MODULE 3

Social Farm Activities
for Rural Management Services Course

Social FARMS

Social Farm Activities for Rural Management Services | Project: 2020-1-IT01-KA202-008463

MODULES

1 SOCIAL FARM TUTOR

2 SOCIAL FARM MANAGER

3 SOCIAL FARM EDUCATOR

4 TUTORIAL

MODULE 3 SOCIAL FARM EDUCATOR

1. INTRODUCTION TO SOCIAL FARM EDUCATOR

The Social Farm Educator (SFE) is the link between the Social Health Services, Manager and Tutor. While the Farm Manager is more or less responsible for the framework conditions in the implementation of accompaniment and therapy on farms and the Tutor is in the daily implementation with the respective persons, the Educator keeps track of both areas. The Educator takes care of the implementation of therapy plans given by the Social Health Services; the target group is introduced to the social farm and the activities by the Educator, if needed. He/she keeps track of the development of the disabled people and intervenes in a guiding way; He/she maintains the communication between the individuals' social environment (e.g., family), needed therapists (if needed), social health services, operations manager, and tutor.

The Social Farm Educator is an EQF (European Qualification Frame) 5 or 6. And the educational background is usually based on social, psychosocial and psychological sciences.

The SFE can be employed or Self employed.

The landscape of social farms is vast. The areas of application of farms in this context range from therapy farms to rehabilitation farms, (sheltered) workshops and farms for work integration.

Therapy farms can offer therapies such as occupational therapy (to promote attention, concentration, stamina, coordination, etc.) or behavioural therapy. The aim is to improve acute conditions or to have a preventive effect.

Rehabilitation farms aim to integrate successful therapies and to consolidate them in the long term.

The social farm can be used as an instrument in terms of sheltered workshops and daily care.

Farms for work integration offers trainings with the aim of (re-)inclusion people to work as a part of self-determined and independent life.
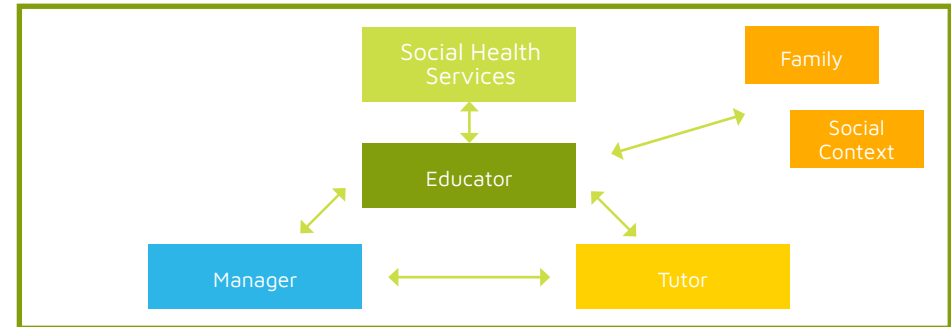
The Target Group of the SFE has a wide range: It ranges from people who need simple support, to people who initially need more intensive accompaniment and therapies.

The task of the SFE is first and foremost to support people of this target group in their inclusion on the farm. This ranges from a simple to intensive accompaniment over several days to an overview, adaptation of possibilities on the farm, and the provision of support to the tutor, the Farm Manager and the family or social environment of the participant.

1.1 The Social Farm Educator- Role and tasks in short

The main task of the Social Farm Educator is thus to support the inclusion process of people with support needs on the farm and ultimately in society through:

- Initial accompaniment of the target group on the farm.

- Close communication and cooperation with the Social Health Services, in order to develop suitable therapies and/or counseling-plans.

- Adaptation of the conditions on the farm with manager and tutor, in order to be able to carry out accompaniment goals or therapies.

- Close communication with family and, if necessary, social environment, in order to include support goals and therapy goals also outside the farm.

The Social Farm Educator should therefore have the following competences:

- Communication skills

- Team competences

- Cooperation skills

- Learning competences

- Organizational skills

- Competences to deal with flexibility

1.2 The Social Farm Educator- Attitude

Attitude

One possible definition of Attitude:

Attitude generally refers to a person's inner attitude and is manifested in their actions.

Through it, morally justified or justifiable values and norms are realised.

The attitude is thus a basic attitude that shapes thinking and action (Schwarz 2018)

Because of the work with different groups of people and different circumstances, the social farm educator needs a high degree of communication skills and flexibility. In principle, they should meet all groups of people on equal footing. It is important that they offer support in the sense of self-empowerment. Inclusion means "accompanying" rather than "leading". He/she helps people to find ways for themselves.

This means in further consequence: Acceptance of the participant's situation and respect for his/her current solution model.

2. REHABILITATION AND SOCIAL FARMING

As already described in the introduction:

Therapy farms can offer therapies such as occupational therapy (to promote attention, concentration, stamina, coordination, etc.) or behavioural therapy. The aim is to improve acute conditions or to have a preventive effect.

Rehabilitation farms aim to integrate successful therapies and to consolidate them in the long term.

2.1 Social Farming Inclusion Criteria

Definition of inclusion:

"As a sociological term, the concept of inclusion describes a society in which every person is accepted and can participate in it on an equal and self-determined basis - regardless of gender, age or origin, religious affiliation or education, any disabilities or other individual characteristics. In an inclusive society, there is no defined normality that every member of this society has to strive for or fulfil. Normal is only the fact that differences exist. These differences are seen as enrichment and have no impact on the self-evident right of individuals to participate. It is the task of society to create structures in all areas of life that enable the members of this society to move within it without barriers."

http://www.inklusion-schule.info/inklusion/definition-inklusion.html

The aim of inclusion with the help of the social farm is therefore to accompany the people of the target group and to develop possibilities with them to participate and live in society with their abilities. This can also mean that the target person temporarily works on the farm, and after an appropriate accompaniment, solutions for independent living can be found.

Inclusion thus encompasses a wide range and, as in fractal geometry, extends from overarching social structures and attitudes to working directly with persons with special needs.

Directly on the farm, the following considerations have an influence on inclusion:

- **Size:** the scope and number of tasks

- **Time:** the amount of time available

- **Level of support:** personnel and technical support

- **Input:** type of instructions

- **Output:** The way in which the target person can communicate

- **Difficulty:** degree of difficulty of the tasks

- **Participation:** involvement in activities (also outside farming activities)

- **Premises (Space):** can the person feel comfortable, does the space meet his or her requirements

At the meta-level, the following influencing factors can work:

- **Goals and strategies:** transparent communication with all stakeholders about goals and strategies to enable inclusion.

- **Co-operation with family and social environment:** everyone should pull together, transparent communication can help with this

- **Encouragement of independent and responsible action:** free decision-making also means responsibility.

- **Communication:** among all involved; appreciative, polite, fair, supportive

- **Professionalism:** through documentation, evaluation, feedback and supervision opportunities

2.2 Social Health Services and Social Cooperatives

SHS and social cooperatives are organized and structured in different ways in Europe. In general, the tasks can be described as follows:

- **Definition of the objectives** (e. g. therapeutic, achievement of professional, social or personal or transversal competences...).

- **Assessment** of the appropriate measures to achieve the goals (various therapy offers such as animal-assisted intervention, occupational therapy, allocation to various social services).

- **Approval**, allocation and processing of financial grants for the appropriate measures.

- **Evaluation** of the successes and, if necessary, adaptation of the measures taken and allocations made.

- **Monitoring the situation on the ground.**

2.3 Social Farm Educator and Individual Placement Support

The social health service cooperates closely with the farm manager on issues related to the framework conditions. The social health service also assigns the farm educator with the implementation of the measures in the sense of the inclusive idea.

The goal of the on-site educator is to ensure that the involvement of the target person is successful. Different factors can be responsible for this (starting with the adaptation of the conditions on site):

Adaptation of the conditions on site:

- a pleasant atmosphere on the farm creates trust and gives security.

- barrier-free access: people with physical disabilities should have access to all areas.

- Visual aids for orientation: simple pictograms, appealing recurring color selection give many groups of people orientation and thus security and well-being.

- Retreat possibilities: Especially autistic groups and people with psychosocial problems need opportunities to retreat in order to be able to process impressions.

The SFE checks the conditions on site and suggests possible adaptations.

Accompaniment and assistance with the work assignments:

- Depending on the target person, different lengths of accompaniment and assistance are necessary. The aim is to avoid overburdening the participant and to relieve the tutor of this task so that he/she can concentrate on the daily work with the other persons of the target group. The accompaniment can last a few days, but also only a few hours. The duration is determined in cooperation with the SHS.

- Assistance can also be identified at an individual level. They range from visual, auditory aids, diaries or other personal records to technical aids. The use of assistive devices can also be learned.

Safety at work: an important issue as people often suffer from short-term memory or lack of concentration. It must be ensured that sources of danger are recognized and named. Possible responses can be elimination but also explanation and practice in dealing with the sources of danger (e.g. electrical devices).

Health at work: Agricultural activities often require a high level of physical effort. The right movement patterns, the right amount of activity and rest breaks, and the right diet all play a major role. Individual attention and appropriate support are crucial here.

Accompaniment and assistance in social contact: People who have experienced social inequalities, for example, or suffer from mental and psychological illnesses, may have difficulties in approaching their environment openly. It is then the educator's task to recognize this and act in a supportive way.

2.4 Tasks of the Educator within the Social Farm Rehabilitation Paths

On a farm, there are various possibilities for therapies and rehabilitation of persons. This depends, among other things, on the orientation and thus the possibilities on site of the farm. For example, if there is an orientation towards animal therapy, this can be used on the farm, if there is an orientation towards cultivation, work therapies, training of fine or gross motor skills, psychotherapeutic measures can be used.

The SFE has the following tasks in this context:

- Developing a suitable rehabilitation plan with the Social Health Services and Cooperatives: The specifications of a rehabilitation plan come from the SHS, the educator with his expertise and knowledge of the conditions on the farm serves as an intermediary between the specifications and the implementation of the rehabilitation path.

- He/she accompanies the participant on the farm and supports all parties involved in the implementation of the Rehabilitation Path: as already mentioned, he/she is responsible for adapting the conditions during the implementation, as far as this is possible financially and in terms of effort (e. g. development of necessary aids and training). He/she is also responsible for the acclimatization of the participant at the farm. In doing so, he/she is in active exchange with the Farm Manager and with the tutor.

- If therapies are necessary but cannot be carried out on the farm, or require a specialist, the educator organizes these therapies in consultation with the tutor (and the social farm manager).

- The educator evaluates the development of the participant after a period of time determined by the SHS and discusses possible changes or adaptations of the rehabilitation pathway with the SHS.

3. ETHIC ATTITUDE AND SOCIAL COMPETENCES

Personal ethics and attitude: Accompanying and mentoring participants require a high level of personal morality and integrity. The SFE needs to believe that success is rooted in the participants' resources, in overcoming barriers of all kinds, and in a solution-oriented approach.

On a social farm, the SFE's attitude toward animals also plays an important role, if the farm works with animals. Working with animals or engaging in a good human-animal relationship needs an ethic of natural sympathy towards other living beings, a respect and regard for one's own life and the life of other individuals.

3.1 Ethic attitude

Individuality: Each person is considered unique with their individual preferences and interests as well as their life history and current situation. The supporting measures are therefore respectful and age appropriate. Encounters and communication take place on equal footing.

Confidential treatment of data: Especially when it comes to health data and the involvement of Social and Health Services, but also in general, personal information must be handled confidentially.

Respect and esteem: Respect and esteem are a matter of course. Through a person-centered approach in the accompaniment, stereotypes can be avoided overcome and individuality becomes the focus. Each person is viewed without prejudice and individually. "Customer orientation" is more than just a catchword. The goal is to live and breathe customer orientation (European Union for Supported Employment, 2011).

Self-determination and empowerment: Participants are supported in using their own interests and preferences, in communicating their decisions and in determining their life and work plan according to their personal situation. Self-determination should enable the participant to stand up for himself/herself and his/her concerns (self-advocacy). The SFE has a supportive attitude here.

Flexibility and accessibility: The activity of the SFE requires a high degree of flexibility to be able to react to the needs of the participants. The SFE always takes accessibility into account. Information and support services are adapted to the specific requirements and needs of the participants (European Union for Supported Employment, 2011).

3.2 Social competences

In order for the SFE to accompany the participant well and fulfill his/her role as a mediator, the following social competencies are needed:

Communication skills and building sustainable relationships: As mentioned in Chapter 1.1 the SFE needs communication and cooperation skills. Honest communication between all stakeholders is a basic requirement. The SFE works with different stakeholders and builds sustainable connections, e. g. with participants, colleagues in the company (e. g. the tutor) or with other service providers. The successful creation and maintenance of relationships with different stakeholders is a key success factor.

Adaptability, tact, empathy and credibility: Working with people with needs often involves very sensitive issues. Tact and empathy are therefore important. Sensitive issues such as deficits in health and safety at work, personal hygiene and the handling of confidential information are dealt with in a respectful and authoritative manner (European Union for Supported Employment, 2011).

Enthusiasm: A basic enthusiasm for one's own job is important when it comes to building partnerships to overcome barriers.

Conflict (+ recognition/resolution) skills and good observation skills: Both are necessary to identify emerging conflicts in the workplace at an early stage and to work on solutions.

Negotiation skills: Good negotiation skills are not only necessary when dealing with different decision-making levels (on the farm, in companies, social and health services, etc.), but also when it comes to arranging work trials or resolving conflicts (European Union for Supported Employment, 2011).

3.3 Human-animal relationship

Why do people need contact with animals and how can animals help?

The human-animal relationship is a dynamic process that is shaped by mutual experiences and interactions with each other, thus influencing the exercise of future behaviors (Waiblinger et al. 2006 as cited in Ivemeyer 2010). For example, animals can trigger and/or contribute to the development of empathy in humans (Olbrich n. d.) Even petting an animal can significantly lower blood pressure and stress levels (Esser 2019).

Animals mobilize joint action, strengthen self-confidence, motivate fairness, offer unconditionality, increase learning success, develop emotional intelligence, promote social competence, relax under stress, awaken empathy, help with social inclusion, contribute to violence prevention (Schreiber 2021). Animal-assisted intervention or therapy offers many possible applications including: depression, addictive disorders, motor or mental deficits, and behavioral problems. In general, domesticated animals familiar with humans are used, which are kept in a species-appropriate manner and in compliance with animal welfare laws (Simhofer 2014).

Basic attitude

- Learning responsibility: working with an animal means taking responsibility. (One provides e.g. food, water, attention etc.) From an ethical point of view, a sensitive and empathetic approach to the animal is essential. Animals also show empathy and make different "behavioral offers" (Wohlfarth/Olbrich, 2014). An animal shows reactions and satisfaction with handling more directly and immediately than a human.

The SFE prepares the participant to work with animals: He/she establishes rules of behavior in dealing with the animal. Before the start of the program, these are discussed with the participant and attention is paid to compliance.

A positive effect results when a lasting, positive and cooperative relationship between animal and participant can be experienced (Wohlfarth/Olbrich, 2014).

- Respect boundaries: Work with animals is based on voluntariness, both (on the part) of the animal and the human. Every person can establish a relationship with animals, but not everyone wants to. There can be various reasons behind this, such as negative experiences, health, social reasons, phobias, etc. Initial resistance, difficulties or inhibitions should be brought up, possibly a modified setting will be helpful. Therefore, the consent of the participant (or possibly of relatives or legal representatives) is necessary. A refusal will be respected and other possibilities will be chosen. The relationship between the animal and the participant will be experienced as a partnership (Wohlfarth/Olbrich, 2014).

4. TOPICS THAT THE EDUCATOR MIGHT BE CONFRONTED WITH

4.1 Kinds of Disabilities (Selection)

The Social Farm Educator (SFE) needs background knowledge and awareness about various types of impairments. This is because the SFE works very intensively with the person, especially at the beginning, and he/she needs this knowledge to match the individual programme, the working environment with the trainee's characteristics and cognitive/affective status and to create the necessary security for the trainee on the farm. The SFE deals with different kinds of impairments, for example:

Learning disabilities, cognitive disorders, autism spectrum disorders, disruptive impulse-control disorders, conduct disorders, depressive disorders, anxiety disorders and personality disorders.

A medical classification is written in the WHO´s "International Statistical Classification of Diseases and Related Health Problems" (ICD 10 Kap V) and the DSM-5 (Diagnostic and Statistical Manual of Mental Disorders).

The following 8 common impairments treated within the Social Agriculture framework are described:
1. Learning difficulties
2. Cognitive disorders
3. Autism Spectrum disorders
4. Disruptive, impulse-control and conduct disorders
5. Depressive and Anxiety disorders
6. Trauma- and Stressor-Related Disorders

7. Substance-Related and Addictive Disorders
8. Personality Disorders

1. Learning difficulties can be divided into three categories: learning disabilities, poor learners and mild mental retardation, whereby the transitions are fluid. While people with learning disabilities or poor learners can also be assumed to have an average to above-average IQ - i.e. reduced academic performance is not to be expected -, people with mild mental retardation can be expected to have lower academic performance (Gold 2014).

One speaks of "people with learning difficulties", as the term "people with mental disabilities" is perceived as discriminatory by those affected (Schwalb & Theunissen, 2013).

„Learning disabilities are differences in a person's brain that can affect how well they can read, write, speak, do math and other similar tasks. Learning disabilities are often discovered once a child is in school and has learning difficulties that do not improve over time. A person can have more than one learning disability. Learning disabilities can last a person's entire life, but he or she can still be successful with the right educational supports" (National Institute of Child Health and Human Development, n. d.)

2. Cognitive disorders are a category of mental disorders that primarily affect cognitive abilities such as learning, memory, perception and problem solving. "Cognitive disorders" is a collective term for impairments of external and internal information processing in the brain. The disorder affects job performance and everyday activities. People with cognitive disorders have difficulty concentrating and remembering.

Cognitive disorders can also occur in mental disorders, such as schizophrenia or dementia (Fachverlag Gesundheit und Medizin GmbH 2021). In mild cognitive impairment (MCI), memory, thinking and attention are impaired. The performance is considerably below the usual performance for the respective age and educational level without significant everyday restrictions. This impairment is also common in old age and can be the preliminary stage of dementia (Etgen et al. 2011).

3. Autism-Spectrum-Disorder

To be diagnosed with ASD, the person must have persistent deficits in social communication and social interaction and show restricted, repetitive patterns of behavior. Symptoms must have been present since early childhood. They can be present in varying degrees of severity.

People with ASD exhibit difficulties in social communication and interaction:

• Difficulties with Social-Emotional Reciprocity

• Difficulties with nonverbal communication

• Difficulties developing and maintaining social relationships

• Autism-Spectrum-Disorder:

and

Exhibit restrictive, repetitive behaviors, interests, and activities:

• Stereotyped or repetitive speech, movements, or use of objects.

• Excessive adherence to routines, ritualized patterns of verbal and non-verbal behavior, or excessive resistance to change

• Fixation on very limited interests that are unusual in intensity or subject matter (such as a strong attachment to or preoccupation with unusual objects; interests that are overly narrowly circumscribed or pursued very intensely).

• Hypersensitivity or hyposensitivity to sensory stimuli or unusual interest in sensory aspects of the environment (such as apparent indifference to pain, heat, or cold; aversive response to certain sounds or textures; excessive smelling or touching of objects; fascination with light or spinning objects).

4. Persons with "disruptive, impulse control and conduct disorders"

These are mental disorders that mainly manifests themselves in behaviour. Examples of behavioural disorders include pathological stealing, violence against other people or animals, vandalism, etc.). Includes problems of self-control of emotions (anger and irritation) and behaviour (controversy and

defiance) manifested through behaviour that violates the rights of others and/or social norms or authority. In a mental disorder, the deviation from a norm is significant and occurs over a long period of time (Altenthan et al., 2008).

Conduct disorder describes persistent or recurrent behaviour that violates the rights of others or age-appropriate social norms and is clinically diagnosed. Treatment of comorbid disorders and psychotherapy can help.

The combination of bio-psycho-social risk factors such as temperament, environment, genetic and physiology, can contribute to develop these disorders, as well as having parents with problems and/or disorders (e.g. substance abuse and exhibit antisocial behaviour or diagnosed with attention deficit and hyperactivity disorder, mental disorders, schizophrenia or antisocial personality disorders).

However, behavioural disorders can also occur in children from healthy and socially competent families (Elia 2019).

5. Depressive Disorders define a large group of distinct mental disorders mostly characterized by sad and empty or irritable mood accompanied by somatic and cognitive changes that affect one's capacity to function. Other Signs of depression include loss of interest, and lack of drive and joy over a prolonged period of time. This is usually accompanied by changes in perception as well as physical changes. Another sign is when negative reactions (e.g., grief) to stressful life situations take on a life of their own and last for a disproportionately long time. Often, stressful external events (e.g. bullying, oppression, loss of a person) can be the trigger. Furthermore, depression can be accompanied by insomnia and lack of sexual desire and can lead to suicidal thoughts and suicide. The best known form of depression is major depression, in which one or more depressive episodes occur, causing great suffering. If the depression is chronic and less severe, it is a dysthymic disorder. Depression can be classified as mild, moderate or severe. Psychomotor activity can be reduced (inhibited depression) or increased (agitated depression).
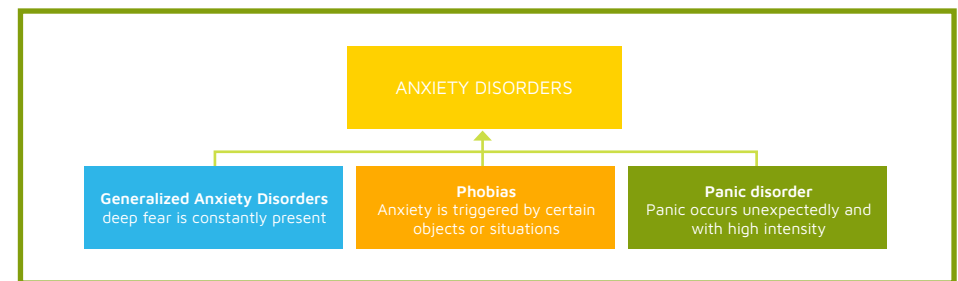
A manic-depressive disorder (Bipolar and related disorders) is present when phases of mania and depression alternate (Altenthan et al., 2008).

• Depression = depressed mood,

• Mania = elevated mood, overactivity, urge to talk, overestimation of one's own abilities.

5. Anxiety disorders are among the most common neurotic disorders and are the most frequent form of mental disorders. Neurosis" is understood to mean certain patterns of experience and behavior acquired in the course of life (not organically caused), which are not accompanied by a loss of reality. In most cases, they serve sufferers to reduce or eliminate anxiety. Anxiety disorders can occur as generalized anxiety, panic disorder or phobic anxiety.

Anxiety fulfills important functions for people. However, if it occurs without reason or excessively and affects the affected person's way of life, it is an anxiety or panic disorder. Excessive anxiety, tension and worry as well as frequent brooding are referred to as generalized anxiety disorder. The anxiety is not directed at specific situations. The anxiety can fluctuate and be changeable. If intense fear or a "feeling of impending annihilation" occurs suddenly and for no apparent reason, it is a panic disorder. Such panic attacks are accompanied by shortness of breath, sweating, trembling, chest pain, dizziness, or a feeling of unreality. In phobias (phobic anxiety), the fear is directed at specific situations and objects, e.g., spider phobia (Altenthan et al., 2008).

ANXIETY DISORDERS

Generalized Anxiety Disorders	Phobias	Panic disorder
deep fear is constantly present	Anxiety is triggered by certain objects or situations	Panic occurs unexpectedly and with high intensity

6. Trauma- and Stressor-Related Disorders

According to ICD-10, trauma is defined as a "short- or long-term event or occurrence of extraordinary threat of catastrophic magnitude that would cause profound distress to almost anyone."

A classification of trauma can take place according to different aspects: A diagnosis is defined by symptoms but has different criteria in different classification systems. (Pausch et al. 2018 p3-12)

Traumatic experiences are events that are experienced as extremely threatening or horrific situations that threaten the life or safety of oneself or others. (For example: Natural disasters, serious accidents, wars, life-threatening illnesses, and physical or sexual violence). They may also occur as a result of one or more traumatic situations, either when a person is affected themself or when a person witnesses, for example, a horrible event that happens to others (e.g., witnessing a serious traffic accident).

They may suffer from other mental disorders, such as anxiety disorders, depression, suicidality, addictions, personality disorders, as well as physical illnesses such as cardiovascular problems.

They often suffer from increased irritability, feelings of inferiority, problems in dealing with emotions or in keeping relationships. (Köhnen et al. 2022; www.psychenet.de)

Typical Characteristics of this kind of disorders:

- Reliving: Nightmares, physical reaction of tension and pain: due to stimuli reminding of respective situation.

- Avoidance: Avoidance of thoughts and feelings, avoidance of situations, persons, activities (e.g. accident with the car- person cannot drive or stay in a car anymore)

- Negative alterations in cognitions and mood associated with the traumatic event

- Feeling of constant threat (constant increased alertness)

- Presence of dissociative reactions

7. Substance-Related and Addictive Disorders

This refers to a group of behavioral, cognitive, and physical phenomena that develop after repeated substance use. Substance-related and addictive

disorders are characterized by different syndromes, which can vary in severity. Causes in all lies use of one or more psychotropic (="acting on the mind") substances (with or without a doctor's prescription). These syndromes can be:

- Acute intoxication (e.g., intoxication).

- Harmful use (e.g.: hepatitis)

- Dependence syndrome (e.g., strong desire to take the substance, difficulty controlling consumption)

- Withdrawal syndrome (delirium) (e.g., seizures),

- Psychotic syndrome (e.g.: delusions),

- Amnesic syndrome (impairment of short-term or long-term memory).

- Residual state and delayed-onset psychotic disorder (e.g., post hallucinogenic states).

(ICD-10, chapter 5, F00-F99)

8. A personality disorder exists when problematic personality traits are stable and long-lasting and can be traced back to adolescence or early adulthood. It is not a consequence of another mental disorder, the effects of a substance (e.g., drugs, medications, toxins), or another condition, such as a head injury, but develops independently.

The DSM-5 defines personality disorder as "an enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual's culture, is pervasive and inflexible, has an onset in adolescence or early adulthood, is stable over time, and leads to distress or impairment." (DSM-5 p. 645)

Types of personality disorders according to DSM-5:

- **Paranoid:** mistrustful, hypersensitive to criticism, always ready to be hurt or attacked

- **Schizoid:** aloof, lacks emotion, disinterested, but does not suffer from it

- **Schizotypal:** acute discomfort in close relationships, cognitive or perceptual distortions, and eccentricities of behavior.

- **Histrionic:** strongly dependent on external attention, constantly seeking recognition, flirtatious, manipulative and emotionally overreactive

- **Narcissistic:** appear demanding, arrogant, overbearing, outwardly self-confident, inwardly very sensitive

- **Borderline:** unstable in interpersonal relationships, self-image and affects, impulsive, self-destructive and with extreme emotional swings

- **Antisocial:** aggressive behavior, disregard social norms, act irresponsibly, low frustration tolerance

- **Avoidant:** shy, socially inhibited, do not like to be the center of attention, perceived by others as helpful, sensitive people, feelings of inferiority, avoid social contacts

- **Dependent:** have the feeling of not being able to live their lives independently, being dependent on others.

- **Obsessive-compulsive:** over-controlling, over-orderly and obsessed with perfectionism, expects the same from others. Lack of ease.

4.2 Different kinds of Barriers

Describing impairments, categorizing them and their impact on the lives of both the impaired and society in general is not easy, because the boundaries are fluid. They are difficult to objectify, shaped by values and always socially constructed (Grübner 2015).

The WHO's attempt at medical classification is recorded in the International Statistical Classification of Diseases and Related Health Problems (ICD 10, Chapter V). According to this, mental illnesses are defined as follows: disorders of experience, well-being and behaviour.

The WHO's International Classification of Functioning, Disability and Health (ICF 2005) goes one step further: it not only classifies disabilities but also their influence on activities, participation and the influence of the environment on the impairment. This is an attempt at a more comprehensive approach to the impact and identification of barriers caused by impairments.

In this respect, impairments (and here it is not important what the cause of the impairment is) have an impact on daily life and barriers can arise in the following areas (according to the ICF classification), among others:

- Learning and knowledge application (e.g.: access to education, provision of appropriate education, access to work)

- General tasks and requirements (e.g.: sequence of tasks, concentration, stamina...)

- Communication (e.g.: Communicating with the environment, employer, colleague, understanding and using language, needing technical equipment)

- Mobility (e.g. own body awareness, transporting objects, using public transport, orientation)

- Self-care (personal hygiene, dressing, eating and drinking).

- Domestic life (access to necessities and products for domestic use...)

- Interpersonal interactions and relationships

- Significant life domains (e.g. access to work and education- social understanding)

- Community, social and civic life (access to community life, leisure activities, political life civic life (e.g.: being able to attend appointments))

4.3 Facilitation Paths

In order to find suitable facilitation paths, openness is needed from all parties. In our society, impairments are often accompanied by shame and fear of discrimination on the part of those affected. Society often does not recognise potentials and competences and tends to get lost in prejudices. There are

not many opportunities to overcome prejudices and fears, as there is still no natural contact with this group of people. (Grübner 2015: 111ff).

Solution approaches for barriers are based on three levels:

- Technical/mechanical solutions (e.g.: visual aids, digital aids, tools, etc.).

- Organisational solutions (e.g.: Quiet rooms, breaks, flexible working hours, appointments with authorities, exams, accompaniment work assistant etc.).

- Solutions through communication (real experiences through internships, placement talks with employer, colleague, person-centered work, parental work, talks in schools, active listening).

Applications of **technical/mechanical** solutions (e.g.: visual aids, digital aids, tools, etc.). Helpful in:

- Learning and knowledge applications e.g.: Videos, graphics, hearing aids, custom-fit aids for work areas, use of colours, music equipment.

- General tasks and requirements e.g.: Flow charts,

- Communication e.g. emoties, colours to describe mood - what I can't say, I write down

- Significant areas of life (access to work): e.g.: Certificates, structural adaptations, Sports equipment,

- Community, social and civic life - see communication, diary, use of colours for important and less important dates, sporting aids, building adaptations.

Applications of **organisational solutions** (e.g.: Rest rooms, breaks, flexible working hours, appointments with authorities, exams, accompaniment work assistant etc.). Helpful in:

- **Learning and knowledge application:** e.g.: Accompaniment during exams, developing thought-help for exams

- **General tasks and requirements:** e.g. breaks, when concentration wanes, small group sizes (e.g. ADHD)

- **Mobility:** train use of public transport, access to internet, organise learning opportunity for driving licence

- **Self-care e.g.:** Create access to appropriate housing, create access to appropriate food supply, organise access to essential products (hygiene items, clothing), active sports etc.

- **Interpersonal interactions and relationships:** e.g.: Communication rules, quiet zones, meeting zones, break rules, establish behavioural rules (e.g.: mindful interaction, respectful interaction), small group sizes if necessary, stable social contact, support in starting activities, showing empathy, doing activities together.

- **Significant life areas (access to work):** e.g. companion work assistance, job placement, internships, flexible working hours, separate break arrangements, access to appropriate meals, etc.

- **Community social and civic life:** e.g.: flexible scheduling with authorities, accompaniment to visits to authorities, accompaniment to clubs, etc.

Areas of application of **communication** (real-life experiences through internships, placement discussions with employers, colleagues, person-centered work, parental work, discussions in schools). Helpful in:

In principle, communication is important in all areas of life. It is especially effective when all relevant people are included in the discussions or when communication is based on the same basic principles. Through e.g.: "Person-centred work", the persons with whom functioning communication is important can be made visible.

The way of communication is essential. As already presented in the chapter on ethics and attitude, good communication is based on the principle of "equal eye level" and self-determination. Self-determination is self-responsibility.
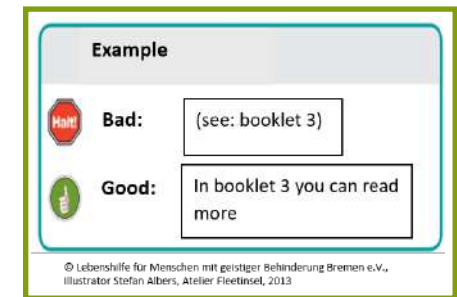
Different communication models analyse processes in communication (e.g.: Sender-receiver model, transactional analysis, Watzlawick's 5 axioms, etc.) and make processes visible.

Examples that can form a basis for good communication:

- Use of visualisations (see technical aids)

- Communication especially for people with autism spectrum disorders:

  - Communicate factually WHAT is to be done, HOW the task is to be done, WHERE the task is to be done, WHEN it is to be done and WHO or with WHOM. This creates clarity and helps the participant to put the individual "puzzle pieces" together into a whole.

  - People with autism spectrum disorders have difficulty reading between the lines or understanding metaphors, so clear and unambiguous language is a prerequisite. People with this kind of impairment often take words literally.

- Praise successes, and effort and only respond to a single thing or action (not on several at the same time)

- Give constructive short feedback continuously

- Verbal and non-verbal messages should be consistent and not contradictory.

- It could be necessary to keep a sufficient physical distance. For example, people with autism spectrum disorders are often over-sensitive to sensory stimuli and can panic when touched.

- A good communication starts with active listening

- Showing empathy

Use of easy language:

- Speak in short sentences, each sentence contains only one statement, avoid the subjunctive (possible form), the genitive is replaced, e.g. "the teacher's house" becomes "the house of/by the teacher". Avoid precise quantities and replace them with "a lot" or "a little". Simple language does not mean children's language.

Example

Bad: (see: booklet 3)

Good: In booklet 3 you can read more

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- Spelling rules: Hyphens are used to illustrate word combinations. The idea behind this is that the longer words are, the more difficult they are to grasp at a glance. The longer the word, the greater the hurdle. Example: "market-guide"; easy-language rules suggest generalising this rule and including the so-called mediapoint in the writing of easy-language texts. This looks like this: "market·leader" "punch·attack" (Maaß 2014).

- Rules on text content: abstract terms should be avoided - if nevertheless necessary, they should be supported by illustrative examples or comparisons. Whenever foreign/technical words are unavoidable, they are explained. Questions in the text should be avoided - some people feel instructed and think they have to answer. References (to other texts or passages in the text) should also be avoided

Example

Bad: Times New Roman
Arial kursiv
Courier New
Zapfino

Good: Arial
Lucida Sans Unicode
Tahoma
Verdana

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- Design and use of media: Use large font (from font size 14),

- Leave enough space between the lines,

- Write each new sentence on a new line - whenever possible: leave a sentence together.

- A sentence should not run into a new line.

- Always use simple fonts.

- Italics are not used and as a general rule: pictures help to understand a text better (Netzwerk Leichte Sprache 2021).

5. SOCIAL FARM INDIVIDUAL THERAPEUTIC REHABILITATION PROJECT (ITRP)

The Individual Therapeutic Rehabilitation Project places the person at the center, in a bio-psycho-social perspective, taking care of the problems, but also and above all, with a special attention to his/her potential development.

The ITRP is elaborated within a multidisciplinary team and starts from the point of those participating in the program design, including the triad social farm manager, tutor and educator, the social health services and the family.

It is based on modalities shared between the various actors involved (users, professionals, family, friends and volunteers) and takes into account the entire system of life of the trainee and his/her context.
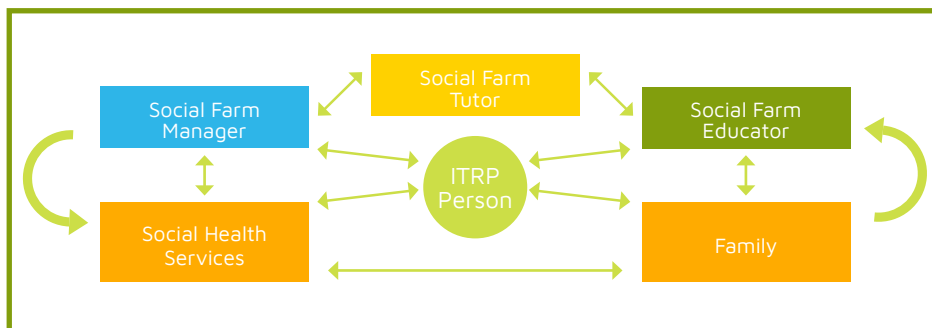
The **ITRP** allows to focus on the person, with his/her **needs and potential**, with aim at maintaining and/or strengthening skills and competences, considering problems and potential autonomy for each area examined.

The ITRP helps operators give **visibility** to their work and **adapt the design** to the ongoing process.

The ITRP facilitates the **participation of the customer** (trainee, service and family) in the project.

The ITRP gives **scientific status to socio-educational work** and lays the foundations for further adaptation and improvement of the model.

The ITRP helps the trainee have **clear and feasible goals** during the placement.

The ITRP makes actions and interventions justified and transparent, allows a complex, participatory, and **multidisciplinary analysis.**
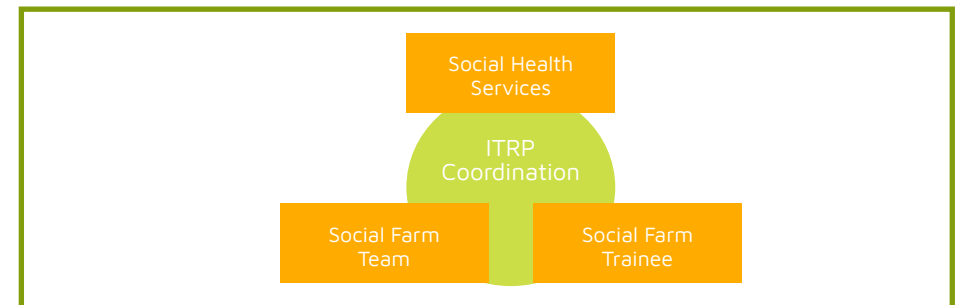

Needs must be identified by analyzing three main areas:

- Area of health needs, identified by clinical diagnoses and therapeutic and rehabilitative interventions already in place. The needs and abilities related to this area are those of self-care of one's physical health, of one's living spaces, of domestic activities, of the ability to move, to use means of transport, to use one's money.

- Area of psychological needs, identified by psychological or psychiatric diagnoses and by therapeutic and rehabilitative interventions already in place. The needs and abilities related to this area are those of problem

behaviors, interpersonal communication management, emotionality, aggression control, cognitive and learning skills, linguistic skills, awareness of one's own problems and needs, ability to adhere to the care project.

- **Area of social and relational needs** identified by social relations, work activities, study, learning attitudes, cultural references, culture and ethnic origins, family values. The needs and abilities related to this area are those represented by the social network of reference, the quality of family relationships, the ability to cultivate friendships, emotional and sexual relationships, behavior in social contexts, personal interests, talents. Within each area, needs, problems and autonomy must be specified.
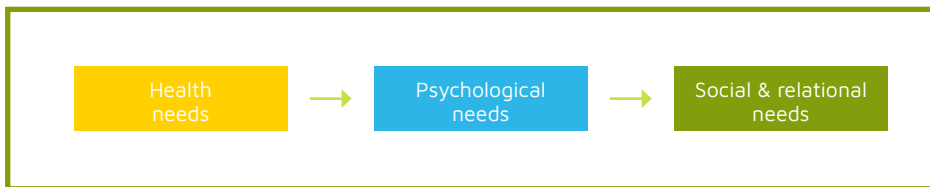
It is necessary to gather all the information needed for the design and planning of the ITRP in collaboration with the multidisciplinary team.

The planning will include the following operational steps:

- **Needs analysis**

- **Identification** of strengths and difficulties

- **Definition of** general **objectives** and specific objectives

- **Assignment of tasks** in the multidisciplinary team

- **Intervention planning**

- **Sharing of objectives** and operational project

- **Definition of the contract** with the trainee dealing with the social/health services, employment services and family.

- **Choice of criteria and methods of** monitoring

- **Definition of ongoing evaluation criteria**

- **Definition of the evaluation criteria at the conclusion.**

5.1 Social Farm ITRP: Role of the Social Farm Educator

Some requirements are relevant for the realization of an ITRP, with direct support from the reports made by the Social Farm Educator.

- The Social Farm Educator will be part of a **multi-professional team** and he/she will be the **connection point** between the social/health and employment services and the social farm.

- The documents related to the **personal and medical history** of the trainee and the treatments received will be shared before the placement.

- The **role of the trainee** before being placed in a social farm will be active and all his/her needs and expectations will be collected in a portfolio of evidence that will later host also the activity reports, including pictures and videos.

- Needs and problems will be described, in the health, psychological and social areas.

- The weekly reports and the general operational plan indicating the reference operators for the various aspects of the ITRP will also provide the multi-professional team with analytical indicators.

- Evaluation timing of the intermediate and final placement results will be defined.

The reports from the Social Farm Educator are fundamental for the **evaluation of effectiveness and efficiency**. The evaluation of effectiveness concerns the ratio between expected results and achieved results.

The evaluation of effectiveness is positive when the expected results are achieved and maintained over time in line with the ITRP.

The Social Farm Educator will indicate the **satisfaction level** of the trainee and his/her family members as an important monitoring and final indicator during the regular report. If the general or specific objectives have not been achieved it is necessary to proceed to an analysis of the causes and reschedule the project.

The **causes** could be:

- incomplete information;

- inadequate and/or not reported assessment of needs in the various areas;

- insufficient consideration of the user's preferences and motivations;

- failure to carry out what was planned (i.e. lack of human resources and timing);

- too ambitious expectations;

- lack of coordination within the multidisciplinary team.

A specific role of the **Social Farm Educator** consists in **promoting employment opportunities** for the assisted persons. The **balance of acquired skills and abilities** during the training and work placement is therefore a very important issue not only for evaluating the achieved results in terms of rehabilitation, but also for potential further occupation.

The Social Farm Educator is in charge to **verify at the employment office** available work places for special categories, as well as direct placement opportunities in farms for further training or work, particularly in social cooperatives.

A **Curriculum Vitae** (CV) will be prepared and updated with all recent experiences and acquired skills for the purpose of addressing it to employers, employment office, social farms, agricultural cooperatives and job brokerage companies.

An addendum to the CV will be done by describing the **adaptation for a work protected space** corresponding to the special needs of the person to be placed at work.

A **Portfolio-of-Evidence** (PoE) also including pictures and movies from the performed activities at the social farms can be very useful.

5.2 Planning an ITRP with the Social Health Services and Social Farm Manager

The **planning of individual placement** based on ITRP methodologies depends on activities proposed by the Social Farm Manager to the Social Health Services.

It is considered highly important that the Social Farm Educator participates in the **Individual Placement and Support** (IPS) as a psychosocial facilitator during the preparation phase of the internship.

IPS is recognized as an evidence-based practice, with 17 randomized controlled trials demonstrating its effectiveness over other vocational rehabilitation approaches.

During the last two decades, after scientific evidence registered in the USA, increasing international interest has developed in IPS as a growing body of research.

Research on IPS developed in six European sites (United Kingdom, Germany, The Netherlands, Italy, Bulgaria and Switzerland) demonstrated that the good results from American studies can be replicated in the European Union.

Employment, number of days and hours worked, and **income** were significantly higher for IPS than for other vocational rehabilitation approach.

The Social Farm Educator has a significant role focused on following-up the **work inclusion and rehabilitation process and updating the achieved skills and abilities** according to the evaluation scheme and sheets prepared and updated by the social/health services.

The main evaluation areas covered by the evaluation tools are:

- **work attitudes** particularly focused on ability of performing previously learnt tasks, without or with little help, corresponding to vocational skills;

- **work behaviours** with understanding of the main task and connected outputs to be achieved, corresponding to vocational behaviours;

- **independent work functioning** including all preparatory issues (personal cleaning, getting dressed, having a look of the daily work plan, etc.), corresponding to functioning skills;

- **work break** and **leisure time** behaviours during the working day, corresponding to social or leisure skills.

- **functional communication**, particularly based on spontaneous behaviours towards other persons at work, corresponding to communication skills;

- **interpersonal behaviours** assessing interaction skills with both familiar and unfamiliar people across home and work settings.

5.3 Evaluating Reporting and Dealing with the Results of the ITRP

Employment offices are generally in charge to look for available work places and match them with the skills of persons looking for jobs, but there is a lack of specialization in employment for people with mental disabilities or social problems.

The **Social Farm Educator** can provide the employment offices with additional information and experiences to make job placement feasible.

Another action field that can be very helpful for employment of persons with disabilities is matching with companies sensitive to employment of persons with disabilities. There are successful cases of this kind of job brokerage such i.e. **Specialisterne** (http://specialisterne.com/) based in Denmark, with offices in all continents and targeted to employment of persons with autism spectrum disorders.

There are also some successful cases of training and self-employment directly managed by family associations such i.e. **ANGSA** (www.angsa.it) Parents of Autistic Subjects National Association in Italy, with organizations at regional level focused on care farms (see case study La Semente www.lasemente.it).

Public institutions, i.e. municipalities, responsible for social inclusion at local level, are also promoters of employment for persons with disabilities. The most used form for this kind of public companies are social cooperatives supported by the municipalities (see case study **Centro Especial de Empleo, Jardines y Naturaleza** www.aytojaen.es)

The **Social Farm educator** is a central figure in Individual Therapeutic Rehabilitation Project (ITRP) as a link between the context of vocational and social inclusion and continuous care, specifically between the care farm manager and the social farm tutor, the social farm manager, and social/health services.

Individual therapeutic-rehabilitative approach allows wellbeing and social integration of many types of beneficiaries (with mental illness, autism, physical and cognitive disabilities and risk of social marginalization) through the analysis of individual needs and abilities.

Individual Therapeutic Rehabilitation Project (ITRP) is the tool developed by the multi-professional team that acts as a guide and compass for Projects. It must be structured in such a way as to make personal and clinical history, analysis of problems / needs and abilities, objectives and the evaluation of the results, as clear and explicit as possible.

Particular interest is placed on **Individual Placement and Support** (IPS), a manualized approach that has shown evidence of effectiveness in many studies carried out in the US and in Europe.

6. FIELD AND LAB SOCIAL FARM SUPPORTED PRACTICES

6.1 Working together with the Social Fam Tutor

The educator accompanies the participant for the first few days at the workplace. After that, the tutor takes over this task. A good handover facilitates further work for the participant and the tutor. This can be done in several phases:

•   accompaniment of the participant

•   handover to tutor and observation of participant-tutor relationship (shadowing)

•   feedback rounds

It is useful if the handover takes place both in writing and verbally. The following information can be helpful for the tutor:

•   What special features in the contact with the participant are worthy of attention

•   What talents does the participant bring with him/her

•   Which aids are useful.

Open and honest communication between all participants is important during the handover (see Social skills).

## 6.2 Introducing at Work the Participant with Impairments

Each participant has individual requirements for the workplace. Depending on the needs, the educator adapts the time and method to the respective requirements. This can last from one day to a week or longer. The aim is to offer participants security and structure.

During the introduction at the workplace, it is important for the educator to find out whether and which aids (e.g. visual, auditory, mechanical etc.) are

useful. He/she explores how the strengths and talents of the participant can be optimally used: e.g. which work can be done very well, what the endurance curve looks like, how and whether the requirements of the work and the physical constitution of the participant correlate, how the social and personal competences of the participant are developed. In doing so, he/she takes into account the development goal of the participant.

During the introduction at the workplace, these components are observed, documented and assistance is worked out together (see chapter 6.8- supported employment).

The graphic shows which characteristics and experiences can have an influence on the work:
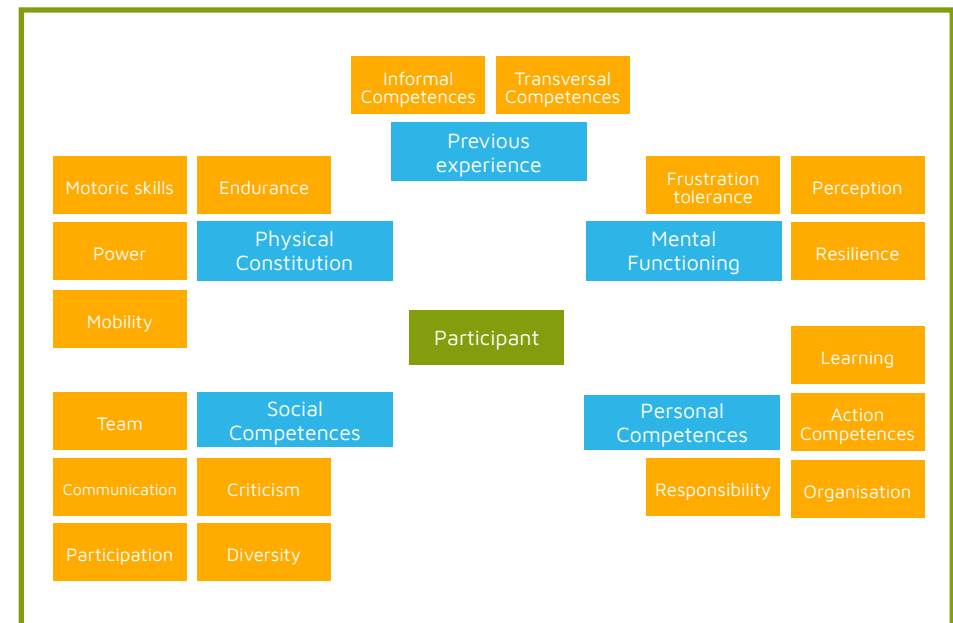
6.3 Creating a Friendly Work Environment

An essential part of a good introduction to agricultural activities is the design of the workplace. This can mean different things to different people. The importance of a good workplace is to create space for security and motivation. Besides social parameters such as a good working atmosphere, sufficient resources and successful leadership, there are factors that the educator can directly influence:

• Suitable ergonomic conditions

• Functioning work materials

• Easily accessible working materials (no long distances)

• Order: every thing has its place

• Noise level

• Space for personal things

• Procedures and rituals

• Minimised sources of danger

• Sufficient light

The importance of these factors is weighted differently for each person and is worked out individually. Colours, sounds and smells can also be perceived differently by everyone (e.g. as disturbing or pleasant). However, tolerance thresholds must also be raised (see chapter 3.2).

6.4 Accompanying the Trainee with Special Needs to Field and Lab Works

Once the framework conditions for work in agriculture have been clarified, the accompaniment of the participant into agricultural work can begin. Approaches and principles from the Supported Employment concept can be helpful for the SFE. Basic principle of Supported Employment: "first place - then qualify", i.e. participants are placed in suitable work according to their individual competences and needs and are trained directly in the sense of "learning by doing" or "training on the job". During the supervision, attention is paid to the trainee's actual strengths, where he or she can best be deployed and what goals are pursued with the work. According to these specifications, the areas of deployment and the degree of support and supervision are determined.

(see https://www.euse.org/content/supported-employment-toolkit/EUSE-Toolkit-2010.pdf)

The **duration of the accompaniment** can vary. It can last from a few hours to a few days depending on the needs and diagnosis. The intensity also varies from constant accompaniment to more selective. Ideally, if the accompaniment is more intensive, it is possible to let it slowly fade away.

6.5 Sharing Tasks with Work Shadowing Techniques

One way of accompanying participants is so-called shadowing:

Shadowing is a form of participant observation. Shadowing is the accompaniment of a participant by a coach. The coach always remains in the background or acts inconspicuously. The aim of shadowing is to experience a participant in his or her behaviourally relevant environment and to give him or her feedback afterwards. (Stangl 2022).

It is important to stay in the background and act inconspicuously. If one intervenes too often and too much in the work process, this can lead to insecurity on the part of the participant and thus have the opposite effect.

6.6 Valorising Work Interests and Talents

People with disabilities are not always able to present their talents properly or are not even aware of them. In the work with the participants, it is therefore a matter of detecting work-relevant interests and talents, making them visible and developing them further or increasing them. If the workplace meets the interests and talents of the participant, positive further development can be set in motion.

The following can be helpful from the participant's point of view:

- **Accepting (learning) feedback**

- **Communicating with others** to identify and enhance own interests and talents (peer groups)

- Building **positive relationships** with people (and/or animals)

- **Reflecting on problems** and **solving conflicts**: Participants try to solve conflicts themselves or suggest ways to solve them (with the guidance/help of the Social Farm Educator)

- Benefiting from **working in a team**: taking on different roles, testing and improving skills

- **Leave comfort zone** in a controlled way: e.g. try new fields of activity, jobs, work with other people

- **Create an action plan** to keep track and avoid being overwhelmed: List: which interests and talents should be developed and by which method. In this way, priorities are set more clearly.

- **Do not give up**: The SFE should be sensitised to setbacks and be able to understand and convey them as an opportunity for further development (Indeed Editorial Team, 2021).

6.7 Enhancing Autonomous Actions at Work

The SFE must ensure that the workplace is adapted to the needs and abilities of the participant. The workplace must be designed or adapted so that the trainee with impairment can work independently and without assistance.

Encourage independent action:

- **Recognise and accompany challenges:** explore emotional, social, cognitive and occupational challenges as well as challenges in everyday life and provide assistance; find the "golden mean": e.g. trainees should learn who to ask for support and when to ask for support.

- **Given space to make their own experiences:** to develop realistic self-assessment and to experience self-efficacy (Ziegler, 2017).

- **Self-monitoring tasks:** The awareness of being able to check one's own work or to recognize it as wrong, i.e. to check content for its correctness independently of others, promotes independent action (Rakowitz, 2003).

- **Delegating responsibility and creating a sense of achievement:** e.g. handing over a small project of one's own or a task area in which the person has full responsibility and decision-making. Setting a goal or a certain framework can help.

- **Praise or give encouragement:** make clear agreements and show confidence.

- **Encourage to look for solutions** in conflict situations independently - social interaction also requires independence (Looks, 2021).
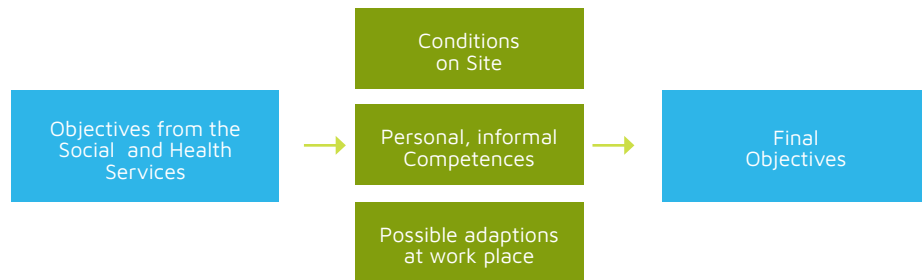
6.8 Finalising the Placement Objectives and Work Experience Balance

Finally, the (rehabilitation) goals are compared and set with the possibilities on the farm. By accompanying the participant during the first days, many competences and skills can be recognised and promoted. 80% of the competences are acquired informally (Staudt & Kriegesmann 1999). It is therefore difficult to assess a person's actual potential on the basis of a conversation or a diagnosis. Through the development of the participant, these goals can change and a selective evaluation of the goals with subsequent adaptation is useful.

Drawing up an ability profile: From the **Supported Employment** Implementation Guide, Vocational Profiling can be a useful tool for the SFE at this stage. The creation of a skills profile helps to get to know the participant comprehensively, to filter out strengths and resources, to develop a targeted therapy programme and to design the workplace according to the participant's individual requirements. For the goal of vocational integration, it enables a structured and goal-oriented approach that aims at developing individual awareness and understanding of one's own possibilities and obstacles in

the labour market. It is important that the participant controls the process (keyword: empowerment).

Further information and details on implementation can be found here: https://www.euse.org/content/supported-employment-toolkit/EUSE-Toolkit-2010.pdf

Objectives from the Social and Health Services	→	Conditions on Site		
		Personal, informal Competences	→	Final Objectives
		Possible adaptions at work place		

GLOSSARY

Team-work: the combined action of a group, especially when effective and efficient.

Autonomie: the right or condition of self-government.

Communication: Exchange or transmission of information, which can take place in various ways and by various means.

Competences: Ability and skill to solve problems in the above-mentioned areas, as well as willingness to do so.

Diversity: the practice or quality of including or involving people from a range of different social and ethnic backgrounds and of different genders, sexual orientations, etc.

Disorders: An illness that disrupts normal physical or mental functions.

Empathy: is the ability to understand and share feelings of another.

On eye level: to pursue the conversation seriously, to take the partner seriously, to take him or her as he or she is: weighty and equally important.

Participation: people being involved in decisions that affect their lives.

Responsibility: Obligation to ensure that (within a certain framework) everything goes as well as possible, that what is necessary and right in each case is done and that as little damage as possible occurs.

Social farm educator: can be defined as the Link between a Farm Manager, Tutor and Socail Health services.

Soft skills: Skills used to act effectively in communication and interaction situations according to the needs of the parties involved.

Self-reflection: refers to the activity of thinking about oneself. This means analysing and questioning one's thoughts, feelings and actions with the aim of finding out more about oneself.

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