

NORTH-WEST EUROPE INTERREG - UK PROJECT DEVELOPMENT

(MAX. 2 SIDES)

Project Title: UrbSFarm

Lead Partner: Oldham Council, Greater Manchester, UK

Objective

What are you doing; for who; why? Value for money should be demonstrated.

The proposal has been developed to address TOA3 – delivering societal benefits through innovation. We aim to develop a number of social farming enterprises in the partner regions leading with the creation of a model self-sustaining urban care farm in Oldham with the other regions learning from this and developing their own as a main outcome of the project.

The traditional model of care farming uses the whole or part of a farm to provide health, social or educational care services for one or a range of vulnerable groups of people and provide a supervised, structured programme of farming-related activities, including the provision of social prescription. Increasingly, care farms are being referred to as social farms, to move away from the perceived clinical definition of the former. Currently, social farms are mainly situated within rural contexts and are somewhat small-scale in nature, often distanced from the communities who could benefit from them most.

The key focus of UrbSFarm will be the potential for care farms in an urban setting, specifically utilising publicly owned green assets (including existing parks as well as unused green spaces), to impact on mental health in the priority target urban communities; consequently reducing pressures on conventional medical and social public sector services – thus creating a ‘virtuous spiral’ of beneficial outcomes and reduced costs for the public sector in return for an innovative use of assets.

At the heart of this project will be a demonstration of the use of publicly owned urban social farms for social prescription, a concept which involves using nature as opposed to more traditional medical interventions. In this sense, understanding ways in which a publicly owned urban social farm can provide major societal benefits through relieving pressure on conventional health and social services in NWE countries. Whilst there is a developing literature base on social farms, there is still little information on their role within the social prescribing environment, despite evidence suggesting that spaces can help to provide the following health improvement services:

- Reducing social isolation and loneliness
- Reducing anxiety and stress
- Reducing depression
- Increasing access to healthy food
- Improving physical activity
- Individual and community wellbeing

Evidence suggests the potential of social farms to make significant impact on the above challenges, whilst providing value for money, with Social Return on Investment (SROI) scenarios demonstrating significant impact. The project will extend this social investment approach to demonstrate the potential for social enterprise to maximise the opportunities of natural capital, physical and social assets, thus providing sustainability for the project by building community-based capacity to ensure long-term impact.

Need

What is the big challenge or problem in the territory which your project addresses?

Within urban areas, there are a significant number of people in NWE who are living with a long-term poor health conditions. Invariably, people with long-term conditions access primary and secondary care services more regularly. A recent report by Kimberlee (2016) suggested that 20% of visits to a GP in the UK were based on social rather than physical or medical reasons. It is now timely to consider non-medical approaches that could help support the community and promote individual resilience, health and well-being. Over the past 20 years, a substantive evidence base has emerged within the urban areas of NWE that reports the health and wellbeing benefits of green spaces through interventions such as social farming, urban growing and other nature-based interventions.

The use of nature-based interventions to promote wellbeing through social prescription is gaining momentum and can have a positive impact on key health indicators and in particular, long term conditions. As a resource, social prescribing can ensure a more cost effective use of health resources, help improve physical activity and thus prevent coronary heart disease through inactivity; a secondary and significant outcome is the reduction in the occurrence of type 2 diabetes through reduced obesity levels.

Demand / Market Failure

Why should public Interreg funds be used to address this problem? What is the need for public intervention, which will not be provided by the market? How does it match NWE priorities?

Research and practice around urban social farming is still in its infancy, particularly concerning upscaling activities using public assets and its potential within the social prescription movement. With urban populations rising and healthcare issues every increasing, particularly with populations experiencing mental health issues within the NWE context, radical measures need to be explored. Social farming offers an opportunity to critique and implement change on the ground in some of the most deprived areas in NWE; moving the practice from its traditional rural heartland to the urban environment and exploring opportunities to divert pressure away from traditional health services. The nature of the topic and issues at hand result in a need for public intervention to act as a catalyst for wider activities in the field. The concept of a social farm crosses all of the major NWE themes, exploring opportunities for innovation and enabling social enterprises, pioneering new ways

of growing in cities and creating a more sustainable future alongside pursuing a low carbon agenda; with the latter, many social farms act as sustainability hubs, involving energy saving measures and other forms of technology.

The core problem identified is the rise in mental health conditions within NWE partner countries. In Oldham for instance, estimated prevalence of common mental disorders was 20.6% (2014/15 CCG estimates), much higher than the UK average of 15.6%. Eurostat reveals a similar picture across the continent, with some 14% of hospital beds in the EU being occupied by patients with mental health issues; the reporting body also mentions that mental health disorders make up the large category of diseases in the EU. Scoping work, undertaken by the team, reveals the potential of social farms to make a positive impact on reducing this number, yet hard data does not exist within an urban context around these interventions. Public intervention is needed in this case to help relieve pressure and explore innovative, sustainable solutions to tackling the mental health crisis facing NWE partners.

Actions

What activities will your project deliver, which are in support of the project objective? In each case, ask yourself whether the action is justified by the objective you have set yourself. Value for money should be demonstrated.

The over-arching aim of this project is enable urban social farming in NWE partner countries and to critically explore its potential as a tool to tackle mental health issues through a social prescribing approach. This aim will be achieved with the following objectives:

- i) Engage with local stakeholders to identify sites for urban social farms on public assets in each region
- ii) Conduct a review of social farming practice and novel mental health interventions already existing within NWE countries through primary and secondary data collection
- iii) Evaluate different models of social farming and identify the best model to be employed at the sites selected
- iv) Create a robust business case, using the data from objectives ii & iii to design a social farm for each NWE partner space together with its associated entrepreneurial opportunities
- v) Implement the urban social farms in each region
- vi) Undertake an analysis of the interventions using **'INSERT TOOL'** to determine the impact on mental health in the areas selected
- vii) Provide recommendations and a framework for replicating the approach across NWE countries and the wider EU region

Obj-i and ii will involve site visits and extensive use of Skype and other tools to reduce costs, enabling the collection of data through partners and other means. Obj-iii links well with the first objective, enabling site visits and social value to be determined whilst partners are on-site. Obj-iv will ensure the sustainability of the social farms, with data derived from the first two objectives. Obj-v will involve the creation of social farms in suitable locations. Obj-vi will provide an indication on the

social farm's ability to impact on mental health in the areas. Obj-vi will ensure project findings can be replicated, both within the NWE area and further afield.

Results

What is the change your project will create? What tangible outcomes will your project deliver on the ground? Focus particularly on results that will last after the project has finished. Do these results address the original need or challenge identified? Include the societal benefit of your final product/services/solutions. Value for money should be demonstrated.

The project will advance urban social farming practice in NWE and create several new spaces in partner countries, enabling states to move away from conventional models and draw on nature-based interventions; opening up an avenue to social prescription and alternative solutions to major healthcare issues (particularly around mental health). Sustainable social enterprises will be created to deliver the social farm models, working closely with national organisations, such as Social Farms & Gardens in the UK. The evidence base demonstrates the significant impact of social farms on urban populations and, with this project advancing the movement and creating new projects, it will enable direct impact/benefits for those within the case study sites.

Tools, such as WEMWBS (The Warwick-Edinburgh Mental Well-Being Scale) will be used to determine the impact on mental health in the locations selected. The tool will also be applied to existing social farming infrastructure in partner countries, to explore the long term benefits of the practice and models to be developed. The tool has mostly been used in the UK as a validated tool for measuring mental health among the ages of 13-74; there is limited use within the wider NWE context and thus this project presents an opportunity to expand the tool's use.

Partnership

Why this partnership? What does the transnational element of the partnership bring to the project? All funded projects must involve partners from at least 3 different countries, 2 from within the NWE region, with a joint approach to tackle a common issue.

We are looking for local government, national social farming organisations, academics, health trusts, national health bodies and other key actors from the [Northwest Europe Interreg area](#).

Risks

Any key risks should be identified and mitigated against.

The financial sustainability of social farms is a potential risk; mitigation here is through Obj-i and Obj-iii that will ensure a suitable model is selected for the location in question. Delivery agents will also form part of this process, ensuring that the social enterprises, who will coordinate the social farms, will be involved directly within the decision-making processes. The partnership is built on pre-existing links and thus risk around the group working together are mitigating through historical ties, for example, the UK team has worked with several partners as the Management Committee on the COST Urban Agriculture Europe and COST Urban Allotment

Gardens in European Cities programmes.

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