal impact	<p>Beneficial</p> <ul style="list-style-type: none"> • Improved quality of care • New business opportunities for smaller farms • Cross-sectoral cooperation and related benefits like mutual understanding, cooperation, resilience, etc. <p>Negative</p> <ul style="list-style-type: none"> • Difficulty to guarantee good quality care • Risk of over-exploitation of vulnerable people • Fraud risk



Rural-urban synergies	<p>Rural care represents a new opportunity for farmers to deliver alternative services and diversify the scope of their activities and multi-functional role in society. The integration between agricultural and social activities can also provide farmers with new sources of income and enhance the image of agriculture in the 'public eye'.</p> <p>Rural care also fits with the changing needs in society. It supports the social and health care sectors, as it is linked to the strong demand for inclusive development coming from the fields of social and health care services (processes of socialisation).</p> <p>Many clients come from urban areas. They and their relatives are brought in contact with rural surroundings. Especially if the care farm is combined with gastronomic offers, farm shop educational facilities, they are very apt to bring rurality to urban areas.</p>
Connections with labour market and employment effects	<p>This concept broadens the supply of rural jobs.</p>
Enabling factors	<ul style="list-style-type: none"> • Family businesses where one of the partners has an agricultural background and the other a background in care • Possibilities of a personal care budget and free care choice paid for by the health care system
Limiting factors	<ul style="list-style-type: none"> • Health insurances and health authorities must recognise the value of this form of care and provide support • Travelling distance for clients • The professional field of rural care is quite new and only a few formal possibilities to learn the required skills and competencies exist so far. • Financial construction and possibilities
Actors directly involved	<p>Individual businesses as providers of social and health care services Civil society (NGOs, CSOs) (Local) government (incl. administration) Health authorities and health insurance companies Psychological or mental health care institutions</p>
Role of (local) government	<p>Regulator Financially responsible (in case of government funded health care) Quality control</p>
Connections with the institutional / policy environment	<p>Health authorities need to be willing to support this form of care and cooperate with those providing services. Local authorities need to grant (planning) permission for the necessary buildings and for different types of land use.</p>
Internal/network governance arrangements	<p>Rural care is practised in different ownerships and in various organisational settings: single farms, independent farm communities, institutions of charity associations, youth welfare institutions are examples.</p>
A typical example	<p>"De Hooilanden", an enterprise that combines organic farming with rural meeting facilities and care (reintegration) for people with psychological/psychiatric problems. http://dehooilanden.nl/</p>



BM references	https://enrd.ec.europa.eu/enrd-static/themes/social-aspects/social-farming/en/social-farming_en.html https://www.zorgboeren.nl/ https://en.wikipedia.org/wiki/Care_farming (with links to national organizations) https://socialfarmyouth.eu/ https://sofaredu.eu/
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