



Koulutuksen ja kulttuurin PO

Elinikäisen oppimisen toimintaohjelma



MAIE –Multifunctional Agriculture in Europe

Social and ecological impacts on organic farms

Analysis of Ex Ante questionnaire answers of the national focus groups

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Forewords

The MAIE project “Multifunctional Agriculture in Europe - Social and ecological impacts on organic farms” – consists of representatives from Bulgaria, the Czech Republic, Italy, Portugal, The Netherlands, Finland and Germany. The project started in 1.1.2011 and will end 31.12.2013.

The aim of the project is to develop a new multilingual curriculum on Care Farming / Social Farming of 120 hours of lessons. The basis of the work is a ex ante analysis of training needs made using a questionnaire answers of each nation’s focus groups, according which a final expert text and curriculum will be developed.

The first focus group meeting in each partner country, except in Bulgaria and the Czech Republic, were arranged in spring-summer 2011. The MAIE-partners in each country invited members to their own focus group and arranged the meeting. The aim was that the composition of the focus groups would be rather similar in all partner countries. It was instructed, that as many professions as possible should be involved from sectors: farming, social work, justice, health, research, administration, education; and that the focus group should contain at least 5 persons, but should not exceed 8.

The first task of the focus groups were to answer to the ex ante questionnaire. The MAIE-partner from each partner country sended the translated questionnaire to the agreed focus group members in advance, together with a short introduction of the projects aims, with an explanation what “social farming/ care farming/ providing of Green Care services” means on MAIE-project.

The members of focus groups did not answer the questionnaire individually by themselves, but focus group gathered together in order to discuss and answer the questions jointly. MAIE-partner was the chair of the focus group meeting. Discussions and outcomes of the meeting were collected and documented to the form of questionnaire. The jointly fulfilled outcome of questionnaire was translated and delivered to the Finnish partner for analysis.

The analysis document in hand consists of the following sections:

Section A: All the National Focus Groups' answers for the questionnaire (Pages 4-34)

Section B: The comparing tables of the national FGs' answers (Pages 35-52)

Section C: The summary and concluding remarks (Pages 53-68)

Section D: The Ex Ante questionnaire (Page 69-71)

Section E: Contents of the national focus groups (Pages 72-77)

In the Section A all the answers of the MAIE national focus groups have been gathered under the each question.

In the Section B the national answers has been put in tables in order to be able to compare them. The comparing table for the answers to the "main" question 8.a) "What kind of problems do green care farmers face during their work?" is found in the page 41, and 8.b) "What kind of **demands for knowledge/competence/ skills** providers GC-services of different educational background should have?" is found in the page 42.

In the Section C conclusions have been made regarding each question, while comparing the national focus groups' answers. The summary tables for the "main" question 8. is found on the pages 61 to 63.

In the Section D the ex ante questionnaire with the instructions is found.

In the Section E the national focus groups have been presented.

Section A: All the National Focus Groups' answers for the questionnaire

In this section all the answers of the MAIE national focus groups have been gathered under the each question.

1. How are **concepts** of Social Farming (SF)/ Care Farming (CF)/ Green Care (GC) understood in your country?

The Social Farming (SF) in Italy is understood as a set of practices carried out by local communities which combines the agricultural resources and the multifunctional production process at low environmental impact with the social activities aimed at generating benefits of inclusion, at promoting the therapeutic and social placement of disadvantaged people, of people with a low bargaining power and at risk of social exclusion, and aimed at supporting the social cohesion. (Italy)

Within literature in the Netherlands and also in various discussions, several contents of meaning are used for green care farming. These vary from initiatives at agricultural companies to care institutes that have a location in a green environment. Within this project MAIE-group in NL speaks of green care farming, if the company offers a form of care in a green environment. In addition, these enterprises practise some form of agricultural production, where this production is integrated into the care provided. (NL)

Social farming in Germany is still in its dissemination. Currently there are therapeutic devices in which agriculture is used as a therapeutic agent and a sphere - as part of a "workshop for disabled people" (WfbM) or social therapeutic life and working community. For commercial farms the integration of people with care needs are very difficult and still the exception. (Germany)

Different definitions were suggested within the FG in Portugal:

- Social farming (SF) includes all farming and related activities that take into consideration not only productive goals, but also social, therapeutic and pedagogic goals.

- SF is an innovative approach integrating farming and social / health care activities. It uses agricultural resources to promote health care, social or educational services.
- SF is farming / gardening that, beyond producing food, goods or services, looks for engaging, educating, changing behaviours and reinsert into society, people who are traditionally marginalised, such as prisoners, homeless, drug addicts, mentally ill, disabled or elderly people.
- SF is non commercial farming, with subsistence, recreational, educational, occupational or rehabilitation purposes.
- SF can be defined as a multifunctional approach to agriculture: the main products, besides agricultural goods, are health, employment, education or occupational therapy.

In Finland social farming is considered as a type of so called Green Care -service. Green Care is currently understood as a wide umbrella concept for the care services utilizing nature (animals, plants, landscape, farm) and community based methods for favour of various target groups among social and health services as well as in sector of education. Green Care services are targeting to social inclusion and integration, training, rehabilitation, care and education. In Finland the term Green Care is better known as well as better accepted than the term social farming (SF). When translating SF in Finnish the impression will become too close with meaning of socialist farming, which makes the term SF difficult for many Finns to understand and accept. (Finland)

2. a) Which **relevant activities of GC-services** do exist in your country?

To SF in Italy includes the following activities: i) Rehabilitation and care for people with serious mental and physical disabilities, through therapeutic or co-therapeutic (garden therapy, pet-therapy, donkey therapy) activities in collaboration with the social-health services of the territory; ii) Training and placement activities for people with a low bargaining power and at risk of social exclusion; iii) Regenerative activities and several forms of acceptance for elderly, young and people with difficulties. (Italy)

In the Netherlands, within the framework of green care farming is included: Provision of daylong care, living/working and coaching and treatment in the case of labour integration.

Forms of therapy such as gardening therapy and Animal Assisted Interventions are outside the scope of MAIE-project in NL, because these interventions require special education for therapist. (NL)

So far the number of farms for which social farming is an alternative source of income or a second mainstay is small. One example is the Lebenshof Ettischleben (see: www.lebenshof-ettischleben.de/). One farm assumes the central administration for working with disabled people for the cooperating farms in the environment. (Germany)

In Portugal there are numerous initiatives (at least over 30), mostly private, linked to social cooperatives or associations. In their case, the possibility of working in farming / gardening / animal husbandry is valued and used, whenever available, for occupational activities, training and employment or therapy. (Portugal)

In Finland the Green Care services include: i) Institutional care and housing services for elderly and for other social service clients such as youth, children, former drug-addicts or disabled people. ii) To the "open type" care services include kinder gardens, day care services for elderly or other social service clients, employment for long term unemployed, therapy and rehabilitation, recreation for social services clients and education. (Finland)

2. b) To what extent is providing of GC-services considered as a business opportunity for farmers or as a new form of social and health care services in public sector or for NGO's?

In Italy providing SF services represents an opportunity for integration of agricultural income in a multi-functionality point of view. SF services further represent a new type of social-health services provided by the Public and Private-social sector, either in relation to resources or to social needs of the territory. (Italy)

In Portugal most of farmers are unaware of how to employ disabled / other disadvantaged people or how to provide GC services, though they struggle with labour deficit, and would welcome new sources of income. We know of only one farmer (André Gomes Pereira - Quinta do Montalto) who made land available for mentally disabled people to cultivate (with no financial reward), within a project supported by several institutions. There is huge lack of information and support. (Portugal)

In Finland at present years providing of GC-services has been considered as a new business opportunity for farmers to build up their farm businesses to become multifunctional in order to get income from the both agriculture and care sector. On the other hand from the point of view of social and health care sector, principles of Green Care services are not new at all. In some decades ago, it was very usual that public care institutions have their own farms and gardens where their clients worked according their abilities during their stay in the institution. Also in earlier times it was usual that farms employed people with different disabilities. Furthermore in olden times care institutions were usually built to the environments of natural beauty. The usage of same kind of methods that are used in GC have also been going on for many decades among social sector at least in some extent. In addition few NGO's or other communities have always owned some farms, where duties at farm have been carried out jointly. (Finland)

3. a) What are the main **actor and stakeholder groups** on GC-services in your country at the moment?

The most important parties and stakeholders in green care farming within the framework of this project in NL are Green care companies, Clients, Providers of volunteer aid, Care institutes, Care offices, Municipalities (WMO), and Educational institutes (NL)

In Portugal the most important actors are NGO's. (Portugal)

The main actor and stakeholder groups promoting services in Finland at the moment are: association Green Care Finland (found in summer 2010), division of rural development at the Ministry of Agriculture, research institutions (such as MTT), educational sector of secondary schools, association of social-pedagogic horse-activities, Work Efficiency Institute (TTS), The Central Union of Agricultural Producers and Forest Owners (MTK), and Home Economics Association Marttaliitto. (Finland)

3. b) Who are the **providers** of GC-services at the moment (private actors, public sector, NGOs, others)?

In Italy the main SF-providers include: social cooperatives involved in agricultural activities; farms and agricultural cooperatives; agricultural associations and non profit organizations; family associations and associations of disadvantaged; the social-health services of the territory interested in carrying out new participatory models of welfare. Among the SF stakeholders for the research or promotion, there are the Public University, the research sector and the associations. (Italy)

In Germany the main actors/ providers are: Sheltered workshops for people with learning disabilities, lots of them certified organic; Churches (eg Caritas, Diakonie); Charities (often workshops for people with learning disabilities); Small non-governmental organisations; Private farmers (eg Hutzelberghof, see: www.hutzelberg.de/hutzelberghof.html); and Organic herb gardens (eg Gärtnerhof Holzhausen, see: www.gaertnerhof-holzhausen.de). Many providers have an anthroposophical background. (Germany)

In Portugal there are NGO's providing occupational / therapy / rehabilitation GC activities for drug addicts, as well as occupational activities for elderly people, children and families, or education, for children and youth, or even as a source of income / food, for the homeless. The public sector invests in GC for prisoners, for occupational purposes, for repairing the damage to society, and for reinsertion purposes; there's a case of a private company employing prisoners for forestry, and park maintenance (PSML). Some health care public institutions (eg. Centro de Medicina de Reabilitação de Alcoitão) provide green care services, or are at the origin (case of several hospitals) of the creation of private associations providing GC services, for mentally ill or disabled people. Municipalities invest more and more in urban kitchen gardens, rented by families and individuals, and also in urban farms for environmental education of children and youth. (Portugal)

It seems like private farms or private care companies are the main groups providing GC-services in Finland at the moment. From MTT's 33 case companies 24 were private enterprises, 5 of them were public institutions and 4 were associations. (Finland)

3. c) What are the **target groups** (/clients) of such services at the moment?

The main clients in Italy are: people with physical and mental disabilities; people subject to alcohol or drugs dependence; detainees or former detainees; clients at risk for social exclusion; and local communities. (Italy)

The main target groups for GC-services in Netherlands are people with mental restrictions, people with physical restrictions, people with psychological or social problems, people with non-congenital brain damage, young people with learning and educational problems, pupils from special education, youngsters with (serious) behavioural disturbances, (ex) addicts, (ex) detainees, people with burn-out, older people (with dementia), and long-term unemployed. (NL)

In Germany the target groups are: People with intellectual disability; People with addictions; People with mental illness; Offenders; Long-term unemployed people; Old people; Youth Services; and School farms.
(Germany)

In Portugal the majority of NGO's providing GC services, work with disabled people, and many created their own sheltered employment or job insertion companies, for gardening, plant nursery, agriculture and forestry. (Portugal)

To the target groups of GC-services in Finland include different age groups as well as groups having different disadvantages: mental or physical health problems, disorders, social problems etc. (Finland)

4. In what kind of **surroundings/ context** GC-services are provided at the moment in your country? (farm/ forests/ gardens etc.)

SF services in Italy are mainly provided in social gardens and farms, especially in animal husbandry farms, where land is owned by social cooperatives or by prisons or by other public or private sector actors. (Italy)

In line with the definition care is especially provided at agricultural enterprises. (NL)

In Germany there are activities in processing and marketing of agricultural products, in services and in residential homes for elderly on farms. (Germany)

SF services in Portugal are provided in farms, social kitchen-gardens, gardens, parks and forest, public and private institutions for continued care, education and social reinsertion institutions, prisons, hospitals and clinics and in schools. (Portugal)

In Finland for instance, out of 33 case GC-providers, 15 were run on farms or at stables, 18 in gardens or in other natural environment, and 12 inside. This means that in many cases GC-methods are used both inside at outside by same GC-service provider. (Finland)

5. Who usually are **funders** (clients themselves, public sector, joint funding etc.) of usage of GC-services in your country at the moment?

In Italy funders of usage of SF services are the public sector and the joint public-private sector. (Italy)

In Netherlands there is a so called Care Office which is granting funding for GC-services through Care Institute (AWBZ/ZIN) or through AWBZ/PGB or through other AWBZ-certified organizations to a care farm or straight to a AWBZ-certified care farm. Also Municipalities are granting funding for services through WMO to the care farms. (NL)

In Germany the financing institutions are: Agencies (social services, employment office, youth welfare office); Donations; Health insurance, pension insurance (for people with mental illness); Foundations; and ArGe / Job Center. Often there are intermediary bodies such as hospitals, churches, etc. One possible strategy for farmers and initiatives is it to offer services and inquire about financing. (Germany)

There's a large share of contribution by the Portugese public sector (Ministry of Work / IEFP) and, depending on the institution, private contribution can be important. The most common situation is a joint, mainly public / partly private funding. (Portugal)

In Finland out of 33 case GC-providers usage of their services are in 23 cases funded by public sector, in 16 cases by privat sector and in 6 cases by both. In Finland public sector is an important partner and client as more than 2/3 of cases are funded by public sector. (Finland)

6. What kind of **education** is **available** for GC-service providers in your country at the moment? /Which educational offers do exist in your country?

In Italy there are no specific career paths for SF, there are instead training courses at regional and provincial level carried out by training agencies, associations and Universities. (Italy)

In Netherlands there is GC-education available at the level of Intermediate Vocational Education (MBO), as well as at the Centres for Agricultural Education (AOCs) including education for supervisors care enterprises, for entrepreneurs of care enterprises and modules at the green educational institutes. At the level of Higher Vocational Education (HBO) there is also GC-education available as a form of modules at the educational institutes DV (agricultural), at the Stoas educational institute and at the Animal and care (van Hall Larenstein). There is also available some Post-initial courses for entrepreneurs and supervisors at care farms. (NL)

In Germany there is training for: Animal-assisted therapy (There are many continuing educational courses recommended. The quality of them is very different!); Horticultural therapy; and FAMIT-training ("specialist for milieu bildung and inclusion") in Weide-Hadebek: In-service training for farmers working with people with intellectual disability. In addition there are: Courses at universities: agriculture and social work; Training and qualification to work with clients of social work; Specialist for work training and vocational training; and LEB (rural adult education). (Germany)

In Portugal there is training in rehabilitation / therapy, social work, health, but no specific education for GC service providers. (Portugal)

Riding therapy is the best known form of GC-activity in Finland. The riding therapy session for rehabilitation purposes can be funded by the Social Insurance Institution of Finland, or

by the Social Services of Municipalities or by some patient associations. However, the riding therapist must be qualified through determinate education, which makes the service out of scope of MAIE-project. Furthermore, the Social-pedagogic horse-assisted activity is an intervention method, which usage seems to grow all the time. To get a suitable education, social-pedagogic horse-assisted activities can be studied at least in three places in Finland at the moment. It is not yet recognized officially by the Social Insurance Institution of Finland, but the Social Services of Municipalities and some patient associations may fund its' usage. It is also possible to take some courses (10-15 grades) about garden therapy in few places, but its' therapeutic usage is not very common so far. Special education in Green Care is just starting in Finland. At least one of Countryside Colleges is starting additional courses of GC (25 grades) as an optional part of rural tourism studies in autumn 2011. Also at least one of advisor organizations is giving courses about GC-methods (9 days) at the moment. (Finland)

7. a) Which level of education and which kind of **educational background** the GC-service providers usually have in your country at the moment?

In Italy people that provide SF services usually have a degree in Education, Agriculture or Psychology. Furthermore experts in business management, territorial planning and resources management, representatives of Associations and Public Bodies, are involved in SF services. (Italy)

In Netherlands it is possible to study GC both at MBO-level and at HBO-level. (NL)

In Germany usually the **professional** background is either an education in agriculture/ horticulture or social/ educational area. In a family farm there consists the opportunity for one person to retrain as an educator. This could be a second source of income in addition to the agricultural production. You can find this in many care farms in other countries where the farmers wife possesses a degree in social work.

An interdisciplinary training opportunity is lacking, the demand is there. (Germany)

In Portugal GC service providers have all sorts of different backgrounds. Generally, the GC services are provided within the framework of an institution, involving a multidisciplinary team (psychologist; social worker, psychopedagogue, occupational

therapist, technicians with a degree in special education and rehabilitation, social pedagogue, trainers and assistants etc.). (Portugal)

In Finland there is not exact data about the GC-providers educational level or educational background. Out of 33 case GC-providers or their spouses or employees 15 have background or education in agriculture or horticulture, 16 have it in social or health and 18 in education or in adventure tourism. (Finland)

7. b) What kind of **needs** there are **to join** an extra GC-educational module or course?

Considering the different competences necessary for the development of SF, it is important to face the problem of the integration of such skills, without this meaning a change of roles and sector skills. There are different kinds of needs related to the starting training of the operators. The operators must be able to assist professionally people with different qualification and experiences (e.g an educator must be able to adequately assist a technician/agronomist, while continuing to pursue his profession). Thus it is important to activate *specializations* (theoretical and practical training modules) ad hoc that complete the starting training of the operators. The specializations could be focused on the social mediation, the training of the public administrators, the training of those involved in territorial planning, the agronomy etc. (Italy)

Educational needs which are recognized in Netherlands are: To acquire more knowledge on care (with regard to specialist content and forms of financing); To acquire more knowledge on agriculture (specialist content, social values and entrepreneurial skills); Care entrepreneurs that are familiarizing themselves with the green care sector or are starting: integration of care and green activities. (NL)

Except for traditional / informal social solidarity initiatives in rural areas, there is no experience in Portugal of farmers providing GC services as a source of income, and farmers willing to provide such services need everything, from knowledge to tools and resources. (Portugal)

Anticipated reason for joining to GC-education is a desire to get information and knowledge about potential GC-service concept, in order to asses one's own personal

skills, and other resources available for building a GC-service concept. There is also a need for exchanging experience and knowledge between various actors and between different GC-providers. (Finland)

8. What kind of problems do green care farmers face during their work?

What kind of **demands for knowledge/competence/ skills** providers GC-services of different educational background should have? Are there any lagoons in the knowledge of the green care farmers? Please fill the Table below.

Italy: The SF farmers face the following problems:

- The lack of supportive public policies (regulatory and financial)
- The search for valuable partners in other sectors (social-health, labour policies etc)
- Networking and partnerships with public bodies and territorial farms
- The activation of integrated territorial projects and the search of specific public funding
- The capacity to support two practitioners with a different professional background (e.g. the farmer and the socio-pedagogical staff)
- The deal adequately with the disadvantaged, (by the farmer that is not supported by the educator)
- The need to identify marks of local products of SF

Table Italy

Needs	Target group 1 Social-health sector	Target group 2 Agricultural sector
Knowledge	<ul style="list-style-type: none"> • Agricultural enterprise (different production systems) • Basic elements of organic and multifunctional agriculture • Organization of the enterprise production • Funding sources • Legislative references 	<ul style="list-style-type: none"> • Welfare systems -also local- (Mapping of the different levels of care) • Information regarding the different types of disadvantages. • Funding sources • Legislative references

Competence	<ul style="list-style-type: none"> • Ability to mediate • Flexibility • Management of the unpredictability • Safety at work • Constantly monitor and verify the effectiveness of the activities • Balance of competences 	<ul style="list-style-type: none"> • Ability to mediate • Flexibility • Management of the unpredictability • Safety at work • Constantly monitor and verify the effectiveness of the activities • Balance of competences
Skills	<ul style="list-style-type: none"> • Networking • Integrated planning • Fund raising • Reading the results in complex 	<ul style="list-style-type: none"> • Networking • Integrated planning • Fund raising • Reading the results in complex

Netherlands:

- Expert knowledge (both care and agricultural), Care background
- BIG- registration, How to split up your company if that appears to be more suitable, Knowledge of the flows of money in the care sector
- Entrepreneurial skills, Organizational talent, Controlling supervising skills
- Welfare competencies (resistance to stress, commitment, social skills), Social values, Attitude (entrepreneurship and also having the possibilities to employ staff), "Field of tension entrepreneurship and care"
- Combination of various skills, Setting up and maintaining a good *network*, Knowledge of the (added) value of deploying agriculture for the sake of care (evidence-based).

Germany:

- Farmers will have to respond in an extreme case to all different target groups and have to know whom to ask for further advice. For both the farmer and the client there should be an external available advisor as "mobile super vision". Both tasks could be fulfilled by a person of "interface". For this person it is important to dispose of educational as well as of agricultural expertise and to possess the appropriate competencies and skills. Furthermore there should be a trial period for both partners.

- The appendix contains an overview of the demand for knowledge, skills and abilities for people with mental disease and/ or addiction as well as for young or young adult offenders.
- (Attach sheets by Mrs. Ferrari!) (Germany)

Table Germa

need	for the farmer (unless otherwise noted)
knowledge	<ul style="list-style-type: none"> • general knowledge of disease patterns is often better, because less anxiety is arising and there is no "excess" knowledge • information about specific needs of persons integrated on the farm • insurance, occupational health and safety ("interface person")
competencies	<ul style="list-style-type: none"> • sensitivity for arising crisis • real understanding of disease <p>"That happens with him. That is not himself."</p> <ul style="list-style-type: none"> • self-reflection • giving recognition • exceeding his/ her competence: contact the "interface person" • it has to be possible for the farmer to do the work by himself • placement of instructions of work (aptitude examinations)
skills	<ul style="list-style-type: none"> • empathy • to be there for clients on an emotional level • to be there for clients more than 8 hours a day • enduring setbacks • to stand the target groups way of living, e.g. being there a positive social relationship and they can't accept it

Portugal:

There is a need for a multidisciplinary support team. The farmer needs to know:

- ▲ Framework
 - what is possible to do, within GC services;
 - where to get support and resources to start a GC project;
- ▲ Clients
 - different client target groups profiles and their specificities and needs; elements of basic psychology and emergency procedures;
- ▲ Environment (infrastructure, equipment, support network and human resources)
 - how to create the necessary conditions / work environment / support human resources for the clients;

▲ Management

- how to simulate and assess the economic feasibility of a GC project, and to manage a GC service.

Table Portugal

Demands	Farmers
knowledge	Resources to build and manage GC service Safety at work Client profiles Basic knowledge to understand the language of therapists
Competences / skills	Ability to dialogue with therapists for solving problems and improving services Complementary care Will to cooperate in a broader support network

Finland:

- To respect value of multi-professionalism and to understand needs for it when producing GC-services
- Ability and desire to network and suitable knowledge of the precondition for networking
- Basic social skills to co-operate with professionals from different fields (for instance between farmer or gardener social/ health professionals)
- Exchange of knowledge and experience is essential
- Knowledge and competence needs about GC-methods, basic information how these methods works with different kind of clients and what are the mental, physical, sensory and social mechanisms behind them
- Customer orientation, target orientation, ability to meet clients and other professionals, ability to make observation over the behavior of clients, partners etc.
- Basic knowledge about different kind of possible client group

- Commitment to help and care other people – not just build up possibility to get additional income
- Competence how to handle conflicts and problems
- Ethical principals concerning work with different kind of clients (such as equality)
- Knowledge about institutional and social change – where to find knowledge about funding bodies and paying public clients, how to find clients
- Knowledge about security matters concerning different client groups
- Knowledge how to build up your GC-service concept to match your personal skills, your environmental resources, your partner needs and your potential clients needs

Table Finland

Needs	Target group 1 Social-health sector	Target group 2 Agricultural sector
Knowledge	<ul style="list-style-type: none"> • Basics about agriculture/ horticulture/ or about natural environment where service is given or produced • Funding sources • Legislation • Safety issues • Potential different GC-service concepts • How to build up GC-service concept • Ethical principles • Knowledge about methods and usage of them 	<ul style="list-style-type: none"> • Basics about welfare systems at different sections of care • Information regarding the different types of disadvantages. • Funding sources • Legislation • Safety issues • Potential different GC-service concepts • How to build up GC-service concept • Ethical principles • Knowledge about methods and usage of them
Competence	<ul style="list-style-type: none"> • Ability to communicate, co-operate and mediate • Ability to face clients and professionals from other fields • Ability to monitor behaviour of partners and clients • Understanding the principles of used methods • Desire to help people in weak positions • Sensitivity • Dealing with difficulties 	<ul style="list-style-type: none"> • Ability to communicate, co-operate and mediate • Ability to face clients and professionals from other fields • Ability to monitor behaviour of partners and clients • Understanding the principles of used methods • Desire to help people in weak positions • Sensitivity

		<ul style="list-style-type: none"> • Dealing with difficulties
Skills	<ul style="list-style-type: none"> • Networking skills • Communicating skills • Planning skills • Client and fund raising skills • Skills for running service business • Customer orientation, target orientation skills • Problem solving and conflict resolution skills 	<ul style="list-style-type: none"> • Networking • Communicating • Planning • Client and fund raising • Running service business • Customer orientation, target orientation • Problem solving and conflict resolution

9. Do GC-service providers have need to **cooperate** with the social/healthcare sector or with other stakeholders? How do farmers face the co-operational working or learning in **networks**? What kind of **success stories** there exists in your country concerning co-operations in providing GC-services?

Farmers face the co-operational working or learning in networks through Program Agreements, Memorandum of Understanding, conventions, inter-institutional agreements, ATI, cooperatives and consortia networks. Among the success examples regarding these co-operations, there are the agreements between the ASL (Public local health) and Cooperatives and the Area Plans. (Italy)

Cooperation with the social/health sectors is highly recommended. Cooperation is certainly necessary, but not intensively, so that the identity is maintained. The green care provider will have to account for his/her care. (Some care institutes keep the door locked.) (NL)

In Germany the cooperation with farmers is often very difficult, because of less time, effort and energy and usual very pragmatic way of running a farm. The routines of the farm operation are hindrance for network meetings. The "rural women" and the farmer's wife could occupy a mediating position in communication with the farmers, because they are not always integrated in agriculture. They maintain close contact to the farmers and they are recognized. For the farmer's wife there might be an interest to qualify in the educational field. Cooperation is very important! (Germany)

Cooperation is essential for a support framework, including institutional and financial support. Farmers tend to be individualistic and there is a lot to do to overcome mental barriers to cooperation, and even much false prejudice towards client groups. There are several success cases, mostly related to NGO's involved in GC (CERCICA, CECD Mira Sintra, AFID and many others), but also involving public and private institutions, such as the cooperation between Prisional services and the company PSML, permanently employing prisoners in GC services.

(Portugal)

Multi-professionalism has to be highly valued by GC-providers. Networking and co-operation in different levels of society and community are essential for GC-provider when building up his/her GC-service concept: to match own personal resources to the potential demand, and to find out opportunity, potential clients and funding for the service. Exchange of knowledge and experience is essential. (Finland)

10. What kind of **regulations or legislation** is there for the GC-service providers or for social and health sector in general?

In Italy there is no specific legislation at national level, the SF is indirectly regulated by the laws regulating agriculture, health, social policies and labour. Some Regions have Regional Laws (RL), other Regions have bills. (See more detailed in Italy's questionnaire answers in Annex 1.)

In Netherlands Care farms can meet the demands of: the quality hallmark "kwaliteit laat je zien (you show your quality)"; AWBZ-certification; and HKZ certified. (NL)

In Germany there is book with code of social laws for specific target groups as well as for agricultural cooperatives (Landwirtschaftliche Berufsgenossenschaft) (work safety). The "interface person" should know the laws concerning the target group. How much knowledge of laws the farmer has to have himself, it has to be clarified. (Germany)

There are no regulations for GC services in Portugal. There are, however, framework regulations, including for example, specific regulations on:

access, organisation and management of training developed on the basis of competence and training referentials related to qualifications within the National Qualifications Catalogue (CNQ) and grouped by areas of education and training, according to the National Classification. In the agriculture sector, several Ministries are involved, namely the Ministry of Agriculture, Sea, Environment and Territory, the Ministry of Economy, and the Ministry of Education and Science, within the framework of their competences: in specific measures of socio-professional insertion in the labour market for people with disabilities, within the Ministry of Economy and Employment; in occupational activities, continuing care, early intervention under other ministries. (Portugal)

In Finland as well, there are plenty of different laws regulating the produce of CG-services depending on what kind of service is in question. Most of such laws are from social and health sector, for example Child Welfare Act 417/2007, Act on Qualification Requirements for Social Welfare Professionals 272/2005 etc. There are several laws regulating the control systems of social and health services and laws upon producing such services for different groups of people, like for disabled. Services to which include around the clock care are subject s to license. Other types of services are subjects to declaration. (Finland)

11. What kind of **key projects** there are at the moment concerning GC-services in your country? Where to find the best knowledge concerning GC in your country at the moment?

In Italy there are several public bodies, agencies and organisations involved in several key projects regarding SF (please see detailed in Annex 1). Such bodies are the Regional Agencies for the Development, Guarantor of the Detainees and the Minor Justice Centre, the Training Agency of Veneto, Institutions of Valdera (agricultural, social and health part), Libera Terra Association. In addition there are several projects of a social farm aimed at training towards disadvantaged in agricultural work, at job placement and at projects with schools; as well as projects focused on the placement of people at risk or in situation of dependence; institutions and bodies of the social-health sector involved in carrying out rehabilitation and social integration treatments towards of disadvantaged, through the enhancement of natural resources; the agro food production through the placement of disadvantaged people, in particular detainees and subjects with mental disabilities. (Italy)

The most important sources of studies and researches on SF in Italy are of the following bodies:

- La Tuscia University (www.unitus.it)
- Pisa University (www.unipi.it)
- Cosenza University (www.unical.it)
- Bologna University (www.unibo.it)
- Teramo University (www.unite.it)
- Province of Rome (www.provincia.roma.it)
- INEA (www.inea.it) AIAB (www.aiab.it)
- ISS (www.iss.it)
- AIAB (www.aiab.it)

The best knowledge/expertise to be found at the moment on green care in the Netherland is on the sector itself (federation of care farmers); HAS DB; ZLTO; ZonMW; and WUR. (NL)

In Germany there is various links on the homepage of the project www.soziale-landwirtschaft.de: workshops for disabled people with connected farms; and intermediation work (e.g. Ludwig Lukas <http://www.soziales-projektmanagement.de>, Rebecca Kleinheit: <http://www.gruene-werkstatt.de/zusammenschaffenwirwas>). (Germany)

In Portugal the key project are:

- GRAU – Support Group for the Sustainable Development of Urban Agriculture – Escola Superior Agrária de Coimbra (<http://webgrau.weebly.com/index.html>)
- project DIANA (Disability in sustainable agriculture: a new approach for training of practitioners) – Associação de Paralisia Cerebral de Coimbra (APCC) (<http://www.projectdiana.eu/>)

There are several development projects going on in different parts of Finland by different actors. Agriculture and Food Research, MTT have three projects on GC at the moment. Other actors conducting such project are Rural Entrepreneur Advisor Centers, Finland's Work Efficiency Institute, Finnish Innovation Funds Institute, some associations, and some units of universities. The best places to find further information about Green Care in

Finland are:

- Association Green Care Finland: <http://www.gcfinland.fi>;
- MTT's Green Care –pages:
<https://portal.mtt.fi/portal/page/portal/mtt/maaseutuoyritys/mahdollisuuksienmaaseutu/greencare>.
- Ministry of Agriculture and Forestry, Rural Policy Committee's web-pages for the Theme Groups of Well-being Services:
http://www.maaseutupolitiikka.fi/teemaryhmat/hyvinvointipalvelut/green_care
- Association of Social-Pedagogic Horse-assisted Activities:
<http://www.hevostoiminta.net/>

12. Can you identify **opportunities** which may cause that providing of GC-services will probably increase in your country in near future? What kind of them? - Can you identify **obstacles** which may cause that providing of GC-services would not increase in your country? What kind of them?

Opportunities identified in Italy:

- The application of the sector or regional existing legislation
- The use of specific fundings (for the social inclusion, the social protected laboratories, the PSR -Rural Development Programmes-, the POR -Regional Operational Programmes- and Cassa delle Ammende).
- The availability of uncultivated Public lands and/or lands confiscated from the Mafia
- The correct application of the law 328/2000 regarding the integration of the social-health sector and the employment
- The use of organic production methods and low environmental impact for the enhancement of local cultures and biodiversity conservation.
- The increase of the sensitivity of consumers and citizens towards of a model of farming that respects the environment and people.
- Enhancement of GAS (Ethical Purchasing Groups) and short chain.
- Increased space for the social farming in the media information
- Review of the PAC (Common Agricultural Policy) for a greater attention to organic production methods and low environmental impact

Obstacles identified in Italy:

- the lack of a framework law
- the lack of the integration of sector policies
- the difficulty of networking in order to carry out new projects and experiences
- funding gap
- budget cuts
- the lack of specific training policies
- the difficulty of access to the land property from the subjects of the social-health sector
- the animation gap at local level
- the lack of the monitoring activities and of the mapping of new needs
- the lack of suitable of communication and information tools
- Permanence of negative cultural attitudes and prejudices towards disadvantaged and subjects at risk of social exclusion

Opportunities identified in Netherlands:

- Small-scale enterprises
- Care provided is cheaper and generally better
- Young people
- Education
- Higher quality of care provided
- Effects have been proved (e.g. Hassink)
- Join forces and companies (also the exchange of clients)
- Follow the developments in the care sector with regard to financing (think two steps ahead)

Threats identified in Netherlands:

- Financing (possible stop of PGB)
- Too many people are fishing in the same pond
- Care is susceptible to trends (NL)

Opportunities and possibilities Identified in Germany:

- society is developing positively: social professions and "niche products"
- self-care in Germany gets more important!

- for social services there is a reward from the state (e. g. hospital per diem charge), it is no promotion
- sustainability has to be ensured by the extra income. Structures will have to be self sufficient.

Barriers and obstacles identified in Germany:

- growing economical pressure on farms: there are also subsidies for production, so it is contrary to diversification
- tight workshop system: competition in the social sector, infrastructure and transport, public acceptance
- there are differences between services and promotions: government contract to support "weaks"

Opportunity and possibility that are in the same time obstacle:

Agriculture as a structural component in a rural area, but at the same time a lack of leisure activities: increasing attractiveness of rural areas as a challenge! (Germany)

Opportunities identified in Portugal:

- Health (prevention & treatment) through techniques which are not expensive to the Government
- Inclusion of people with disabilities
- Growing demand for labour in farms
- Most activities involved in agriculture (routine, indifferenciaded) can be performed by target group clients
- The concept of SF fits with the demand for inclusion of people with disabilities into society, broadly discussed and advocated nowadays
- Will to promote / lobby for SF
- Violent economic and financial crisis leading to abrupt reduction of expenses by the Central Administration
- Higher efficiency of the system; more happiness of the individuals; creating solutions in multifuncional agriculture systems

Obstacles identified in Portugal:

- Future common agriculture policies
- Health system

- Investment capacity
- Need for specific training of farmers interested in practicing SF
- Need for a multidisciplinary team to support social farms (social workers, therapists psychologists, psychiatrists,...), both for recruitment, as well as following the activity.
- Need for an institutional support network for the client target groups (where to recruit workers) and for farms / companies willing to hire these client target groups.
- Need for financial incentives from the government to support SF
- Lack of a legislative framework
- Lack of resources; funds are allocated to other traditional channels
- Complexity of Administration with too many actors involved (different Ministries, Institutes, etc.)
- Budgetary constraints will limit Government intervention in the social care sector
- Lack of visibility, need for public recognition of SF as a catalyst for solidarity. Need to convert “costs” with people to opportunities for their development.
- Lack of communication between actors

Opportunities identified in Finland:

- Utility of seasons: from snow and darkness to light and warm summer nights
- Sparsely populated: large unpopulated areas with quietness and peace to use for GC
- Large forested and swamp areas with public right to access to pick berries, wander and to learn survival in nature
- Long coast line and thousands of lake to utilize for GC
- Wild animals and birds to watch

Threats identified in Finland:

- How to build GC-services in sustainable way by all means (environmentally, socially, economically and culturally)
- To keep GC-service genuine and to have a clear definition for GC-service
- To keep providers of GC-services in modest size to avoid bulk production
- To keep public bodies and authorities informed in collaborative way

13. What are **advantages** if providing of GC-services would increase in your country? -

What are **challenges** if providing of GC-services would increase in your country?

Advantages identified in Italy:

- Increased provision of services to people and communities
- Increased social inclusion
- Development of civic (greater awareness of belonging to a territory) and of the legality at local level
- Recovery and defence of marginal lands and defence of the soil fertility
- Increase of the defence of the territory which would lead to an increase in social security
- Better protection of the commons

Challenges identified in Italy:

- the affirmation of cultures and interdisciplinary competences
- overcoming of prejudices and discriminatory attitudes towards of disadvantaged and subjects at risk of social exclusion
- overcoming the niche dimension
- Search for more fundings and appropriate regulatory

Advantages and challenges identified in Netherlands:

- Natural care, in aspects
- Further developing care
- Develop more green spaces
- Think in opportunities
- Possibility to go on being a farmer
- Less cattle breeding and more care farms
- People requiring care are going to arrange their placements themselves
- Cure is provided and therefore costs are saved
- Client becomes customer

Advantages identified in Germany:

- more healthy people
- long-term cost reduction
- spreading ecological ideas with education and responsibility
- structural support in rural areas / vivid rural areas
- diversification of farms with additional income source
- better image for the individual enterprise and agriculture in general

Challenges identified in Germany:

- public relations and awareness for farmers as well as for governments
- clarifying and managing funding
- quality assurance: certification and standards
- tendency towards regulations
- abuse of ideal: wrong copy too early

Advantages identified in Portugal:

- Maintaining people in rural areas, seriously affected by landscape and human erosion. Potential contribution to maintaining genetic resources and traditional agricultural systems.
- Solving some problems of labour demand in agriculture
- Contributing to the sense of self worth and welfare of the target population
- Appreciation of the rural world and its actors
- Savings for the Administration, in social care/health services
- Production of goods and services related to agriculture, improving the import/export balance
- New sources of income for farms

Challenges identified in Portugal:

- Need to create a platform where the SF services can gather for cohesion, interchange of knowledge and experience, and lobbying strenght
- Need to create the necessary logistics for recruiting workers and companies and for monitoring the activities in SF
- Need to find joint solutions / concerted action between ministries and private sector

Challenges identified in Finland: to keep monitoring and certifying system at a level, not too heavy for small farms or care-providers. Still there is a great need for standards, which regulates GC-services. The standards should enable to build an unique service concept which is not considered as a bulk product. If there are too heavy standards for safety and hygiene it can be too harsh to keep surroundings natural. Also ethical principles of providing a GC-service should be clear and sound. (Finland)

Advantages identified in Finland: there are huge opportunities to widen knowledge and usage of nature or farm based methods in social and health sector. The appreciation of multi-professionalism when providing GC-services creates win-win –situation for both sectors. Knowledge and functional means used, when building GC-services, could be traditional/ historical/ cultural/ local side by side the modern knowledge of social and health sector and agriculture. Care provided on farm/ garden/ natural environment opens artless opportunities for usage of functional, experimental or occupational means. Working and doing things by own hands in natural environment are proven to be therapeutic in several ways. Means have enormous power when emotions and all senses are involved together with belongingness to a community. It has been proven that sweating together builds trust and eases communication enormously! (Finland)

Additional challenges identified in Germany:

Workshops for people with an intellectual disability often act less like the motto "make people healthy - by helping people help themselves", although it is legally mandatory. They provide an "all-inclusive-package". They often have little interest in providing "assisted fit" work on a farm. They want to keep them happy inside their institution as a good workforce. Furthermore the German workshops for people with intellectual disabilities are very well structured. For example there are regular ride services and an organized lunch. Also this makes the change very difficult to convert from a job in a workshop to a job outside a workshop. (Germany)

An other problem in Germany is the collection at the tax office, because this cannot combine the agricultural and therapeutic component (conflict non-profit production versus company). Even in the public the combination of social issues/ nature with production oriented agriculture creates "mental blocks". To solve these problems we need funding

opportunities and people who serve as an "interface person" between agriculture and the clientele of social work. The "interface person" should give the farmer advice and support. (Germany)

Also incentives to support projects in social farming in Germany decline. Opportunities to raise money exist if companies define as an integration operation to get a five-year grant or to apply for foundation funds. When applying for funds at agencies there are often negative experiences, because the agencies are not interested in the show. (Germany)

Concerning funding opportunities it has to be kept in mind that those will be expiring after a few years and then the funding will be uncertain again. Therefore it is useful to see funding only as a kick off start, to develop an economical alternative and always to consider the sustainability. (Germany)

Currently there is a program that integrates students with several disabilities and older unemployed people in the labour market and supports in-firm training possibilities. For this inclusion a lot of money may flow from the Federal Ministry and could be used as a funding opportunity for social farming. (Germany)

In addition an awareness in therapeutic facilities should be raised to signalize that integrating their clients in agriculture makes sense and therapeutic work on a farm need not be seen as a opposition to usual therapeutic approaches. It has to be communicated that integration not only costs money for the society, but also saves money. An example is the "crime prevention". A young person can commit no crime while pursuing on a farm to meaningful work. Furthermore the work of young offenders on a farm could be an alternative to the closed detention. As opportunities for alternative methods of arrest in Germany are missing at present, contact to ministries and the facilities that are responsible for the prisons would be desirable, as they can be seen as convinced allies for social farming and its capabilities. Here the contact persons are missing. (Germany)

Furthermore it is important to define target groups of social agriculture clearly. Until now often the group of clients is reduced to people with intellectual disabilities. Here there is a need: people in workshops are often unchallenged with monotonous work. Target groups

of social farming include a wide range of people being clients of social work, eg young offenders. For these adolescents and even for people with mental illness it should be noted, that those require a good preparation before they can be integrated in farms. The corresponding farmers should be well accompanied. While there are network structures for target groups like disabled people and school farms they completely lack in other areas (long-term unemployed, drug addicts, old people, youth services, law enforcement) or they are developing (kindergartens on farms). (Germany)

Due to the growing rural exodus, especially in Eastern Germany, agriculture is increasingly geared to production (including energy crops). There is the opportunity to develop social offers on farms as an alternative source of income for agriculture (possibly extended to include landscaping). (Germany)

Support from an "interface person" (as described in question 1) would be appreciated. Nevertheless it is important to work largely economically and to allow farmers a supplemental income. For farmers it would be useful to support the administrative area, as it is practiced in the construction of "community courts" in Weide-Hardebek. (Germany)

14. Your country's **vision for the year 2020**: Which kind of efforts can a providing of GC-services in your country gain? What are needed steps to get there?

Vision for year 2020 in Italy:

- National and local networks (Forum) of stakeholders in SF
- National framework law regarding SF
- Inclusion of educational programs regarding SF in schools
- Identifying marks of local products of SF
- Dissemination of a multifunctional and sustainable agriculture
- Recognition of complementary therapies with animals

Vision for year 2020 in Netherlands:

- What is possible and what is not has been clearly mapped out
- Many clients at care farms
- More supply of regional products, also to care farms

- Hopefully, existing farms, smaller in size
- Strongly dependent on the social vision of the value of care

Vision for year 2020 in Germany:

- increasing number of social farms with broad participation
- network "social farming" has been already built
- good quality management
- no rat-race
- legal foundation has been already created
- satisfaction of all parties
- increasing in "social" as a setting
- animal welfare, because sick people need healthy animals!

Steps towards achieving the Vision in Germany:

- MAIE-project
- developing model projects

Vision for the year 2020 in Portugal:

- In 2020 we can achieve a reality where the value of SF is recognised. To achieve this status, it is necessary to draw attention of people who can make decisions in industry, administration, politics and public fundings.
- Concerted action of ministries, for joint solutions and facilitating the involvement of the private sector
- Higher income for multifunctional farms; training and resources for farmers willing to provide GC services

Finland's vision for the year 2020:

- The GC-education is build in educational system
- The GC-education appreciates life experience
- The GC-education appreciates multi-professionalism
- The GC-education appreciates adults' further education
- There are additional part of GC-education directed to teachers aimed to show how nature, community and group as well as methods based on them can be used in schools

- The GC-education appreciates learning by doing, by moving, by experiences, by emotions by all senses and by whole body

Section B: The comparing tables of the national FGs' answers

In this section the national answers has been put in tables in order to be able to compare them. The comparing Table for the question 8. a) "What kind of problems do green care farmers face during their work?" is found in the page 39, and for the question 8. b) "What kind of **demands for knowledge/competence/ skills** providers GC-services of different educational background should have?" is found in the pages 40-41.

1. How are **concepts** of Social Farming (SF)/ Care Farming (CF)/ Green Care (GC) understood in your country?

Italy	Portugal	Germany	NL	Finland
SF	SF	SF	CG	CG
combines the agricultural resources and the <i>multifunctional</i> production	<i>multifunctional</i> agriculture, products besides: health, employment, education, occupational therapy, engaging, behavior change	<i>difficult for commercial farms</i> to integrate care needs (still an exception)	always along side with <i>commercial farming activity</i> and production	<i>occupational methods used</i> by GC-providers (such as daily duties in a farm); farms could be as well organic as conventional
carried out by communities	<i>non commercial farming</i> with subsistence, recreational, educational, occupational or rehabilitation purposes	working communities; workshops; social therapeutic living		<i>community based methods used</i> by GC-providers
services of low environmental impacts generating benefits of inclusion, at promoting the therapeutic and social placement	uses agricultural resources to promote health care, social or educational services innovative approach	agriculture is used as a therapeutic agent and a sphere	care given in green environment	a wide umbrella concept for the care services - utilizing nature (animals, plants, landscape, farm) and community based methods
for people with low bargaining power; for people at risk of social exclusion, and aimed at supporting the social cohesion	for people who are traditionally marginalized, such as prisoners, homeless, drug addicts, mentally ill, disabled or elderly people			for various target groups among social and health services as well as in sector of education

2. a) Which **relevant activities of GC-services** do exist in your country?

Italy	Portugal	Germany	NL	Finland
<p><i>Rehabilitation and care for people with serious mental and physical disabilities, through therapeutic or co-therapeutic; Training and placement activities; Regenerative activities and several forms of acceptance for elderly, young and people with difficulties</i></p> <p>Includes: garden therapy, pet-therapy, donkey therapy</p>	<p>There are numerous initiatives (at least over 30), mostly private, linked to social cooperatives or associations.</p> <p>In their case, the possibility of <i>working in farming / gardening / animal husbandry</i> is valued and used, whenever available, for <i>occupational activities, training and employment or therapy</i>.</p>	<p>There are <i>workshop for disabled people</i>" (WfbM) or <i>social therapeutic life and working communities</i>.</p>	<p>Provision of <i>daylong care, living/working and coaching and treatment</i> in the case of labour integration.</p> <p>NOTE: Forms of therapy such as gardening therapy and Animal Assisted Interventions are outside the scope in MAIE because these interventions require special education for therapist.</p>	<p>Institutional <i>care and housing</i> services for elderly, youth, children, former drug-addicts or disabled people.</p> <p><i>Kinder gardens, day care services</i> for elderly or other clients, employment for long term unemployed, <i>therapy and rehabilitation, recreation for social service's clients and education</i>.</p>

2. b) To what extent is providing of GC-services considered as a business opportunity for farmers or as a new form of social and health care services in public sector or for NGO's?

Italy	Portugal	Germany	NL	Finland
<p>It represents an opportunity for integration of agricultural income in a multifunctional point of view. SF-services represent a new type of social-health services provided by the Public and Private-social sector, either in relation to resources or to social needs of the territory.</p>	<p>Most of farmers are unaware of how to employ disabled / other disadvantaged people or how to provide GC services, though they struggle with labour deficit, and would welcome new sources of income.</p> <p>There is huge lack of information and support.</p>	<p>So far the number of farms for which social farming is an alternative source of income or a second mainstay is small.</p>	<p>Agricultural production is always integrated into the (green) care provided.</p>	<p>At resent years GC is considered as a new business opportunity for farmers to become multifunctional: to get income from the both agriculture and care sector.</p> <p>From the point of view of social and health care sector, principles of GC are not new at all.</p>

3. a) What are the main **actor and stakeholder groups** on GC-services in your country at the moment? 3. b) Who are the **providers** of GC-services at the moment (private actors, public sector, NGOs, others)?

Italy	Portugal	Germany	NL	Finland
<p><i>Social cooperatives</i> involved in agricultural activities;</p> <p><i>Farms and agricultural cooperatives</i>;</p> <p>NGO's; Agricultural associations; Family ass., Associations of disadvantaged;</p> <p><i>The social-health services</i> interested in new participatory models of welfare.</p> <p>Among the SF stakeholders for <i>the research or promotion</i>, there are the Public University, the research sector and the associations.</p>	<p>NGO's</p> <p>The public sector invests</p> <p>A case of a private company employing prisoners for forestry, and park maintenance</p> <p>Some health care public institutions</p> <p>The creation of private associations</p> <p>Municipalities invest more and more in urban kitchen gardens, rented by families and individuals, and also in urban farms for environmental education of children and youth.</p>	<p><i>Sheltered workshops</i> for people with learning disabilities, lots of them certified organic;</p> <p><i>Churches</i> (e.g. Caritas, Diakonia);</p> <p><i>Charities</i> (often workshops for people with learning disabilities);</p> <p><i>Small NGO's</i> (non-governmental organizations);</p> <p><i>Private farmers.</i></p>	<p>Green care companies,</p> <p>Clients,</p> <p>Providers of volunteer aid,</p> <p>Care institutes,</p> <p>Care offices,</p> <p>Municipalities (WMO),</p> <p>Educational institutes.</p>	<p><i>Promoters:</i> Green Care Finland Association, Division of rural development at the Ministry of Agriculture, Research institutions (such as MTT), Advisor Centers, Educational sector of secondary schools, Association of social-pedagogic horse-activities, Patient associations.</p> <p><i>Providers:</i> Private (small) enterprises,</p> <p>Private farms,</p> <p>Public health/ care/ prison/ educational institutions.</p> <p>NGO's</p>

4. In what kind of **surroundings/ context** GC-services are provided at the moment in your country? (farm/ forests/ gardens etc.)

Italy	Portugal	Germany	NL	Finland
SF	SF	SF	CG	CG
In social gardens and farms, especially in animal husbandry farms, where land is owned by social cooperatives or by prisons or by other public or private sector actors.	In farms, social kitchen-gardens, gardens, parks and forest, public and private institutions for continued care, education and social reinsertion institutions, prisons, hospitals and clinics and in schools.	In Germany there are activities in processing and marketing of agricultural products, in services and in residential homes for elderly on farms.	In line with the definition care is especially provided at agricultural enterprises.	In Finland for instance, out of 33 case GC-providers, 15 were run on farms or at stables, 18 in gardens or in other natural environment, and 12 inside.

5. Who usually are **funders** (clients themselves, public sector, joint funding etc.) of usage of GC-services in your country at the moment?

Italy	Portugal	Germany	NL	Finland
In Italy funders of usage of SF services are the public sector and the joint public-private sector.	There's a large share of contribution by the Portugese public sector (Ministry of Work / IEFP) and, depending on the institution, private contribution can be important. The most common situation is a joint, mainly public / partly private funding.	The financing institutions are: Agencies (social services, employment office, youth welfare office); Donations; Health insurance, pension insurance (for people with mental illness); Foundations; and ArGe / Job Center. Often there are intermediary bodies such as hospitals, churches, etc.	There is a so called Care Office which is granting funding for GC-services through Care Institute (AWBZ/ZIN) or through AWBZ/PGB or through other AWBZ-certified organizations to a care farm or straight to a AWBZ-certified care farm. Also Municipalities are granting funding for services through WMO to the care farms.	In Finland out of 33 case GC-providers usage of their services are in 23 cases funded by public sector, in 16 cases by private sector and in 6 cases by both. In Finland public sector is an important partner and client as more than 2/3 of cases are funded by public sector.

6. What kind of **education** is **available** for GC-service providers in your country at the moment? /Which educational offers do exist in your country?

Italy	Portugal	Germany	NL	Finland
SF	SF	SF	CG	CG
<p>In Italy there are no specific career paths for SF, there are instead <i>training courses at regional and provincial level carried out by training agencies, associations and Universities.</i></p>	<p>In Portugal there is training in rehabilitation / therapy, social work, health, but <i>no specific education for GC service providers.</i></p>	<p>In Germany there is training for: <i>Animal-assisted therapy</i> (There are many continuing educational courses recommended. The quality of them is very different!); <i>Horticultural therapy</i>; and <i>FAMIT-training</i> ("specialist for milieu building and inclusion") in Weide-Hadebek: <i>In-service training for farmers working with people with intellectual disability</i>. In addition there are: Courses at universities: agriculture and social work; Training and qualification to work with clients of social work; Specialist for work training and vocational training; and LEB (rural adult education).</p>	<p>In Netherlands there is GC-education available at the level of Intermediate Vocational Education (MBO), as well as at the Centres for Agricultural Education (AOCs) including education for supervisors care enterprises, for entrepreneurs of care enterprises and modules at the green educational institutes. At the level of Higher Vocational Education (HBO) there is also GC-education available as a form of modules at the educational institutes DV (agricultural), at the Stoas educational institute and at the Animal and care (van Hall Larenstein). There is also available some Post-initial courses for entrepreneurs and supervisors at care farms.</p>	<p>Special education in Green Care is just starting in Finland. At least one of Countryside Colleges is starting additional courses of GC (25 grades) as an optional part of rural tourism studies in autumn 2011. Also at least one of advisor organizations is giving courses about GC-methods (9 days) at the moment.</p> <p>The riding therapy for rehabilitation purposes can be funded by the Social Insurance Institution or by the Social Services of Municipalities or by some patient associations. NOTE: The riding therapist must be qualified by certain education, The education for social-pedagogic horse-assisted activities is available in three places. Some courses (10-15 grades) about garden therapy in few places.</p>

7. a) Which level of education and which kind of **educational background** the GC-service providers usually have in your country at the moment?

Italy	Portugal	Germany	NL	Finland
SF	SF	SF	CG	CG
<p>In Italy people that provide SF services usually have a degree in <i>Education, Agriculture or Psychology</i>. Furthermore experts in <i>business management, territorial planning and resources management</i>, representatives of Associations and Public Bodies, are involved in SF services.</p>	<p>In Portugal GC service providers have all sorts of different backgrounds. Generally, the GC services are provided within the framework of an institution, involving a multidisciplinary team (<i>psychologist; social worker, psychopedagogue, occupational therapist, technicians with a degree in special education and rehabilitation, social pedagogue, trainers and assistants etc.</i>).</p>	<p>In Germany usually the professional background is either an <i>education in agriculture/ horticulture or social/ educational</i> area. In a family farm there consists the opportunity for one person to retrain as an educator. This could be a second source of income in addition to the agricultural production. <i>An interdisciplinary training opportunity is lacking</i>, the demand is there.</p>	<p>In Netherlands <i>it is possible to study GC both at MBO-level and at HBO-level.</i></p>	<p>In Finland there is not exact data about the GC-providers educational level or educational background. Out of 33 case GC-providers or their spouses or employees 15 have background or education in <i>agriculture or horticulture</i>, 16 have it in <i>social or health</i> and 18 in <i>education or in adventure tourism</i>.</p>

7. b) What kind of **needs** there are **to join** an extra GC-educational module or course?

Italy	Portugal	Germany	NL	Finland
SF	SF	SF	CG	CG
<p>The <i>operators must be able to assist professionally people with different qualification and experiences</i> (e.g an educator must be able to adequately assist a technician/agronomist, while continuing to pursue his profession). Thus it is important to activate <i>specializations</i> (theoretical and practical training modules) ad hoc that complete the starting training of the operators. The specializations could be focused on the social mediation, the training of the public administrators, the training of those involved in territorial planning, the agronomy etc.</p>	<p>Except for traditional / informal social solidarity initiatives in rural areas, there is no experience in Portugal of farmers providing GC services as a source of income, and <i>farmers willing to provide such services need everything, from knowledge to tools and resources.</i></p>	<p>There is the opportunity to develop social offers on farms as an alternative source of income for agriculture (possibly extended to include landscaping). Due to the growing rural exodus, especially in Eastern Germany, agriculture is increasingly geared to production (including energy crops).</p>	<p>Educational needs: To acquire more knowledge on <i>care</i> (with regard to specialist content and forms of <i>financing</i>); To acquire more knowledge on <i>agriculture</i> (specialist content, <i>social values and entrepreneurial skills</i>); Care entrepreneurs who are familiarizing themselves with the green care sector or are starting: <i>integration of care and green activities.</i></p>	<p>Anticipated reason for joining to GC-education is a desire to get information & knowledge about <i>potential GC-service concepts</i>, in order to <i>asses one's own personal skills, and other resources available</i> for building a GC-service concept. There is also a need for <i>exchanging experience & knowledge</i> between various actors and between different GC-providers.</p>

8. a) What kind of problems do green care farmers face during their work?

Italy	Portugal	Germany	NL	Finland
<p>The lack of supportive public policies (regulatory and financial)</p> <p>The search for valuable partners in other sectors (social-health, labour policies etc)</p> <p>Networking and partnerships with public bodies and territorial farms</p> <p>The activation of integrated territorial projects and the search of specific public funding</p> <p>The capacity to support two practitioners with a different professional background (e.g. the farmer and the socio-pedagogical staff)</p> <p>The deal adequately with the disadvantaged, (by the farmer that is not supported by the educator)</p> <p>The need to identify marks of local products of SF</p>	<p><i>Framework</i> -what is possible to do, within GC services; -where to get support and resources to start a GC project;</p> <p><i>Clients</i> -different client target groups profiles & their specificities & needs; elements of basic psychology and emergency procedures;</p> <p><i>Environment</i> (infrastructure, equipment, support network and human resources) -how to create the necessary conditions / work environment / support human resources for the clients;</p> <p><i>Management</i> -how to simulate and assess the economic feasibility of a GC project, and to manage a GC service.</p>	<p>Farmers will have to respond in an extreme case to all different target groups and have to know whom to ask for further advice. For both the farmer and the client there should be an external available advisor as "mobile super vision". Both tasks could be fulfilled by a person of "interface". For this person it is important to dispose of educational as well as of agricultural expertise and to possess the appropriate competencies and skills. Furthermore there should be a trial period for both partners.</p> <p>The appendix contains an overview of the demand for knowledge, skills and abilities for people with mental disease and/ or addiction as well as for young or young adult offenders.</p>	<p>Expert knowledge (both care and agricultural), Care background</p> <p>BIG- registration, How to split up your company if that appears to be more suitable, Knowledge of the flows of money in the care sector</p> <p>Entrepreneurial skills, Organizational talent, Controlling supervising skills</p> <p>Welfare competencies (resistance to stress, commitment, social skills), Social values, Attitude (entrepreneurship & also having the possibilities to employ staff), "Field of tension entrepreneurship and care"</p> <p>Combination of various skills, Setting up and maintaining a good <i>network</i>, Knowledge of the (added) value of deploying agriculture for the sake of care (evidence-based).</p>	<p>Understanding of multi-professionalism</p> <p>Ability to network</p> <p>Co-operating skills</p> <p>Knowledge about GC-methods & mechanisms behind them</p> <p>Customer & target orientation</p> <p>How to meet clients & observe behaviors</p> <p>Knowledge of client groups</p> <p>How to handle conflicts</p> <p>Commitment to help and care</p> <p>Ethical principals</p> <p>Info of funding bodies & public clients, how to find clients</p> <p>Security matters</p> <p>How to build up GC-service concept to match clients' needs & one's own resources</p>

8. b) What kind of **demands for knowledge/competence/ skills** providers GC-services of different educational background should have?

Annex Table

Knowledge			
<i>Italy</i>	<i>Portugal</i>	<i>Germany</i>	<i>Finland</i>
<p>Social-health sector</p> <ul style="list-style-type: none"> • Agricultural enterprise (different production systems) • Basic elements of organic and multifunctional agriculture • Organization of the enterprise production <p>Agricultural sector</p> <ul style="list-style-type: none"> • Welfare systems -also local- (Mapping of the different levels of care) • Information regarding the different types of disadvantages. <p>Both</p> <ul style="list-style-type: none"> • Funding sources • Legislative references 	<p>Agricultural sector</p> <ul style="list-style-type: none"> • Resources to build and manage GC service • Safety at work • Client profiles • Basic knowledge to understand the language of therapists 	<p>Agricultural sector</p> <ul style="list-style-type: none"> • general knowledge of disease patterns is often better, because less anxiety is arising and there is no "excess" knowledge • information about specific needs of persons integrated on the farm • insurance, occupational health and safety ("interface person") 	<p>Social-health sector</p> <ul style="list-style-type: none"> • Basics about agriculture/ horticulture/ or about natural environment where service is given or produced <p>Agricultural sector</p> <ul style="list-style-type: none"> • Basics about welfare systems at different sections of care • Information regarding the different types of disadvantages <p>Both</p> <ul style="list-style-type: none"> • Funding sources • Legislation • Safety issues • Potential different GC-service concepts • How to build up GC-service concept • Ethical principles • Knowledge about methods and usage of them
Competence			
<i>Italy</i>	<i>Portugal</i>	<i>Germany</i>	<i>Finland</i>
<ul style="list-style-type: none"> • Ability to mediate • Flexibility • Management of the unpredictability • Safety at work • Constantly monitor and 	<ul style="list-style-type: none"> • Ability to dialogue with therapists for solving problems and improving services • Complementary care • Will to cooperate in a broader 	<ul style="list-style-type: none"> • for arising crisis • real understanding of disease <p>"That happens with him. That is not himself."</p> <ul style="list-style-type: none"> • self-reflection • giving recognition 	<ul style="list-style-type: none"> • Ability to communicate, co-operate and mediate • Ability to face clients and professionals from other fields • Ability to monitor

verify the effectiveness of the activities <ul style="list-style-type: none"> • Balance of competences 	support network	<ul style="list-style-type: none"> • exceeding his/her competence: contact the "interface person" • it has to be possible for the farmer to do the work by himself • placement of instructions of work (aptitude examinations) 	behaviour of partners and clients <ul style="list-style-type: none"> • Understanding the principles of used methods • Desire to help people in weak positions • Sensitivity • Dealing with difficulties
Skills			
<i>Italy</i>	<i>Portugal</i>	<i>Germany</i>	<i>Finland</i>
<ul style="list-style-type: none"> • Networking • Integrated planning • Fund raising • Reading the results in complex 	<ul style="list-style-type: none"> • Ability to dialogue with therapists for solving problems and improving services • Complementary care • Will to cooperate in a broader support network 	<ul style="list-style-type: none"> • empathy • to be there for clients on an emotional level • to be there for clients more than 8 hours a day • enduring setbacks • to stand the target groups way of living, e.g. being there a positive social relationship and they can't accept it 	<ul style="list-style-type: none"> • Networking skills • Communicating skills • Planning skills • Client and fund raising skills • Skills for running service business • Customer orientation, target orientation skills • Problem solving and conflict resolution skills

Note: The NL didn't fill this annex table - see the NL's answers in the previous table for the question 8. a).

9. Do GC-service providers have need to **cooperate** with the social/healthcare sector or with other stakeholders? How do farmers face the co-operational working or learning in **networks**?

Italy	Portugal	Germany	NL	Finland
<p>Farmers face the co-operational working or learning in networks through Program Agreements, Memorandum of Understanding, conventions, inter-institutional agreements, ATI, cooperatives and consortia networks. Among the success examples regarding these co-operations, there are the agreements between the ASL (Public local health) and Cooperatives and the Area Plans.</p>	<p>Cooperation is essential for a support framework, including institutional and financial support. Farmers tend to be individualistic and there is a lot to do to overcome mental barriers to cooperation, and even much false prejudice towards client groups. There are several success cases, mostly related to NGO's involved in GC (CERCICA, CECD Mira Sintra, AFID and many others), but also involving public and private institutions, such as the cooperation between Prisional services and the company PSML, permanently employing prisoners in GC services.</p>	<p>In Germany the cooperation with farmers is often very difficult, because of less time, effort and energy and usual very pragmatic way of running a farm. The routines of the farm operation are hindrance for network meetings. The "rural women" and the farmer's wife could occupy a mediating position in communication with the farmers, because they are not always integrated in agriculture. They maintain close contact to the farmers and they are recognized. For the farmer's wife there might be an interest to qualify in the educational field. Cooperation is very important!</p>	<p>Cooperation with the social/health sectors is highly recommended. Cooperation is certainly necessary, but not intensively, so that the identity is maintained. The green care provider will have to account for his/her care. (Some care institutes keep the door locked.)</p>	<p>Multi-professionalism has to be highly valued by GC-providers. Networking and co-operation in different levels of society and community are essential for GC-provider when building up his/her GC-service concept: to match own personal resources to the potential demand, and to find out opportunity, potential clients and funding for the service. Exchange of knowledge and experience is essential.</p>

10. What kind of **regulations or legislation** is there for the GC-service providers or for social and health sector in general?

Italy	Portugal	Germany	NL	Finland
SF	SF	SF	CG	CG
In Italy there is no specific legislation at national level, the <i>SF</i> is indirectly regulated by the laws regulating agriculture, health, social policies and labour. Some Regions have Regional Laws (RL), other Regions have bills. (See more detailed in Italy's questionnaire answers in Annex 1.)	There are no specific regulations for GC services in Portugal. There are regulations concerning financing of sheltered employment (Ministry of Work – IEFP), occupational activities, continued care, early intervention and training of people with disabilities (POPH / Ministry of Work – IEFP), among other. (Portugal)	In Germany there is book with code of social laws for specific target groups as well as for agricultural co-operatives (Landwirtschaftliche Berufsgenossenschaft) (work safety). The "interface person" should know the laws concerning the target group. How much knowledge of laws the farmer has to have himself, it has to be clarified.	In Netherlands Care farms can meet the demands of: the quality hallmark "kwaliteit laat je zien (you show your quality)"; AWBZ-certification; and HKZ certified.	In Finland there are plenty of different laws regulating the produce of care-services depending on what kind of service is in question. Most of such laws are from social and health sector, for example Child Welfare Act 417/2007, Act on Qualification Requirements for Social Welfare Professionals 272/2005 etc. There are several laws regulating the control systems of social and health services and laws upon producing such services for different groups of people, like for disabled. Services to which include around the clock care are subjects to license. Other types of services are subjects to declaration.

11. What kind of **key projects** there are at the moment concerning GC-services in your country? Where to find the best knowledge concerning GC in your country at the moment?

Italy	Portugal	Germany	NL	Finland
SF	SF	SF	CG	CG
<p>La Tuscia University (www.unitus.it)</p> <p>Pisa University (www.unipi.it)</p> <p>Cosenza University (www.unical.it)</p> <p>Bologna University (www.unibo.it)</p> <p>Teramo University (www.unite.it)</p> <p>Province of Rome (www.provincia.roma.it)</p> <p>INEA (www.inea.it)</p> <p>AIAB (www.aiab.it)</p> <p>ISS (www.iss.it)</p> <p>AIAB (www.aiab.it)</p>	<p>GRAU – Support Group for the Sustainable Development of Urban Agriculture – Escola Superior Agrária de Coimbra (http://webgrau.webgly.com/index.html)</p> <p>project DIANA (Disability in sustainable agriculture: a new approach for training of practitioners) – Associação de Paralisia Cerebral de Coimbra (APCC) (http://www.projectdiana.eu/)</p>	<p>In Germany there is various links on the homepage of the project www.soziale-landwirtschaft.de: workshops for disabled people with connected farms; and intermediation work (e.g. Ludwig Lukas http://www.sozialprojektmanagement.de, Rebecca Kleinheit: http://www.gruene-werkstatt.de/zusammenschaefenwirwas).</p>	<p>The best knowledge/expertise to be found at the moment on green care in the Netherland is on the sector itself (federation of care farmers); HAS DB; ZLTO; ZonMW; and WUR.</p>	<p>Association Green Care Finland: www.gcfinland.fi;</p> <p>MTT's Green Care –pages: https://portal.mtt.fi/portal/page/portal/mtt/maaseutuyritys/mahdollisuusksienmaaseutu/reencare,</p> <p>Ministry of Agriculture and Forestry, Rural Policy Committee's web-pages for the Theme Group of Well-being Services: www.maaseutupolitiikka.fi/teemaryhmat/hyvinvointipalvelut/green_care</p> <p>Association of Social-Pedagogic Horse-assisted Activities: www.hevostoiminta.net/</p>

12.a) Can you identify **opportunities** which may cause that providing of GC-services will probably increase in your country in near future? What kind of them?

Italy	Portugal	Germany	NL	Finland
<ul style="list-style-type: none"> -The application of regional existing legislation -The use of specific fundings -The availability of uncultivated Public lands and/or lands confiscated from the Mafia -The correct application of the law 328/2000: the integration of the social-health sector and the employment -The use of organic production methods and low envir.impact for the enhancement of local cultures and biodiversity. -The increase of the sensitivity of consumers and citizens towards of a model of farming that respects the environment and people. -Enhancement of GAS (Ethical Purchasing Groups) and short chain. -Increased space for the social farming in the media information -Review of the PAC (Common Agricultural Policy) for a greater attention to organic production methods and low environmental impact 	<ul style="list-style-type: none"> -Health (prevention & treatment) through techniques which are not expensive to the Government -Inclusion of people with disabilities -Growing demand for labour in farms -Most activities involved in agriculture (routine, indifferenciaded) can be performed by target group clients -The concept of SF fits with the demand for inclusion of people with disabilities into society, broadly discussed and advocated nowadays -Will to promote / lobby for SF -Violent economic and financial crisis leading to abrupt reduction of expenses by the Central Administration -Higher efficiency of the system; more happiness of the individuals; creating solutions in multifunctional agriculture systems 	<ul style="list-style-type: none"> -Society is developing positively: social professions and "niche products" -Self-care in Germany gets more important! -For social services there is a reward from the state (e. g. hospital per diem charge), it is no promotion - Sustainability has to be ensured by the extra income. -Structures will have to be self sufficient. 	<ul style="list-style-type: none"> -Small-scale enterprises -Care provided is cheaper and generally better -Young people -Education -Higher quality of care provided -Effects have been proved (e.g. Hassink) -Join forces and companies (also the exchange of clients) -Follow the developments in the care sector with regard to financing (think two steps ahead) 	<ul style="list-style-type: none"> -Utility of seasons: from snow and darkness to light and warm summer nights -Sparsely populated: large unpopulated areas with quietness and peace to use for GC -Large forested and swamp areas with public right to access to pick berries, wander and to learn survival in nature -Long cost line and thousands of lake to utilize for GC -Wild animals and birds to watch

12. b) Can you identify **obstacles** which may cause that providing of GC-services would not increase in your country? What kind of them?

Italy	Portugal	Germany	NL	Finland
<ul style="list-style-type: none"> -the lack of a framework law -the lack of the integration of sector policies -the difficulty of networking in order to carry out new projects -funding gap -budget cuts -the lack of specific training policies -the difficulty of access to the land property -the animation gap at local level -the lack of the monitoring activities & lot of new needs -the lack of communication/ information tools -Permanence of negative attitudes and prejudices towards disadvantaged and subjects at risk of social exclusion 	<ul style="list-style-type: none"> -Future common agriculture policies -Health system -Investment capacity -Need for specific training of farmers interested in practicing SF -Need for a multidisciplinary team to support social farms (social workers, therapists psychologists, psychiatrists,...), both for recruitment, as well as following the activity. -Need for an institutional support network for the client target groups (where to recruit workers) and for farms / companies willing to hire these client target groups. -Need for financial incentives from the government to support SF -Lack of a legislative framework -Lack of resources; funds are allocated to other traditional channels -Complexity of Administration with too many actors involved (different Ministries, Institutes, etc.) -Budgetary constraints will limit Government intervention in the social care sector -Lack of visibility, need for public recognition of SF as a catalyst for solidarity. Need to convert "costs" with people to opportunities for their development. -Lack of communication between actors 	<ul style="list-style-type: none"> -growing economical pressure on farms: there are also subsidies for production, so it is contrary to diversification -tight workshop system: competition in the social sector, infrastructure and transport, public acceptance -there are differences between services and promotions: government contract to support "weaks" 	<ul style="list-style-type: none"> Financing (possible stop of PGB) -Too many people are fishing in the same pond -Care is susceptible to trends 	<ul style="list-style-type: none"> -How to build GC-services in sustainable way by all means (environmentally, socially, economically and culturally) -To keep GC-service genuine and to have a clear definition for GC-service -To keep providers of GC-services in modest size to avoid bulk production -To keep public bodies and authorities informed in collaborative way

13. a) What are **advantages** if providing of GC-services would increase in your country?

Italy	Portugal	Germany	NL	Finland
SF	SF	SF	CG	CG
<ul style="list-style-type: none"> -Increased provision of services to people and communities -Increased social inclusion -Development of civic (greater awareness of belonging to a territory) and of the legality at local level -Recovery and defence of marginal lands and defence of the soil fertility -Increase of the defence of the territory which would lead to an increase in social security -Better protection of the commons 	<ul style="list-style-type: none"> -Maintaining people in rural areas, seriously affected by landscape and human erosion. Potential contribution to maintaining genetic resources and traditional agricultural systems. -Solving some problems of labour demand in agriculture -Contributing to the sense of self worth and welfare of the target population -Appreciation of the rural world and its actors -Savings for the Administration, in social care/health services -Production of goods and services related to agriculture, improving the import/export balance -New sources of income for farms 	<ul style="list-style-type: none"> -More healthy people -Long-term cost reduction -Spreading ecological ideas with education & responsibility -Structural support in rural areas / vivid rural areas - Diversification of farms with additional income source -Better image for the individual enterprise and agriculture in general 	<ul style="list-style-type: none"> -Natural care, in aspects -Further developing care -Develop more green spaces -Think in opportunities -Possibility to go on being a farmer -Less cattle breeding and more care farms -People requiring care are going to arrange their placements themselves -Cure is provided and therefore costs are saved -Client becomes customer 	<ul style="list-style-type: none"> -There are huge opportunities to widen knowledge and usage of nature or farm based methods in social and health sector. -Appreciation of multi-professionalism when providing GC-services creates win-win –situation for both sectors. -Knowledge and functional means used, when building GC-services, could be traditional/ historical/ cultural/ local side by side the modern knowledge of social and health sector and agriculture. - Care provided on farm/ garden/ natural environment opens artless opportunities for usage of functional, experimental or occupational means. - Working and doing things by own hands in natural environment are proven to be therapeutic in several ways. - Means have enormous power when emotions and all senses are involved together with belongingness to a community

13. b) What are **challenges** if providing of GC-services would increase in your country?

Italy	Portugal	Germany	NL	Finland
<ul style="list-style-type: none"> -The affirmation of cultures and interdisciplinary competences -Overcoming of prejudices and discriminatory attitudes towards of disadvantaged and subjects at risk of social exclusion -Overcoming the niche dimension -Search for more funding and appropriate regulatory 	<ul style="list-style-type: none"> -Need to create a platform where the SF services can gather for cohesion, interchange of knowledge and experience, and strong lobbying -Need to create the necessary logistics for recruiting workers and companies and for monitoring the activities in SF -Need to find joint solutions / concerted action between ministries and private sector 	<ul style="list-style-type: none"> -Public relations and awareness for farmers as well as for governments -Clarifying and managing funding -Quality assurance: certification and standards -Tendency towards regulations -Abuse of ideal: wrong copy too early 	<ul style="list-style-type: none"> -Natural care, in aspects -Further developing care -Develop more green spaces -Think in opportunities -Possibility to go on being a farmer -Less cattle breeding and more care farms -People requiring care are going to arrange their placements themselves -Cure is provided and therefore costs are saved -Client becomes customer 	<ul style="list-style-type: none"> -To keep monitoring and certifying system at a level, not too heavy for small farms or care-providers. -There is a great need for standards, which regulates GC-services. - The standards should enable to build an unique service concept which is not considered as a bulk product. - Too heavy standards for safety and hygiene can be too harsh for natural surroundings. - Ethical principles of providing a GC-service should be clear and sound.

14. Your country's **vision for the year 2020**: Which kind of efforts can a providing of GC-services in your country gain? What are needed steps to get there?

Italy	Portugal	Germany	NL	Finland
SF	SF	SF	CG	CG
<ul style="list-style-type: none"> -National and local networks (Forum) of stakeholders in SF -National framework law regarding SF -Inclusion of educational programs regarding SF in schools -Identifying marks of local products of SF -Dissemination of a multifunctional and sustainable agriculture -Recognition of complementary therapies with animals 	<ul style="list-style-type: none"> -In 2020 we can achieve a reality where the value of SF is recognized. -To achieve this status, it is necessary to draw attention of people who can make decisions in industry, administration, politics and public funding. -Concerted action of ministries, for joint solutions and facilitating the involvement of the private sector -Higher income for multifunctional farms; training and resources for farmers willing to provide GC services 	<ul style="list-style-type: none"> -Increasing number of social farms with broad participation -Network "social farming" has been already built -Good quality management -No rat-race -Legal foundation has been already created -Satisfaction of all parties Increasing in "social" as a setting -Animal welfare, because sick people need healthy animals! <p>Steps towards achieving the Vision in Germany:</p> <ul style="list-style-type: none"> -MAIE-project -developing model projects 	<ul style="list-style-type: none"> -What is possible and what is not has been clearly mapped out -Many clients at care farms -More supply of regional products, also to care farms -Hopefully, existing farms, smaller in size -Strongly dependent on the social vision of the value of care 	<ul style="list-style-type: none"> -The GC-education is build in educational system -The GC-education appreciates life experience -The GC-education appreciates multi-professionalism -The GC-education appreciates adults' further education -There are additional part of GC-education directed to teachers aimed to show how GC-methods can be used -The GC-education appreciates learning by doing, by moving, by experiences, by emotions by all senses and by whole body

Section C: Summary of the analysis

In this section conclusions have been made regarding each question, while comparing the national focus groups' answers.

1. How are **concepts** of Social Farming (SF)/ Care Farming (CF)/ Green Care (GC) understood in your country?

In Italy, Portugal and Germany the term Social Farming (SF) is commonly used.

In Netherlands and in Finland the usage of the term Green Care (GC) is preferred. In Finland the term Green Care is much better known as well as much better accepted than the term social farming (SF). In fact, when translating SF in Finnish the impression will become too close with meaning of socialist farming, which makes the term SF very difficult for many Finns to understand and accept.

The combination of a sort of farming activity and a sort of care activity includes to the all nation's understanding of the terms, and in many cases multifunctional activity or diversification is mentioned.

Variations among the nations occur when concerning what sort of farming is in question. It seems like in Italy, Portugal and Germany farming in question is usually non commercial and is carried out by community or NGO. In their cases farming could be agriculture, (including animal husbandry), horticulture, kitchen gardening, park maintenance, or forestry; Farming activity is used as a therapeutic mean and as a sphere.

Instead in NL, according their understanding of the term, farming in question is always commercial agriculture, carried out by family farms or farm corporations. In Finland a farm producing GC-services can be active in commercial agriculture, but in many cases, GC-enterprise is only acting at the farm like surroundings, for example in a former farmstead with horse stable. Still daily "farm like" duties and routines could be actively used for the purposes of occupational therapy or training. In other words farming in Finnish case can be agriculture, forestry (as usually all farms have forests), horse stable activities, horticulture or garden work (farms are usually surrounded by gardens). As in Finland the term SF is not used, to the wide umbrella concept of GC include also recreation and education in green environments. Also in the Portugal's concepts of SF pedagogic and educational goals are mentioned.

In Italy's answer the use of organic production methods and low environmental impact for the enhancement of local cultures and biodiversity is mentioned. In Germany's case is mentioned, that many SF-providers have an anthroposophical background, and that one of the goals is spreading ecological ideas with education. In NL and Finland Green Care activities are not tight with organic farming: providers GC may farm organic as well as conventional.

The target groups of SF or GC activities in the all MAIE-nations seem to be alike. Activities are targeted for people with low bargaining power; for people at risk of social exclusion, and aimed at supporting the social cohesion; for people who are traditionally marginalized, such as prisoners, homeless, drug addicts, mentally ill, disabled or elderly people. (Sentences of Italy's and Portugal's answers)

2. a) Which **relevant activities of GC-services** do exist in your country?

To SF in Italy includes the following activities: i) Rehabilitation and care for people with serious mental and physical disabilities, through therapeutic or co-therapeutic activities in collaboration with the social-health services of the territory; ii) Training and placement activities for people with a low bargaining power and at risk of social exclusion; iii) Regenerative activities and several forms of acceptance for elderly, young and people with difficulties. This seems to be true also with Portugal's and Finland's case.

In the Netherlands, within the framework of green care farming is included: Provision of daylong care, living/working and coaching and treatment in the case of labour integration. This seems to be true also with Germany's case.

In the Netherlands it is noted that: Forms of therapy such as gardening therapy and Animal Assisted Interventions are outside the scope of MAIE-project in NL, because these interventions require special education for therapist.

2. b) To what extent is providing of GC-services considered as a business opportunity for farmers or as a new form of social and health care services in public sector or for NGO's?

Especially in Germany the number of farms for which social farming is an alternative source of income or a second mainstay is so far small.

In Portugal most of farmers are unaware of how to employ disabled / other disadvantaged people or how to provide GC services, though they struggle with deficit of labour, and would welcome new sources of income. There is huge lack of information and support.

Especially in the Netherlands and Finland GC represents an opportunity for integration of agricultural income in a multifunctional point of view. In Italy SF-services represent a new type of social-health services provided by the Public and Private-social sector, either in relation to resources or to social needs of the territory.

In Finland it was noted that from the point of view of social and health care sector, principles of Green Care services are not new at all. In some decades ago, it was very usual that public care institutions have their own farms and gardens where their clients worked according their abilities during their stay in the institution. Also in earlier times it was usual that farms employed people with different disabilities. Furthermore in olden times care institutions were usually built to the environments of natural beauty. The usages of same kind of methods that are used in GC have also been going on for many decades among social sector at least in some extend.

3. a) What are the main **actor and stakeholder groups** on GC-services in your country at the moment? 3. b) Who are the **providers** of GC-services at the moment (private actors, public sector, NGOs, others)?

Italy	Portugal	Germany	NL	Finland
Private social / care cooperatives	Private companies	Private farms	Green Care companies: private farms	Private care enterprises Private farms
Private farms	NGO's	NGO's	NGO's	NGO's
NGO's	Some public health care institutions		Care institutes, Care offices	Public health/ care/ prison/ educational institutions.
Public social/ health services	Municipalities invest in urban kitchen gardens and urban farms		Municipalities (WMO)	Some municipalities as customers (paying bodies)
			Educational institutions	Few countryside colleges
Research and promotion sector		Churches and Caritas		Research institutions and advisor centers

In Italy farming in SF is usually carried out by communities, NGO's, but also by social cooperatives involved in farming or by farms and agricultural cooperatives. In Portugal the most important actors in SF are NGO's. Most farmers in Portugal are unaware of how to employ care and farming activities.

In Germany churches and caritas are very important providers of SF as well as small NGO's. So far number of private farms providing SF is small.

In line with definition of GC in the Netherlands services are in most cases provided by a private care farm company.

In Finland the small private companies and few active farms are the main providers of GC-services.

3. c) What are the **target groups** (/clients) of such services at the moment?

Italy	Portugal	Germany	NL	Finland
<p>people with physical and mental disabilities</p> <p>people subject to alcohol or drugs dependence</p> <p>detainees or former detainees</p> <p>clients at risk for social exclusion</p> <p>local communities</p>	<p>disabled people</p> <p>sheltered employment or job insertion</p>	<p>People with intellectual disability</p> <p>People with addictions</p> <p>People with mental illness</p> <p>Offenders</p> <p>Long-term unemployed people</p> <p>Old people</p> <p>Youth Services</p> <p>School farms</p>	<p>people with mental restrictions</p> <p>people with physical restrictions</p> <p>people with psychological or social problems</p> <p>people with non-congenital brain damage</p> <p>young people with learning and educational problems</p> <p>pupils from special education</p> <p>youngsters with (serious) behavioural disturbances</p> <p>(ex) addicts, (ex) detainees</p> <p>people with burn-out</p> <p>older people (with dementia)</p> <p>long-term unemployed</p>	<p>To the target groups of GC-services in Finland include different age groups as well as groups having different disadvantages: mental or physical health problems, disorders, social problems etc.</p>

4. In what kind of **surroundings/ context** GC-services are provided at the moment in your country? (farms/ forests/ gardens etc.)

Italy	Portugal	Germany	NL	Finland
In <i>social gardens & farms</i> owned by <i>social cooperatives</i> or by <i>public or private sector actors</i> .	In farms, <i>social kitchen-gardens, gardens, parks and forest</i> , public and private institutions for continued care, education and social reinsertion institutions, prisons, hospitals and clinics and in schools.	There are activities in processing and marketing of agricultural products, in services and in residential homes for elderly on farms.	In line with the definition care is especially provided <i>at agricultural enterprises</i> .	Out of 33 case GC-providers, 15 were run on <i>farms or at stables</i> , 18 in <i>gardens</i> or in other <i>natural environment</i> , and 12 inside.

In Italy SF services are mainly provided in social gardens and farms, especially in animal husbandry farms, where land is owned by social cooperatives or by prisons or by other public or private sector actors. (Italy) SF services in Portugal are provided in farms, social kitchen-gardens, gardens, parks and forest, public and private institutions for continued care, education and social reinsertion institutions, prisons, hospitals and clinics and in schools. (Portugal) In Germany there are activities in processing and marketing of agricultural products, in services and in residential homes for elderly on farms. (Germany)

In line with the definition care is especially provided at agricultural enterprises. (NL)

In Finland for instance, out of 33 case GC-providers, 15 were run on farms or at stables, 18 in gardens or in other natural environment, and 12 inside. This means that in many cases GC-methods are used both inside at outside by same GC-service provider.

(Finland)

5. Who usually are **funders** (clients themselves, public sector, joint funding etc.) of usage of GC-services in your country at the moment?

Italy	Portugal	Germany	NL	Finland
In Italy funders of usage of SF services are the <i>public sector and the joint public-private sector</i> .	There's a large share of contribution by the Portugese <i>public sector</i> (Ministry of Work / IEFP) and, depending on the institution, <i>private contribution</i> can be important. The most common situation is a <i>joint, mainly public / partly private funding</i> .	The financing institutions are: <i>Agencies (social services, employment office, youth welfare office); Donations; Health insurance, pension insurance</i> (for people with mental illness); <i>Foundations</i> ; and ArGe / Job Center. Often there are intermediary bodies such as hospitals, churches, etc.	There is a so called <i>Care Office</i> which is granting funding for GC-services through Care Institute (AWBZ/ZIN) or through AWBZ/PGB or through other AWBZ-certified organizations to a care farm or straight to a AWBZ-certified care farm. Also <i>Municipalities</i> are granting funding for services through WMO to the care farms.	In Finland out of 33 case GC-providers usage of their services are in 23 cases funded by <i>public sector</i> , in 16 cases by <i>private sector</i> and in 6 cases by both. In Finland public sector is an important partner and client as more than 2/3 of cases are funded by public sector.

In Italy funders of usage of SF services are the *public sector and the joint public-private sector*. In Portugal the most common situation is a *joint, mainly public / partly private funding*. In Germany the financing institutions are: *Agencies (social services, employment office, youth welfare office); Donations; Health insurance, pension insurance*. Often there are intermediary bodies such as hospitals, churches, etc. In the Netherlands there is a so called *Care Office* which is granting funding for GC-service. In addition *municipalities* are granting funding for services. In Finland the most payers of usage of the GC-services are public, such as municipalities' social services or sometimes the Social Insurance Institute of Finland, as the most clients seems to origin from the public social services sector or from the public health services. Also same patient associations or foundations may fund the usage.

6. What kind of **education** is **available** for GC-service providers in your country at the moment? /Which educational offers do exist in your country?

Italy	Portugal	Germany	NL	Finland
SF	SF	SF	CG	CG
No specific career paths for SF, there are instead <i>training courses at regional and provincial level carried out by training agencies, associations and Universities.</i>	Training in rehabilitation / therapy, social work, health, but <i>no specific education for GC service providers.</i>	<i>Animal-assisted therapy; Horticultural therapy; and FAMIT-training ("specialist for milieu building and inclusion"); In-service training for farmers working with people with intellectual disability.</i>	GC-education at the level of Intermediate Vocational Education (MBO), & at the Centres for Agricultural Education (AOCs). At the level of Higher Vocational Education (HBO) also GC-education as a form of modules at the educational institutes DV (agricultural), at the Stoas educational institute and at the Animal and care (van Hall Larenstein).	At one of the Countryside Colleges is starting additional courses of GC (25 grades) as an optional part of rural tourism studies in autumn 2011. Also at least one of advisor organizations is giving courses about GC-methods (9 days) at the moment. The riding therapist education The education for social-pedagogic horse-assisted activities. Some courses on garden therapy.

In the all MAIE-nations, except in the Netherlands, there is almost none special education available for providers of SF or GC. Training is available only among ordinary courses on the social, health or in agricultural sectors' education.

In the Netherlands there is GC-education available at the level of Intermediate Vocational Education (MBO), as well as at the Centres for Agricultural Education (AOCs) including education for supervisors care enterprises, for entrepreneurs of care enterprises and modules at the green educational institutes. At the level of Higher Vocational Education (HBO) there is also GC-education available as a form of modules at the educational institutes DV (agricultural), at the Stoas educational institute and at the Animal and care (van Hall Larenstein). There is also available some Post-initial courses for entrepreneurs and supervisors at care farms. (NL)

7. a) Which level of education and which kind of **educational background** the GC-service providers usually have in your country at the moment?

Italy	Portugal	Germany	NL	Finland
SF	SF	SF	CG	CG
<p>Usually a degree in <i>Education, Agriculture or Psychology</i>.</p> <p>Furthermore experts in <i>business management, territorial planning and resources management, representatives of Associations and Public Bodies</i>, are involved in SF services.</p>	<p>All sorts of different backgrounds. Generally provided within the framework of an institution, involving a multidisciplinary team (<i>psychologist; social worker, psychopedagogue, occupational therapist, technicians with a degree in special education and rehabilitation, social pedagogue, trainers and assistants etc.</i>).</p>	<p>Usually professional background is either an <i>education in agriculture/ horticulture or social/ educational area</i>.</p>	<p>In Netherlands <i>it is possible to study GC both at MBO-level and at HBO-level</i>.</p>	<p>Out of 33 case GC-providers or their spouses or employees 15 have background or education in <i>agriculture or horticulture</i>, 16 have it in <i>social or health</i> and 18 in <i>education or in adventure tourism</i>.</p>

7. b) What kind of **needs** there are **to join** an extra GC-educational module or course?

Considering the different competences necessary for the development of SF, it is important to face the problem of the integration of such skills, without this meaning a change of roles and sector skills. There are different kinds of needs related to the starting training of the operators. The operators must be able to assist professionally people with different qualification and experiences (e.g an educator must be able to adequately assist a technician/agronomist, while continuing to pursue his profession). Thus it is important to activate *specializations* (theoretical and practical training modules) ad hoc that complete the starting training of the operators. The specializations could be focused on the social mediation, the training of the public administrators, the training of those involved in territorial planning, the agronomy etc. (Italy)

Educational needs which are recognized in Netherlands are: To acquire more knowledge on care (with regard to specialist content and forms of financing); To acquire more knowledge on agriculture (specialist content, social values and entrepreneurial skills); Care entrepreneurs that are familiarizing themselves with the green care sector or are starting: integration of care and green activities. (NL)

Except for traditional / informal social solidarity initiatives in rural areas, there is no experience in Portugal of farmers providing GC services as a source of income, and farmers willing to provide such services need everything, from knowledge to tools and resources. (Portugal)

Anticipated reason for joining to GC-education is a desire to get information and knowledge about potential GC-service concept, in order to asses one's own personal skills, and other resources available for building a GC-service concept. There is also a need for exchanging experience and knowledge between various actors and between different GC-providers. (Finland)

8. a) What kind of problems do green care farmers face during their work?

Italy	Portugal	Germany	NL	Finland
<p>The lack of <i>supportive public policies (regulatory and financial)</i></p> <p>The <i>search for valuable partners</i> in other sectors (social-health, labour policies etc)</p> <p><i>Networking and partnerships</i> with public bodies and territorial farms</p> <p>The activation of integrated territorial projects and the <i>search of specific public funding</i></p> <p>The capacity to <i>support two practitioners with a different professional background</i></p> <p>The <i>deal adequately with the disadvantaged</i></p> <p>The need to <i>identify marks of local products of SF</i></p>	<p><i>Framework</i> -what is possible to do, within GC services; -where to get support and resources to start a GC project;</p> <p><i>Clients</i> -different client target groups profiles & their specificities & needs; elements of basic psychology and emergency procedures;</p> <p><i>Environment</i> (infrastructure, equipment, support network and human resources) -how to create the necessary conditions / work environment / support human resources for the clients;</p> <p><i>Management</i> -how to simulate and assess the economic feasibility of a GC project, and to manage a GC service.</p>	<p>Farmers will <i>have to respond in an extreme case to all different target groups</i> and <i>have to know whom to ask for further advice</i>. For both the farmer and the client there should be an external available advisor as "mobile supervision". Both tasks could be fulfilled by a person of "interface". For this person it is important to dispose of educational as well as of agricultural expertise and to possess the appropriate competencies and skills. Furthermore there should be a trial period for both partners.</p>	<p>Expert knowledge (both care and agricultural), Care background</p> <p>BIG- registration, How to split up your company if that appears to be more suitable, Knowledge of the flows of money in the care sector</p> <p>Entrepreneurial skills, Organizational talent, Controlling supervising skills</p> <p>Welfare competencies (resistance to stress, commitment, social skills), Social values, Attitude (entrepreneurship & also having the possibilities to employ staff), "Field of tension entrepreneurship and care"</p> <p>Combination of various skills, Setting up and maintaining a good <i>network</i>, Knowledge of the (added) value of deploying agriculture for the sake of care (evidence-based).</p>	<p>Understanding of multi-professionalism</p> <p>Ability to network</p> <p>Co-operating skills</p> <p>Knowledge about GC-methods & mechanisms behind them</p> <p>Customer & target orientation</p> <p>How to meet clients & observe behaviors</p> <p>Knowledge of client groups</p> <p>How to handle conflicts</p> <p>Commitment to help and care</p> <p>Ethical principals</p> <p>Info of funding bodies & public clients, how to find clients</p> <p>Security matters</p> <p>How to build up GC-service concept to match clients' needs & one's own resources</p>

Answers for previous question and table organized under themes:

Framework:

what is possible to do, within GC services (Po), How to build up GC-service concept to match clients' needs & one's own resources (Fi);

Funding and support:

where to get support and resources to start a GC project (P), *have to know whom to ask for further advice (ge)*; There should be an external available advisor as "mobile super vision". Both tasks could be fulfilled by a person of "interface" (Ge); Info of funding bodies & public clients, how to find clients (Fi); The activation of integrated territorial projects and the *search of specific public funding (It)*; Knowledge of the flows of money in the care sector (NL)

Substance:

Expert knowledge (both care and agricultural), Care background (NL)
Knowledge about GC-methods & mechanisms behind them (Fi)

Clients:

different client target groups profiles & their specificities & needs; elements of basic psychology and emergency procedures (Po); Customer & target orientation, How to meet clients & observe behaviors, Knowledge of client groups (Fi); The *deal adequately with the disadvantaged (It)*; *to respond in an extreme case to all different target groups (Ge)*;

Producer:

The capacity to *support two practitioners with a different professional background (It)*; Commitment to help and care & Ethical principals (Fi); Welfare competencies (resistance to stress, commitment, social skills), Social values (NL); Attitude (entrepreneurship & also having the possibilities to employ staff), "Field of tension entrepreneurship and care", Combination of various skills (NL); Empathy (Ge); Sensitivity, Desire to help people in weak positions (Fi);

Partners:

The *search for valuable partners* in other sectors (social-health, labour policies etc) (it); *Networking and partnerships* with public bodies and territorial farms (It); Ability to network & Co-operating skills, Understanding of multi-professionalism (Fi); Setting up and maintaining a good *network (NL)*

Environment (infrastructure, equipment):

how to create the necessary conditions / work environment / support human resources for the clients (Po); Security matters (Fi); How to split up your company if that appears to be more suitable (NL)

Management:

how to simulate and assess the economic feasibility of a GC project, and to manage a GC service (Po); Entrepreneurial skills, Organizational talent, Controlling supervising skills (NL); Problem solving and conflict resolution skills (Fi)

8. b) What kind of **demands for knowledge/competence/ skills** providers GC-services of different educational background should have?

Table: all in one

Needs	Target group 1 Social-health sector	Target group 2 Agricultural sector
Knowledge	<ul style="list-style-type: none"> • Basics about agriculture/ horticulture/ or about natural environment where service is given or produced • Basic elements of organic and multifunctional agriculture 	<ul style="list-style-type: none"> • Basics about welfare systems at different sections of care • Information regarding the different types of clients and their disadvantages. • Basic knowledge to understand the language of therapists
	<ul style="list-style-type: none"> • Where to find support • Funding sources • Legislation • Safety, insurance, occupational health issues • Potential different GC-service concepts • How to build up GC-service concept • Knowledge about SF/GC methods and usage of them • Ethical principles in providing care 	
Competence	<ul style="list-style-type: none"> • Ability to communicate • Ability to cooperate in a broader support network • Ability to face clients and professionals from other fields • Ability to monitor behaviour of partners and clients • Ability to verify the effectiveness of the activities • Ability to understand the principles of used methods • Ability to deal with difficulties and mediate • Ability to the self-reflection • Ability to positive social relationship with clients • Attitude: entrepreneurship & also having the possibilities to employ staff • Desire to help people in weak positions • Commitment and social values • Flexibility, enduring setbacks, resistance to stress • Sensitivity, empathy 	
Skills	<ul style="list-style-type: none"> • Skills to build, run and manage SF/GC service concept • Social skills, networking skills, communicating skills • Integrated planning skills • Entrepreneurial skills • Client and fundraising skills • Customer orientation and target orientation skills • Skills to supervise and give instructions (by each aptitude) • Problem solving and conflict resolution skills • Skills to give recognition 	

9. Do GC-service providers have need to **cooperate** with the social/healthcare sector or with other stakeholders? How do farmers face the co-operational working or learning in **networks**?

Farmers face the co-operational working or learning in networks through Program Agreements, Memorandum of Understanding, conventions, inter-institutional agreements, ATI, cooperatives and consortia networks. Among the success examples regarding these co-operations, there are the agreements between the ASL (Public local health) and Cooperatives and the Area Plans. (Italy)

Cooperation is essential for a support framework, including institutional and financial support. Farmers tend to be individualistic and there is a lot to do to overcome mental barriers to cooperation, and even much false prejudice towards client groups. There are several success cases, mostly related to NGO's involved in GC (CERCICA, CECD Mira Sintra, AFID and many others), but also involving public and private institutions, such as the cooperation between Prisional services and the company PSML, permanently employing prisoners in GC services. (Portugal)

In Germany the cooperation with farmers is often very difficult, because of less time, effort and energy and usual very pragmatic way of running a farm. The routines of the farm operation are hindrance for network meetings. The "rural women" and the farmer's wife could occupy a mediating position in communication with the farmers, because they are not always integrated in agriculture. Cooperation is very important! (Germany)

Cooperation with the social/health sectors is highly recommended. Cooperation is certainly necessary, but not intensively, so that the identity is maintained. The green care provider will have to account for his/her care. (Some care institutes keep the door locked.) (NL)

Multi-professionalism has to be highly valued by GC-providers. Networking and co-operation in different levels of society and community are essential for GC-provider when building up his/her GC-service concept: to match own personal resources to the potential demand, and to find out opportunity, potential clients and funding for the service. Exchange of knowledge and experience is essential. (Finland)

10. What kind of **regulations or legislation** is there for the GC-service providers or for social and health sector in general?

In Italy, Portugal, Germany and Finland there is no specific SF or GC legislation at national level. Instead the *services are indirectly regulated by the laws regulating agriculture, health, social policies and labour.*

In Netherlands Care farms can meet the demands of: the quality hallmark “kwaliteit laat je zien (you show your quality)”; AWBZ-certification; and HKZ certified.

11. What kind of **key projects** there are at the moment concerning GC-services in your country? Where to find the best knowledge concerning GC in your country at the moment?

Italy	Portugal	Germany	NL	Finland
SF	SF	SF	CG	CG
La Tuscia University (www.unitus.it) Pisa University (www.unipi.it) Cosenza University (www.unical.it) Bologna University (www.unibo.it) Teramo University (www.unite.it) Province of Rome (www.provincia.roma.it) INEA (www.inea.it) AIAB (www.aiab.it) ISS (www.iss.it) AIAB (www.aiab.it)	GRAU – Support Group for the Sustainable Development of Urban Agriculture – Escola Superior Agrária de Coimbra (http://webgrau.webgly.com/index.html) project DIANA (Disability in sustainable agriculture: a new approach for training of practitioners) – Associação de Paralisia Cerebral de Coimbra (APCC) (http://www.projectdiana.eu/)	In Germany there is various links on the homepage of the project www.soziale-landwirtschaft.de : workshops for disabled people with connected farms; and intermediation work (e.g. Ludwig Lukas http://www.sozial-projektmanagement.de , Rebecca Kleinheitz: http://www.gruene-werkstatt.de/zusammenschaffenwirwas).	The best knowledge/expertise to be found at the moment on green care in the Netherland is on the sector itself (federation of care farmers); HAS DB; ZLTO; ZonMW; and WUR.	Association Green Care Finland: www.gcfinland.fi ; MTT’s Green Care –pages: https://portal.mtt.fi/portal/page/portal/mtt/maaseutuyritys/mahdollisuuksien/maaseutu/greencare Ministry of Agriculture and Forestry, Rural Policy Committee’s web-pages for the Theme Group of Well-being Services: www.maaseutupoliitiikka.fi/teemaryhmat/hyvinvointipalvelut/green_care Association of Social-Pedagogic Horse-assisted Activities: www.hevostoiminta.net/

Answers for questions: 12. a), 12. b), 13. a) ja 13. b) - all together put in SWOT chart

STRENGTHS / Advantages	WEAKNESSES /Obstacles
<p><i>Italy</i></p> <ul style="list-style-type: none"> -Increased provision of services to people and communities -Increased social inclusion -Greater awareness of belonging to a territory -Recovery and defence of marginal lands -Increase of the defence of the territory -Better protection of the commons <p><i>Portugal</i></p> <ul style="list-style-type: none"> -Maintaining people in rural areas -Potential contribution to maintaining genetic resources and traditional agricultural systems. -Solving some problems of labour demand in agriculture -Contributing to the sense of self worth and welfare of the target population -Appreciation of the rural world and its actors -Savings for the Administration, in social care/health services -Production of goods and services related to agriculture, improving the import/export balance -New sources of income for farms <p><i>Germany</i></p> <ul style="list-style-type: none"> -More healthy people -Long-term cost reduction -Spreading ecological ideas with education & responsibility -Structural support in rural areas / vivid rural areas -Diversification of farms with additional income source -Better image for the individual enterprise and agriculture in general <p><i>NL</i></p> <ul style="list-style-type: none"> -client becomes customer <p><i>Finland</i></p> <ul style="list-style-type: none"> - Use of natural resources improved 	<p><i>Italy</i></p> <ul style="list-style-type: none"> -the lack of a framework <i>law</i> -the lack of the integration of sector <i>policies</i> -the difficulty of <i>networking</i> in order to carry out new projects -<i>funding gap</i> -budget cuts -the lack of specific <i>training policies</i> -the difficulty of access to the <i>land property</i> -the animation gap at local level -the lack of the monitoring activities & lot of new needs -the lack of <i>communication/ information tools</i> -Permanence of <i>negative attitudes</i> and prejudices <p><i>Portugal</i></p> <ul style="list-style-type: none"> -<i>Need for a multidisciplinary team to support social farms</i> -<i>Need for an institutional support network for the client target groups</i> -<i>Complexity of Administration with too many actors involved</i> <ul style="list-style-type: none"> - Lack of public recognition <p><i>Germany</i></p> <ul style="list-style-type: none"> -growing economic pressure on farms: subsidies contrary to diversification <p><i>NL</i></p> <ul style="list-style-type: none"> -natural care in aspects -further developing -developing more green space -think opportunities -more care farms <p><i>Finland</i></p> <ul style="list-style-type: none"> -How to build GC-services in sustainable way by all means (environmentally, socially, economically and culturally) -To keep GC-service genuine and to have a clear definition for GC-service -To keep public bodies and authorities informed in collaborative way

OPPORTUNITIES	TRENDS / Challenges
<p><i>Italy</i></p> <ul style="list-style-type: none"> - application of regional existing <i>legislation</i> - use of specific <i>funding</i> - <i>availability of uncultivated</i> public lands - <i>integration of the social-health sector and the employment</i> - <i>increase of the sensitivity of consumers and citizens</i> - increased space in <i>the media information</i> - <i>greater attention to organic production methods and low environmental impact</i> <p><i>Portugal</i></p> <ul style="list-style-type: none"> - <i>Health (prevention & treatment) through techniques which are not expensive</i> - <i>Inclusion of people with disabilities</i> - <i>Higher efficiency of the system</i> - <i>Creating solutions in multifunctional agriculture systems</i> <p><i>Germany</i></p> <ul style="list-style-type: none"> - <i>Society is developing positively: social professions and "niche products"</i> <p><i>NL</i></p> <ul style="list-style-type: none"> - <i>Small-scale enterprises</i> - <i>Care provided is cheaper and generally better</i> <ul style="list-style-type: none"> -Young people - Education - <i>Higher quality of care provided</i> <p><i>Finland</i></p> <ul style="list-style-type: none"> -Knowledge and functional means used, when building GC-services, could be traditional/ historical/ cultural/ local side by side the modern knowledge of social and health sector and agriculture. - Care provided on farm/ garden/ natural environment opens artless opportunities for usage of functional, experimental or occupational means. - Working and doing things by own hands in natural environment are proven to be therapeutic in several ways. - Means have enormous power when emotions and all senses are involved together with belongingness to a community 	<p><i>Italy</i></p> <ul style="list-style-type: none"> -The affirmation of cultures and interdisciplinary competences -Overcoming of prejudices and discriminatory attitudes -Overcoming the niche dimension -Search for more funding and appropriate regulatory <p><i>Portugal</i></p> <ul style="list-style-type: none"> -Need to create a platform where the SF services can gather for cohesion, interchange of knowledge and experience, and strong lobbying -Need to create the necessary logistics for recruiting workers and companies and for monitoring the activities in SF -Need to find joint solutions / concerted action between ministries and private sector <p><i>Germany</i></p> <ul style="list-style-type: none"> -Public relations and awareness for farmers as well as for governments <ul style="list-style-type: none"> -Clarifying and managing funding -Quality assurance: certification and standards -Tendency towards regulations -Abuse of ideal: wrong copy too early <p><i>NL</i></p> <ul style="list-style-type: none"> - Financing (possible stop of PGB) -Too many people fishing in the same pond -Care is susceptible to trends <p><i>Finland</i></p> <ul style="list-style-type: none"> -To keep GC-service genuine and to have a clear definition for GC-service -<i>To keep providers of GC-services in modest size to avoid bulk production</i> -To keep monitoring and certifying system at a level, not too heavy for small farms or care-providers. -There is a great need for standards, which regulates GC-services. -The standards should enable to build an unique service concept which is not considered as a bulk product. - Too heavy standards for safety and hygiene can be too harsh for natural surroundings. -Ethical principles of providing a GC-service should be clear and sound.

14. Your country's **vision for the year 2020**: Which kind of efforts can a providing of GC-services in your country gain? What are needed steps to get there?

Italy	Portugal	Germany	NL	Finland
SF	SF	SF	CG	CG
<ul style="list-style-type: none"> -National and local networks (Forum) of stakeholders in SF -National framework law regarding SF -Inclusion of educational programs regarding SF in schools -Identifying marks of local products of SF -Dissemination of a multifunctional and sustainable agriculture -Recognition of complementary therapies with animals 	<ul style="list-style-type: none"> -In 2020 we can achieve a reality where the value of SF is recognized. -To achieve this status, it is necessary to draw attention of people who can make decisions in industry, administration, politics and public funding. -Concerted action of ministries, for joint solutions and facilitating the involvement of the private sector -Higher income for multifunctional farms; training and resources for farmers willing to provide GC services 	<ul style="list-style-type: none"> -Increasing number of social farms with broad participation -Network "social farming" has been already built -Good quality management -No rat-race -Legal foundation has been already created -Satisfaction of all parties Increasing in "social" as a setting -Animal welfare, because sick people need healthy animals! <p>Steps towards achieving the Vision in Germany:</p> <ul style="list-style-type: none"> -MAIE-project -developing model projects 	<ul style="list-style-type: none"> -What is possible and what is not has been clearly mapped out -Many clients at care farms -More supply of regional products, also to care farms -Hopefully, existing farms, smaller in size -Strongly dependent on the social vision of the value of care 	<ul style="list-style-type: none"> -The GC-education is build in educational system -The GC-education appreciates life experience -The GC-education appreciates multi-professionalism -The GC-education appreciates adults' further education -There are additional part of GC-education directed to teachers aimed to show how GC-methods can be used -The GC-education appreciates learning by doing, by moving, by experiences, by emotions by all senses and by whole body

Section D: The Ex Ante questionnaire

MAIE-Questionnaire

The first focus group meeting in each partner country will be arranged by May 31 at latest. Each partner country will have its' own focus groups. The MAIE-partners in each country will invite members to the focus group and arrange the meetings. The first task of the focus group in each partner country will be to answer the questionnaire. *When the final version of questionnaire is agreed between MAIE-partners, each partner country will translate the questionnaire to their own language.*

It is crucial that the composition of the focus groups will be rather similar in all partner countries. As many professions as possible should be involved from sectors: farming, social work, justice, health, research (university), administration, education. The focus group should contain at least 5 persons, but should not exceed 8. The focus group shall be set up as soon as possible.

MAIE-partner from each partner country will send the finalized and translated questionnaire to the agreed focus group members in advance (before the first meeting), together with a short introduction of the projects aims, with an explanation what “social farming/ care farming/ providing of Green Care services” means on MAIE-project. This text will not exceed one page.

The members of focus groups will not answer the questionnaire individually by themselves, but focus group will gather together in order to discuss and answer the questions jointly. MAIE-partner will be the chair of the focus group meeting. Discussions and outcomes of the meeting will be collected and documented to the form of questionnaire. The jointly fulfilled outcome of questionnaire will be translated and delivered to Elina Vehmasto, Finland (elina.vehmasto@mtt.fi) by June 15 at latest by each partner country.

The questionnaire will start with general questions, giving the members of the focus group a chance to give input from their different backgrounds and points of view. General question will be followed by more detailed ones and finally by polarizing aspects used in SWOT: focussing on the aim to develop a curriculum within the MAIE project!

See the following page for final questions.

1. How are **concepts** of Social Farming/ Care Farming/ Green Care (providing of Green Care services on farm-like /garden-like surroundings) understood in your country?
2. Which **relevant activities of GC-services** do exist in your country? To what extent is providing of GC-services considered as a business opportunity for farmers or as a new form of social and health care services in public sector or for NGO's?
3. What are the main **actor and stakeholder groups** on GC-services in your country at the moment? Who are the **providers** of GC-services at the moment (private actors, public sector, NGOs, others)? What are the **target groups** (/clients) of such services at the moment?
4. In what kind of **surroundings/ context** GC-services are provided at the moment in your country? (farm/ forests/ gardens etc.)
5. Who usually are **funders** (clients themselves, public sector, joint funding etc.) of usage of GC-services in your country at the moment?
6. What kind of **education** is **available** for GC-service providers in your country at the moment? /Which educational offers do exist in your country?
7. Which level of education and which kind of **educational background** the GC-service providers usually have in your country at the moment? What kind of needs there are to join an extra GC-educational module or course?
8. What kind of problems do green care farmers face during their work?
What kind of **demands for knowledge/competence/ skills** providers GC-services of different educational background should have? Are there any lagoons in the knowledge of the green care farmers? Please fill the Table below.
9. Do GC-service providers have need to **cooperate** with the social/healthcare sector or with other stakeholders? How do farmers face the co-operational working or learning in **networks**? What kind of **success stories** there exists in your country concerning co-operations in providing GC-services?
10. What kind of **regulations or legislation** is there for the GC-service providers or for social and health sector in general?
11. What kind of **key projects** there are at the moment concerning GC-services in your country? Where to find the best knowledge concerning GC in your country at the moment? Please provide written material like reports etc. (also in national language!) to the MAIE-team!
12. + Can you identify **opportunities** which may cause that providing of GC-services will probably increase in your country in near future? What kind of them? - Can you identify **obstacles** which may cause that providing of GC-services would not increase in your country? What kind of them?
13. + What are **advantages** if providing of GC-services would increase in your country? - What are **challenges** if providing of GC-services would increase in your country?
14. Your country's **vision for the year 2020**: Which kind of efforts can a providing of GC-services in your country gain? What are needed steps to get there?

Demands	Target group 1	Target group 2	...
knowledge	<ul style="list-style-type: none"> • ... • 	<ul style="list-style-type: none"> • ... • 	
competence	<ul style="list-style-type: none"> • ... • 	<ul style="list-style-type: none"> • ... • 	
skills	<ul style="list-style-type: none"> • ... • 	<ul style="list-style-type: none"> • ... • 	

Table for the question 8.

Section E: Contents of the national focus groups

Germany's Focus Group

Evelyn Franke, Camsin e. V. Weimar Weimar (Agricultural engineer, working with animals in the therapeutic range)

Evelyn Franke is an agricultural engineer for animal production and has a teaching instructor permission. Since 2002 Mrs. Franke works for the Thüringer Ökoherz. She arranges projects for kindergarten and school. Inspired by Thüringer Ökoherz and agriculture (horses) she became involved with social work. Currently Mrs. Franke offers nature- and animal-assisted therapy in cooperation with a day-care institution. Therefore she founded an association for people with mental illness and disability in 2007.

info@camsin.de, www.camsin.de/

Anne Katrin Rode, Boje e. V. (Association to support young offenders)

Anne Katrin Rode, who used to work in the free economy in Italy, has been working for ten years for Boje e. V. and is now managing director since 2009. Boje e. V. supports young delinquents aged 14 to 22 years in various projects, such as a herb garden.

info@die-boje.org, www.the-boje.org

Viola Ferrari, Boje e. V. (Social therapist at Association to support young offenders)

Viola Ferrari is social therapist specialized in addiction and agro-technician for biochemistry ("The type of farming was not for me"). For 20 years she works with young people and runs a small farm as a sideline.

"I'm happy and my animals are happy."

zimmer3@online.de, www.the-boje.org

Presentation of the staff of the MAIE project

Marika Krüger, Thüringer Ökoherz (Social work)

Marika Krüger studied social work in Erfurt, participates in environmental and nature projects and now works for the Thüringer Ökoherz, mainly in the MAIE project and the networking of social farms in Thuringia.

m.krueger@oekoherz.de, www.oekoherz.de

Alexander Seyboth, Thüringer Ökoherz (Horticulture, consultant in organic farming)

Alexander Seyboth studied horticulture. He worked as a consultant in organic farming and is involved in a communal garden project of the BUND. He is currently managing director of the Thüringer Ökoherz and engaged in social agriculture. He supports the regional networking of social farming in Thuringia. Further, he initiated the project MAIE.

a.seyboth@oekoherz.de, www.oekoherz.de/

Dr. Thomas van Elsen, PETRARCA (biologist and vegetation expert and teaches landscape ecology)

Dr. Thomas van Elsen is biologist and vegetation expert and teaches landscape ecology at the University of Kassel, Witzenhausen. Since the founding of the European community of practice "Farming for Health" in 2004 he conducted several projects on social agriculture. Currently he is working on the structure of the German association of social farming.

Thomas.vanElsen@petrarca.info, www.soziale-landwirtschaft.de

Eva-Maria Doerr, PETRARCA (Social work, organic farming)

After a volunteer year working with disabled people Eva-Maria Doerr studied social work in Hildesheim. Now she is studying organic agriculture at the University of Kassel, Witzenhausen. Since July 2011 she is involved in the MAIE project.

Eva.Doerr@petrarca.info

The Nederland's Focus Group

Arjan Monteny, Taskforce Multifunctionele Landbouw (Ministry of Economics, Agriculture and innovation).

Arjan Monteny is the knowledge coordinator of the Task Force Multifunctional Agriculture. He is responsible for implementing the Task Force activities around knowledge and entrepreneurship. He provides connections between the knowledge network and other activities of the Taskforce. Focus areas are the knowledge network, research programs, public relations and entrepreneurship.

email: a.monteny@multifunctionelelandbouw.nl

www.taskforcemultifunctionelelandbouw.nl

Jos Loman Novadic Kentron (care institution for addicts)

Jos is senior employe at Novafarms. Novafarms are a part of Novadic-Kentron. Novadic-Kentron is engaged in all aspects of care and treatment of drug addicts. The different types of care and treatment offered, depend on patient and type of treatment required. Novadic is allocated in East-Brabant and, with over 400 employees, is one of the larger suppliers of drug addiction treatment in the Netherlands. Kentron's 200 personnel cover West- and Middle-Brabant and provide's care for people with addiction problems. Since 01.01.2004 Novadic and Kentron are one organisation: Novadic-Kentron. NovaFarm Carefarm was succesfully developed by Novadic and provides a new way of integrating people back into society.

email: jos.lomans@novadic-kentron.nl

www.novadic-kentron.nl

Eric Valstar, Pantein (several care institutions)

Pantein offers a wide range of services in health, housing, welfare and care. Through cooperation in Pantein and with GPs and other partners they are able to offer care and service that suits you the best.

email: e.valstar@pantein.nl

www.pantein.nl

Marlie van Santvoort, Provinciale Raad Gezondheid, (independent advice organisation for healthcare)

The Provincial Health Council is an independent advisory body on health for the province of North Brabant. The council identifies, addresses and advises on major lines of policy for all sectors that affect health. This is done from the general public interest of all residents of North Brabant. The opinions are characterized by the provincial scope, and the integrality and the link between local and regional developments.

email: M.vansantvoort@provincialeraadgezondheid.nl

www.provincialeraadgezondheid.nl

Piet van IJzerdoorn, Zonnehoeve, (care farmer)

Piet van IJzerdoorn is a farmer and care coordinator of 24-hour care at Zonnehoeve. Zonnehoeve farm started in 1981 and is one of the oldest biodynamic farms in Flevoland. Zonnehoeve offers several possibilities of care and lodging.

email: Piet@zonnehoeve.net

www.zonnehoeve.net

Bert Cordewener, Stichting Buitengewoon, (care farm)

The foundation ' Buitengewoon' aims to establish and maintain a living and working farm for people with mental, physical and / or multiple disabilities. The live and work is not linked.

In other words, there are people who don' t work on the farm and there are people who work on the farm but don't live there.

email: b.cordewener@planet.nl

www.stichting-buitengewoon.nl

Anneke de Geus, Pimpernel (care farm, nursery and market garden)

Planterij the Pimpernel is an independent private company which offers daycare for different target groups. This Foundation is a social initiative by Anneke de Geus. She uses her long and wide experience as anagogic counselor for tailored guidance in the green company.

email: info@planterijdepimpernel.nl

www.planterijdepimpernel.nl

Rita Hanekamp, project manager and lecturer at AOC Groene Welle, (vocational education)

AOC Groene Welle (vocational education institute) offers a course for students who are interested in working (with clients) at a carefarm. This course consists of theory lessons, assignments and projects that are related to a particular subject from industry. Students work in clusters which are divided into learning activities. The course consists of 4 years.

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the staff of the MAIE project

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Italian Focus Group

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Maria Grazia Mammuccini, FIRAB - Italian Foundation for Research in Organic and Biodynamic Agriculture (mariagrazia.mammuccini@gmail.com)

Paolo Scarpino, agronomist, free lance (paol.s@tiscali.it)

AGRICULTURE

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Salvatore Basile, agronomist and project manager (basile@aiab.it)

Anna Ciaperoni, responsible of the Social Farming sector in Aiab (a.ciaperoni@aiab.it)

Portugal's Focus Group

National Institute for Rehabilitation, public institution under the umbrella of the Ministry of Labour and Social Solidarity:

- National Institute for Rehabilitation, I.N.R., represented by **Fátima Alves** and **Graça Pissarra**.

Institute of Employment and Vocational Training, under the Ministry of Economy and Employment:

- Institute of Employment and Vocational Training, represented by **Olívia Matos**.

Prison Services, public institution under the Ministry of Justice:

- General Directorate of Prison Services, public institution under the Ministry of Justice, represented by **Jorge Monteiro**.

Local administration:

- Municipality of Cascais, Agenda Cascais XXI, represented by **André Miguel**.

Private Institution of Social Solidarity:

- Cercica, Social Cooperative, Private Institution of Social Solidarity, represented by **Luísa Simões**.
- CSCD Mira Sintra, Social Cooperative, Private Institution of Social Solidarity, represented by **Ana Rodrigues**, psychologist.

Organic farmer:

- Quinta do Montalto, organic farm, represented by **André Gomes Pereira**, farmer.

Agricultural education:

- Escola Superior Agrária de Coimbra, agricultural college, represented by **Pedro Mendes Moreira** and **Maria Filomena Miguéns**.

AGROBIO – Portuguese Association for Organic Agriculture:

- AGROBIO – Portuguese Association for Organic Agriculture, partner in the project 'MAIE', and coordinator of the Portuguese Focus Group, represented by **Jaime Ferreira**, **António Vieira Lopes** and **Alexandra Costa**.

Finnish Focus Group

Education:

- **Anu Pajala**, Planner, Federation of Education in Central Ostrobothnia, Kannus, Ollikkalankatu 3, 69100 Kannus, email anu.pajala@kpedu.fi
- **Anne Törn**, Teacher, University of Helsinki, Ruralia Institute, Lönnrotinkatu 7, 50100 Mikkeli, email anne.torn@helsinki.fi

Social work:

- **Pirjo Leppänen** Special educational teacher & **Jussi Leppänen** Managing director of a child care and housing institution – Social worker, Lehmuskolo Inc., Vanhakoivistontie 12, 28360 Pori, email firstname.lastname@lehmuskolo.fi

Rehabilitation:

- Joyce Collin-Kajaala, Occupational therapist, email joice.collin@hotmail.com

Care farm:

- **Pirkko Kivikari**, Farmer and raiser of lamas and alpacas (also for care purposes), Farm Ylitalo, Takajärventie 125, 13500 Hämeenlinna (Hattula), www.ylitalonalpakat.fi, email pirkko.kivikari@alpaca.fi

Employment:

- **Raija Lääperi**, Master of Economic Services, National Institute for Health and Welfare, Development of the Service Systems' Unit, Jyväskylä, PL 35, 40014 University of Jyväskylä, Address for access: Agora C513.2 (floor 5), email raija.laaperi@thl.fi
- **Riitta Pursiainen**, Coordinator, Town of Hyvinkää/ Employment Services, TYP, Hämeenkatu 3 C, 05800 Hyvinkää, email: riitta.pursiainen@hyvinkaa.fi (varalla: Aki Leinonen, TYP, Hyvinkää)

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