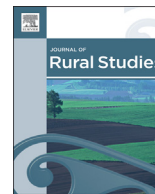




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Social farming in Catalonia: Rural local development, employment opportunities and empowerment for people at risk of social exclusion



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ABSTRACT

Social Farming (SF) engages groups at risk of social exclusion in agricultural activities with the aim of including them in society, providing them with job opportunities, and empowering them. This phenomenon materializes in many forms throughout Europe, and is known by many different names, including Green Care in Agriculture, Care Farming and Farming for Health, forms that combine agricultural work with health and social services (care). In various European countries, SF enjoys an advanced stage of development, social visibility, and institutional support. In Catalonia, SF is still in its early stages, an innovation that is progressively becoming consolidated and serving as an instrument to facilitate sustainable territorial development. This article provides an analysis of the status quo and the dynamics of SF in Catalonia, as the first objective, where there has been little study of this phenomenon, based on the creation of a database of existing projects, in-depth interviews with those who manage the entities and an analysis of the sector's strengths, weaknesses, opportunities and threats (SWOT) based on the information collected during the field research. It also provides case studies of selected initiatives that identify key characteristics, management models, and level of social impact based on Business Model Canvas (BMC) and Social Return on Investment (SROI) analyses as a second objective. This dual approach allowed us to show how SF has taken shape at our regional scale, which actors have intervened, and elements that have supported or obstructed this new practice. It also showed the type of entities in existence, their specific characteristics, and their social impact in order to understand how SF is structured in this specific territorial and social context.

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1. Introduction

Social Farming (SF) gives agricultural practices new meaning, going beyond the productive aspect to provide a social function primarily intended for groups at risk of exclusion. These groups gain an employment opportunity that integrates them into society by empowering them and providing the resources they need to live more independently and with dignity. SF activities also benefit the local population by facilitating the creation of needed health and social services and generating multi-functionality and value-added processing and marketing of quality food products, achieved with

social justice and environmental sustainability (Guirado et al., 2014).

SF can be defined as a process of integration and empowerment of groups at risk of social exclusion, by way of their participation in agricultural activities and food processing. Integration includes job creation or training, along with therapeutic measures if needed. Implementation of SF projects, the type of entities involved, their legal status and funding, and collaborations between public and private institutions depend on the health system and social policies of each country (Tulla et al., 2014). In northern Europe, the term Green Care (GC) is most often used for initiatives with the same objective as SF: empowerment through agricultural activities.¹

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¹ The COST (European Cooperation in Science and Technology) programme carried out an extensive study of Green Care in Europe (COST Action 866-Green Care in Agriculture), analysing this phenomenon in various European countries. Most of the countries were in central and northern Europe, with the exception of Italy (Desseis and Bock, 2010).

However, unlike SF, the GC initiatives prioritize the therapeutic use of natural elements (plants, animals, landscape), which establishes a client relationship between the GC management entities and members of groups at risk of social exclusion (Leck et al., 2014; Bragg and Leck, 2016).

The emergence of SF in rural and peri-urban areas has been encouraged by the transformation of agricultural activity from productivism, exemplified by the Green Revolution in the mid-20th Century, to multifunctionality. This process integrates multiple aspects of rural development, as farming is increasingly residual (Armesto, 2005) and new entrepreneurs are bringing new awareness, new values and new ways of producing, processing, and marketing food (Sevilla, 2006; Vivas, 2010; Monllor, 2013). In this sense, we reviewed the literature to establish the available body of theory and gain a broad understanding of the implementation and dynamics of SF and GC in Europe.

SF is part of the social and solidarity economy (SSE) that develops in the non-profit sphere. Human capital is the central SSE value, and it is based on conceptual assumptions of “progress” and “wealth” that differ substantially from the capitalist economy. It prioritizes social and environmental well-being over perpetual growth and monetary gain. The SSE sector has traditionally been made up of cooperatives, associations, charities, or mutual aid societies, but now these premises have been taken up by some business sectors. An increasing number of organizations are introducing social objectives into their economic activity and developing business plans that respond to social problems (Laville, 2015; Defourny, 2001). In this sense, the momentum that gave rise to SSE, as well as the policies and programs that have made it possible (Chaves and Monzon, 2012), encouraged the growth of SF experiences across Europe.

This study had two objectives and two levels of analysis. The first objective was to develop a database of SF initiatives in Catalonia and analyse their characteristics; in a southern European territory, where there has been very little study of this phenomenon. We also carried out surveys, conducted in-depth interviews, and studied strengths, weaknesses, opportunities and threats (SWOT analysis) to obtain a detailed image of the sector. The second objective was to identify key characteristics, management models, and the social impact of selected SF initiatives, using a case study approach. The Business Model Canvas (BMC) was used to characterize how SF projects operate from a business perspective. We also identified the principal stakeholders and the social, economic and environmental impacts, and calculated the Social Return on Investment (SROI) of the selected SF projects (Narrillos, 2012). The SROI methodology is a useful tool for the holistic assessment of SF benefits to participants, the environment and society in general (Leck, 2012; Leck et al., 2016).

2. Social farming: a theoretical and conceptual approach

2.1. Spatial dynamics and sociocultural patterns

For decades, agriculture has been experiencing a profound transformation (Marsden et al., 1990; Hoggart and Paniagua, 2001; Woods, 2005). In Europe, the industrialization of agriculture after World War II led to major changes in traditional farms, focusing on obtaining the maximum yield (Bowler, 1996; Lockwood, 1999) and relegating those who were not “competitive” to a marginal place within the sector, condemned to eventual abandonment. This was especially true in some regions on the periphery of South Europe (Arnalte-Alegre and Ortiz-Miranda, 2013). In the 1980s, the productivist transition lost energy and rural areas began to undergo structural change and experience major socioeconomic changes (Bowler, 1985). In this new stage, new functions, forms of

production and technological advances were incorporated into agriculture, allowing diversification of the rural economy (Armesto, 2005). This diversification of farms caused people to find common ground with the healthcare sector and non-profit (third-sector) organizations. Projects began to be developed that linked agricultural work with ways to improve the quality of life for some social groups at risk of exclusion, promoting the SF phenomenon across Europe (Hassink and Van Dijk, 2006; O'Connor et al., 2010).

Since the end of the first decade of the present century, the effects of the economic crisis have affected health and social services systems in many European countries, causing structural imbalances and major health consequences for the European population (Karanikolos et al., 2013). Public health costs are growing exponentially due to factors such as population aging, the growing presence of degenerative and chronic diseases, and the unhealthy lifestyle habits of a large part of the population. This increased demand for public health services, together with the high debt burden of countries that must guarantee universal access to health services, causes the collapse of the social services system. As a result, there is decentralization, privatization, socialisation and deinstitutionalization of the health and care, along with strategies to reduce the public expense of maintaining the welfare system (Esping-Andersen, 1996; Huber and Stephens, 2001; Maarse, 2006). This leads to reductions in medication subsidies, the introduction of co-payment systems for treatments and social services, outsourcing of social services to private companies, or decentralization of care. For example, people with disabilities or mental disorders may receive care from the non-profit sector, the private sector, or directly from family members (Saltman et al., 2006). This generates debate about the survival of the welfare model and the need to reconfigure it to ensure economic sustainability and universality of the system, as well as the quality of services and the relationships between users, professionals and other care providers (Andrews and Evans, 2008).

In this context, SF appears to offer solutions to some of these current problems, especially in rural and peri-urban areas (Lanfranchi et al., 2015). These solutions arise from citizen involvement and participation as they seek to fill the gaps (and often the inefficiencies) of public policies with the creation of innovative projects, providing alternatives born out of dissatisfaction with the neoliberal approaches being used in social services, rural and local development, agricultural policies, and the agro-food model (Hassink, 2003).

In the late 20th Century, an attempt was made to conceptualize new food production practices and policies at the international level (Murdoch and Miele, 1999; Renting et al., 2003; Ploeg, 2008), articulating a new paradigm of rural development that involved a shift toward the appreciation of local food products and quality (Marsden, 2004; DuPuis and Goodman, 2005; Miele, 2006). This process has been conceptualized as the ‘quality turn’ (Goodman, 2004), a transition that relegates a farm’s productivity to the second tier and focuses on commitment to product quality and the traceability and transparency of the process as a defining element, as opposed to ‘secrecy’ in processes of industrial food production (Ploeg, 2010; Kirwan and Maye, 2013). Numerous instances of food safety problems have generated growing doubts among the population about controlling the processes of industrial food production, which has led to changes in consumption patterns (Guidonet, 2010; Medina, 2010; Levenstein, 2012). This change has caused a major modification in social referents and images about food consumption and geographies of food; part of the population is now attracted to certain elements, standards and practices related to what is traditional, authentic, local and natural, especially in the food and agriculture sector but also in lifestyles and consumption patterns. Health-related changes in consumption patterns and

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