

Practice Group Feedback Report

Poland



Project acronym & number	FARMWELL
Project title	Improving farmers' wellbeing through social innovation
Project coordinator	E40 Group
Grant Agreement No	101000797





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1 Context of the Practice Group meeting

Basic information

Date of meeting:	01/02/2022
Place of meeting:	Minikowo – seat of the Kujawsko-Pomorski Agricultural Advisory Centre (KPODR), “Leon Janta-Pończyński” Centre for Knowledge Transfer and Innovation, and online (Microsoft Teams/in-person hybrid meeting)

1.1 Background

First, it should be stressed that not one but three social challenges have been identified through selected social innovations, namely 1/ Access to health care and social services, 2/ Digitization and Internet, and 3/ Cooperation/social capital. This was also due to the fact that some of four presented social innovations addressed two social challenges at the same time, for instance, "Village e-box" tackling challenges no. 2 and no. 3 or a “New model of home hospice” tackling challenges no. 1 and no. 3. Second, the logic behind the identification of the key challenge through selected social innovations was that on one hand, as a result of the 1st PG meeting and the earlier interviews with farmers and key-stakeholders, the main/ most acute challenge was accessibility to medical and social services while the most common one – a cross-cutting challenge – was cooperation/ social capital. On the other hand, the logic was based on a bottom-up approach in which the earlier-identified social innovations determined the social challenge. Altogether, those assumptions have somewhat enabled the PG members to identify the key social challenges.

It was assumed that the participants would be PG members and among them mainly farmers. This resulted from the main purpose of the 2nd PG meeting which was to select one-two social innovations for the next phase of the FARMWELL project. Given the specificity and objectives of the project, it was assumed that this choice was above all up to farmers although some non-farmers PG members (experts, representatives of administration, farmers; organisations) were also invited and actually participated in the meeting. The speakers were the project holders or people deeply involved in the social innovations presented in the 2nd PG meeting so that the portions of relevant knowledge about innovations could be transferred to the participants as well as to the FARMWELL team members (to be utilised for the purpose of SROI).

1.2 Participants at the 2nd PG meeting

Number of participants:	22
Out of which farmers' representatives:	10
Out of which female farmers:	5
Out of which young farmers (e.g. under the age of 35)	No such data gathered from the PG meeting due to the personal data protection policy
Out of which older farmers (e.g. 65+)	No such data gathered from the PG meeting due to the personal data protection policy
Out of which social innovation presenters	4





1.3 Purpose & focus

The main purpose of the 2nd practice group was to raise awareness about social innovation solutions, ensuring that those selected for further elaboration are responding to the most urgent needs of farmers. The meeting aimed at exploring the specific short, medium and long-term impacts of social innovation solutions identified to a specific problem through the engagement of the farmers (as the main target groups) and relevant 'service providers'.

Basically, the 2nd PG meeting was to select, by the invited PG members, one-two relevant social innovations to be analysed and tested in further phases of the FARMWELL Project. This goal was considered as the most important one during the 2nd PG meeting by the Polish partner (KPODR and IRWiR PAN). It has been fully achieved since among the four innovations/projects presented, two social innovations (1/ “<<Independently (not oneself)>> - supporting people with disabilities” and 2/ “New model of the home hospice”) have been selected.

Another important objective of the 2nd PG meeting was to gather some relevant data about the four presented social innovations useful for the SROI analysis. Although the SROI analysis itself was not conducted during the 2nd PG meeting, the Polish partner (KPODR and IRWiR PAN) deliberately included some aspects/components of the SROI logic to both the structure of presentations of social innovations and the related discussion among the PG members. Also this goal has been achieved since quite considerable portion of relevant knowledge have been collected. This portion of knowledge is going to be further supplemented with some additional data gathered directly from the project holders of two selected social innovations so that the SROI analysis can be successfully done.

As already mentioned (see: section 2 of this report), the PG members were focusing on four social innovations presented during the meeting. Those innovations addressed three social challenges identified in the mapping report for Poland, namely 1/ Access to health care and social services, 2/ Digitization and Internet, and 3/ Cooperation/social capital. In more detail, the “<<Care in the barnyard>> – care farms in Kujawsko-Pomorskie region” and the “<<Independently (not oneself)>> – supporting people with disabilities in Tuchola region” both addressed challenge no. 1. The “New model of a home hospice in rural areas” addressed challenges no. 1 and no. 3, while the “Village e-box” challenges no. 2 and no. 3 respectively. The reason for pre-selecting those social innovations was that on one hand, as a result of the 1st PG meeting and the earlier interviews with farmers and key-stakeholders, the main/ most acute challenge was accessibility to medical and social services while the most common one – a cross-cutting challenge – was cooperation/ social capital. These were covered by the presented social innovations. All the presented social innovations were identified when preparing the mapping report and included to the annex of the report.

2 Methodology

Initially, the Polish partner (KPODR and IRWiR PAN) was planning to detach the 2nd PG meeting and the SROI Journey of Change (SROI JoC) from each other so that two separate events (albeit linked to each other) would be organised. Then, after discussion this issue with the Project leader (E40), the approach has been slightly changed since the partner decided to include some aspects/components of the SROI already to the 2nd PG meeting and keep the separate meeting with the project holders (representatives of the selected social innovations) to supplement the earlier-gathered data with some additional data useful for successful SROI JoC. Four project (social innovation) holders were invited to the 2nd PG meeting to present their initiatives to the PG members.

In order to increase awareness and the abilities of the PG members to make a right (evidence-based) choice of the social innovations, to ensure the comparability of the information presented as well as to collect relevant data for the SROI analysis, the partner created a structured template for each of the





social innovations presented. The structure template also helped to facilitate the discussion among the participants prompting them to think through the potential outcomes of each SI (and barriers/ enablers) more explicitly. Also, the presenters were more focused and prepared for that event. It needs to be stressed that the template was first discussed with the UGLOS/CCRI – expert of the SROI JoC (leader of WP4 “Assessing cost-benefit aspects”) and the received comments, for instance, about the simplification of the structure and inclusion of the JoC scheme, have been taken into account when creating the final version of the template sent off to presenters.

Each of the presenters had 20-minute slot to present his/her social innovation. After the presentations question-answer session took place and finally the open discussion moderated by the partner enabled the PG members to select two social innovations (SI). Before the final session, the partner provided participants with a set of useful criteria to make a right choice for selecting SIs, as follows: 1/ Suitability/relevance, 2/ Degree to which the social challenge, addressed by the SI, is common for the farming community, 3/ Feasibility/workability, and 4/ Universal character of the solution (SI).

As mentioned in table about the structure of participants, a majority of the PG members involved in the 2nd PG meeting were farmers. Also, they were active in the question-answer and the open discussion sessions thus having an influence on the final choice of two social innovations.

The required annexes have been added to the report.

3 Outcomes

3.1 Main findings on social innovations

The main outcome of the 2nd PG meeting was that, among the four presented SIs, the PG members have chosen two SIs of importance, that will be analysed and tested in further phase of the project. The two selected SIs (1/ “<<Independently (not oneself)>> - supporting people with disabilities” and 2/ “New model of the home hospice”) addressed two of four earlier-identified social challenges, namely 1/ Access to health care and social services and 2/ Cooperation/social capital (which in the mapping report has been recognised as the cross-cutting, vertical challenge). In other words, with this choice, the participants have proven that the two challenges were of particular importance for farmers and their families making an attempt to learn more about the related SIs to tackle those problems and their effects on the farming communities. Even though the PG members’ perspectives and opinions about the relevance and interest in testing the four presented SIs differed to some extent from each other, the structured template providing participants with comparable data helped to reach the common (agreed) view of the PG members towards the pursuit of the above-mentioned two SIs.

Another outcome of the PG meeting was that the a range of relevant data about the goals, inputs, outputs and outcomes of the selected SIs necessary to conduct the SROI JoC was collected and stored.

Name of farmer/ farm business	Social innovation solutions expected to be tested
Elżbieta A./ farmer	“Independently (not oneself)”
Małgorzata O./ farmer	“Independently (not oneself)”
Marzena G./ farmer	“Village e-box”
Marek S./ farmer	“Village e-box”

The required summary tables have been added to the report.





3.2 Main lessons from the process & next steps

3.2.1 Main lessons

The IRWiR PAN would like to stress that it was a very effective way (already successfully tested on the occasion of the 1st PG meeting) to rely on KPODR when engaging participants and presenters as well as organising the PG meeting.

The PG can be considered as committed and the proof for that was that the two social innovations have been selected for the next phase of the project as a result of the open discussion and achieved through the consensus - no other guided or stimulated solutions were necessary to be applied.

As it was in the case of the 1st PG meeting, the participants were open and ready to share their views, opinions and tell us more about the social challenges and the related social innovations. They proved to understand the project's goals, their significance for farmers and the entire farming community. This is probably the reason why they have been involved in and actively took part in the 2nd PG meeting.

According to the guidelines for WP1, all the partner efforts have been to create and maintain the stable PG group which, at least, so far it has been achieved.

3.2.2 Next steps

Referring to the above-presented logic, the next step after the 2nd PG meeting, is to gather missing data for completing the SROI JoC. The 2nd PG meeting has provided a solid foundation for the JoC. Although, the assessment of what is missing or needs improvements is going to be received from the UGLOS which has helping us throughout the whole JoC. After the assessment is made, we plan to contact holders of the two selected projects (SIs) to gather supplementary data and thus to deepen our knowledge of each of the presented SIs. As a result, the completed SROI JoC is going to be achieved.





ANNEX I: AGENDA OF THE MEETING

FARMWELL Project Practice Group meeting no. 2

February 1, 2022

“Leon Janta-Pończyński” Centre for Knowledge Transfer and Innovation, Kujawsko-Pomorski Agricultural Advisory Centre (KPODR), Minikowo, and online (Microsoft Teams)

9.30-10.00	Registration of participants on site/logging in of participants on the Microsoft Teams platform
10.00-10.10	Introductory words
10.10-10.30	Brief presentation of the Polish mapping report; criteria for innovations selection explained
10.30-11.30	Presentation of social innovations examples: <ol style="list-style-type: none">1. Care in the barnyard – care farms in Kujawsko-Pomorskie region2. Home hospice in rural areas (mobile hospice)3. Independently (not oneself) – supporting people with disabilities in Tuchola region
11.30-11.45	Coffee break
11.45-12.15	Continued presentation of social innovations: <ol style="list-style-type: none">4. Village e-box
12.15-14.00	Discussion in the working group – selection of Social Innovations – and summary of the meeting
14.00	Dinner



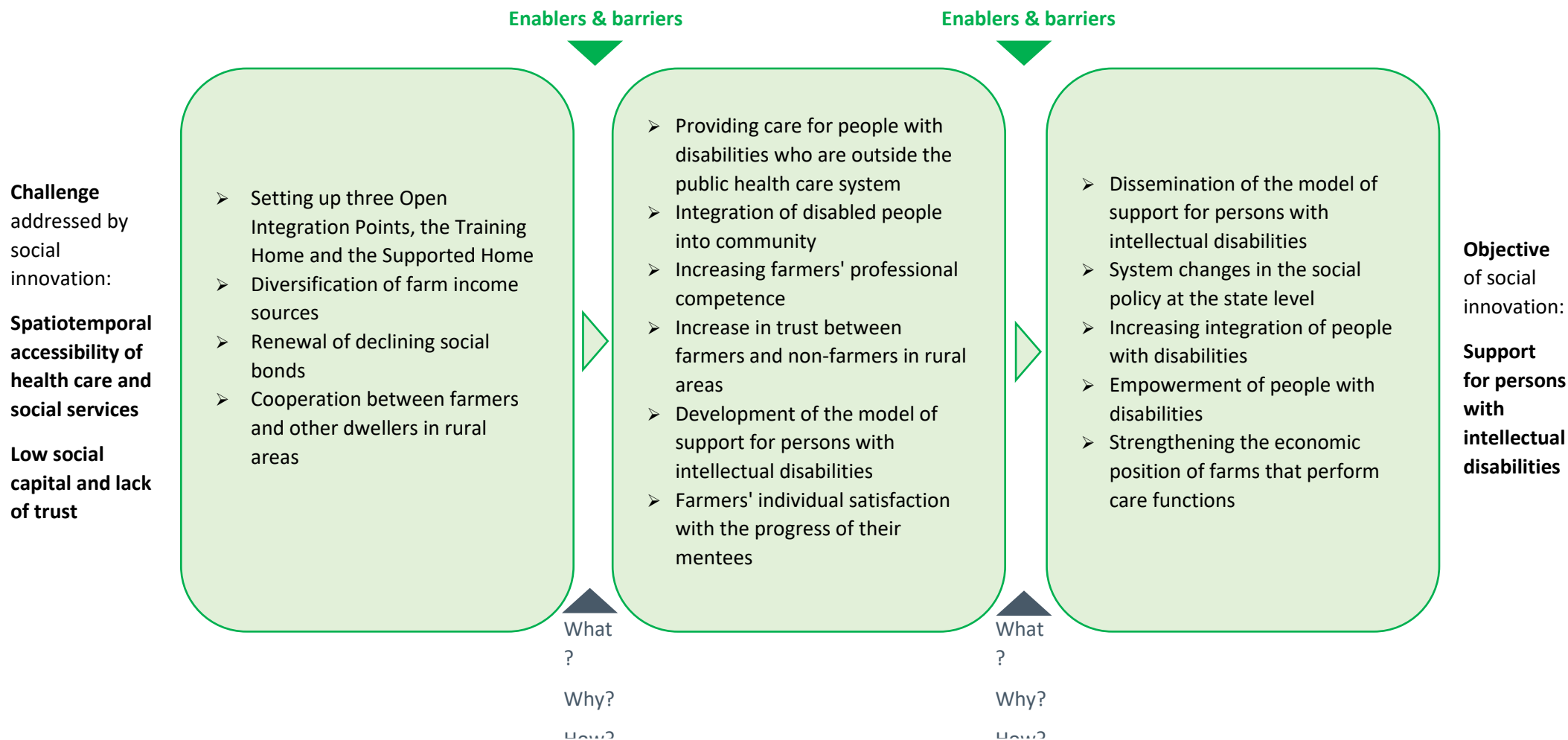


ANNEX II: JOURNEY OF CHANGE

Please attach completed 'Journey of Change' templates for at least 2 specific solutions.

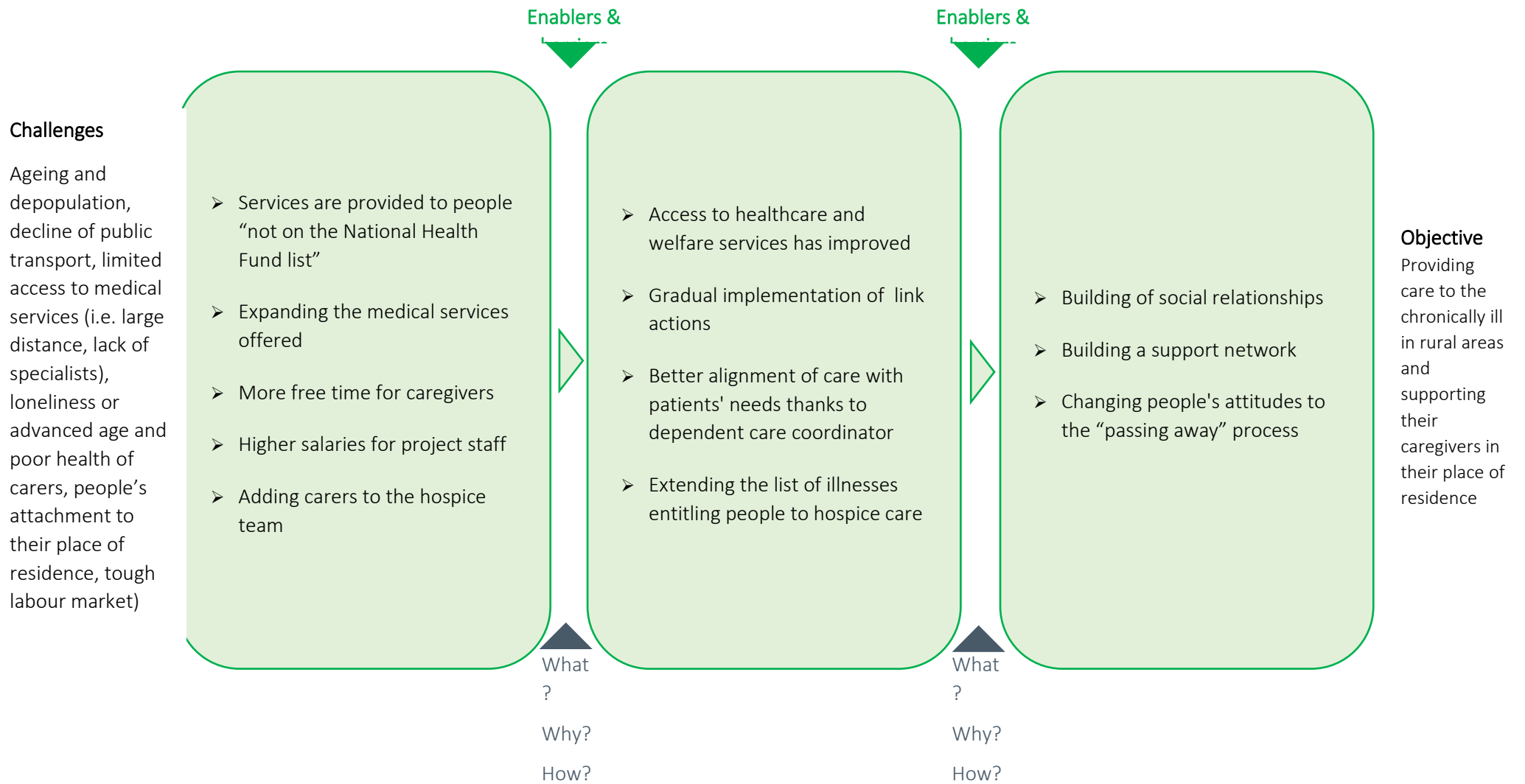
"Following the workshops the facilitators will need to gather together all copies of the Journey of Change, flip charts, voice recordings and any other information they are likely to need to compile their Theory of Change table, which very simply will be along the lines of the following example." (SROI Guide)

Solution 1 Title: Independently (not alone): Supporting people with disabilities in Tuchola county





Solution 2 Title: To give what is really needed: New home hospice model





ANNEX II: SOCIAL INNOVATIONS

II.1: SROI MAPPING OF THE OUTCOMES (WP4)

To complete this Annex, [please refer to the SROI Guidance \(Section 2.1.4: Step Three: Mapping the outcomes and identifying final measurable outcomes\)](#). For instance, a solution might address several 'root causes' of challenges and these could be grouped into separate 'thematic' tables as presented in the SROI Guide (section 2.1.4). "A thematic approach therefore may help not only to consolidate and organise the outcomes, but also to accurately assign them to the relevant stakeholder groups." (SROI Guide).

As presented in the SROI guidance: *"In this step the facilitators (research partners) will produce a table that will be used by the University of Gloucestershire research team to identify final measurable outcomes for the Practice Group's SIs, and in turn begin to develop indicators to evidence change in them. This, together with the more creative ToC model is the principal output of the storyboard workshops. Any narrative which helps to contextualise the ToC outcome or explain or clarify any relevant points or issues will of course be useful to the UoG team as they embark on the initial steps of Stage Two of the SROI process."*

Solution 1 Title: "<<Independently (not oneself)>>: Supporting people with disabilities in Tuchola county"

Stakeholder group*	Interim outcomes	Medium-longer term outcomes**
Farmers	Development of new professional skills; Deepening bonds with neighbours, other farmers and the community members; Diversification of farm income sources;	Increased resilience and self-esteem; Increased financial sustainability of the farm; Increased sense of trust and belonging;
Persons with intellectual disability	Receiving professional day care; Improvement of everyday skills: social, educational, practical; Easier access to specialists; Strengthened independence; Integration into society;	Increased resilience and self-esteem; Opportunity to enter the labour market; Increased sense of trust and belonging;
Families of persons with intellectual disability	Assistance in caring for relatives; Easier access to specialists; Improvement of quality of life;	Increased sense of trust and belonging; Better position on the labour market;
Local community	Increased awareness of persons with intellectual disability and their needs;	Increased of social capital and cooperation;





Local Economy	<p>Increased demand for the services of specialists in various fields;</p> <p>Increased capacity of people with disabilities and their family members;</p>	Strengthened labour market;
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* Farmers need to be one of the ‘material stakeholders’ / stakeholder groups. However, if you target specific group of farmers (e.g. women farmers, farm workers), please indicate these as separate stakeholder groups in separate lines.

** “Facilitators may find it useful – or more straightforward – to combine the short, medium and longer term timeframes to simplify the mapping of outcomes – perhaps distinguishing short-medium term from medium-longer term, etc. There are no strict rules, and this should only be undertaken providing that no important information is lost or downplayed. The most important thing is that the UoG research team can intuitively identify the final measurable outcomes, which are usually found towards the right of the table.” (SROI Guide).

Solution 2 Title: “A new model of the home hospice in rural areas”

Stakeholder group*	Interim outcomes	Medium-longer term outcomes**
Hospice patients (dependent, terminally and chronically ill)	<p>Assistance in various spheres of life</p> <p>Reducing loneliness, emergency care</p> <p>Care tailored to the patient</p>	<p>Improved end of life care</p> <p>Building relationships</p> <p>Better physical and mental well-being</p>
Caregivers of hospice patients	<p>More free time</p> <p>Acquiring new knowledge from hospice staff</p>	<p>Quality of life improvement</p> <p>Higher independence and self-confidence</p>
Hospice personnel	<p>Acquisition of new professional skills and competences</p> <p>Salary increase</p> <p>Work schedule optimisation</p>	<p>Improved labour market position</p> <p>Quality of life improvement</p> <p>Better work-life balance</p>
Farmers and their relatives	<p>Professional care for family members</p>	<p>More opportunities for farm development</p> <p>Improved family relations</p>
Public healthcare	<p>Relieving the inefficient public healthcare system</p> <p>Extending the list of illnesses</p>	<p>Implementation of new procedures</p> <p>Structural changes</p>





	entitling people to hospice care	Institutional learning
Project partners	Financial resources for project implementation Developing new solutions Testing new solutions	Institutional learning Improved cooperation between different types of actors Increasing people's trust in institutions
Local community	Extended care services Acquiring new knowledge about hospice care Higher tax revenues	Increase knowledge about the possibilities of hospice care in the future Increasing people's trust in institutions Better living conditions

* As above.

** As above.





II.2: INITIAL ELABORATION OF SOCIAL INNOVATIONS FOR THE SOCIAL INNOVATION DATABASE (WP3)

Please provide details about the presented (most relevant) social innovations – minimum 2 examples – in the social innovation database format (See Social Innovations Concept Note).

SOLUTION 1: “Independently (not oneself): Supporting people with disabilities in Tuchola county”

Project title in English	Project title in native language	Short summary (contents) in native language (mandatory)	Short summary (contents) in English (recommended)	Country	Objective	Main activities
Independently (not oneself): Supporting people with disabilities in Tuchola county	Samodzielnie (nie samemu – wspieranie osób z niepełnosprawnością w powiecie tucholskim	Projekt służy wdrożeniu i przetestowaniu funkcjonowania modelu usamodzielniania dorosłych osób z niepełnosprawnością intelektualną, m.in. w oparciu o gospodarstwa rolne. Korzystający z terapii w większości są mieszkańcami obszarów wiejskich.	The project aims to implement and test the functioning of the model of empowering adults with intellectual disabilities, incl. based on farms. The majority of those benefiting from the therapy are inhabitants of rural areas.	Poland	Developing a ready-to-use model of supporting adults with intellectual disabilities, through practical testing of the developed model.	Provision of care and therapeutic activities on the basis of 3 Open Integration Points, 1 Training Apartment and 1 Supported Apartment .
Main results/outcomes of the activity	Main practical recommendations	Most innovative aspects of the solution	Key actors involved	Organisation	Key Contact	
					First name	Last name
Functioning of therapy and care facilities, adults with intellectual disability benefiting from therapy and increasing their independence, families / relatives of participants who benefited from the support	(activity in progress)	Implementation of therapeutic activities (making participants independent) on the basis of farms, using agricultural resources (contact with animals, gardening, etc.). Increasing the availability of therapy for inhabitants of rural areas by creating support places located close to them.	Adults with intellectual disabilities and their families / immediate environment, employees of social welfare institutions (leader, Occupational Therapy Workshops, Social Welfare Centers), members of associations working for people with intellectual disabilities, employees of institutions related to the development of rural areas and agriculture, specialists conducting therapy: psychologists, rehabilitation specialists, speech therapists, sexologists, career counselors, etc., lawyer [providing advice to participants], special schools	Leader - County Family Support Center in Tuchola, Partners - Kujawsko-Pomorski Agricultural Advisory Centre in Minikowo, Association of Parents of Children with Special Needs in Tuchola, Polish Association for People with Intellectual Disability Club/Council in Chojnice	-	-
Key Contact	Picture		Relevant links		Challenge	





Email		Relevant documents		Briefly describe the challenge addressed	Lack of basic services (education, health, transport, connectivity, etc.)	Lack or difficulties in accessing health services
snstuchola@wp.pl	-	-	http://www.pcprtuchola.pl/projekt-samodzielnie-nie-samemu/	Low/insufficient access to care/social services; poor cooperation/social capital	Yes	Yes
Challenge						
Lack of specialist mental healthcare services	Low farm income (market vulnerability)	Administrative burden	Legal employment/ fair working conditions	Access to land/ high land prices	Lack of attractiveness of certain farming profession	Lack of appreciation/ tailor-made support for female farmers
Yes	Yes	No	No	No	No	No
Challenges			Wellbeing			Farming target groups
Lack of generational renewal on farm	External factors (whether, climate change, etc.)	Pressure from society/ negative societal perceptions	Physical	Mental	Social	Young farmers
No	No	Yes	Yes	Yes	Yes	Yes
Farming target groups				Please specify other key target groups	Farming sector	
Female farmers	Older farmers	Farmers facing financial difficulties	Farm workers(labourers)		Animal husbandry	Crop cultivation
Yes	Yes			Yes (other rural residents)	Yes	Yes
Farming sector		Farm size				
Vegetable & fruit farming	Other	Small/ family	Medium	Large		
Yes	Yes	Yes	Yes			

SOLUTION 2: "A new model of a home hospice in rural areas"

Project title in English	Project title in native language	Short summary (contents) in native	Short summary (contents) in English (recommended)	Country	Objective	Main activities
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		language (mandatory)				
"A new model of a home hospice in rural areas"	Nowy model hospicjum domowego na obszarach wiejskich	Projekt partnerski "Dać to, czego naprawdę potrzeba – To give what is really needed" to innowacyjny model profesjonalnej opieki domowej nad osobami zależnymi, nieuleczalnie i przewlekle chorymi oraz wsparcia ich opiekunów na terenach wiejskich.	The partnership programme "To Give What Is Really Needed" is an innovative model of professional home care for people who are dependent, terminally and chronically ill, also involving support for their caregivers in rural areas.	Poland	Providing care to the chronically ill in rural areas and supporting their caregivers in their place of residence.	See: Most innovative aspects of the solution
Main results/outcomes of the activity	Main practical recommendations	Most innovative aspects of the solution	Key actors involved	Organisation	Key Contact	
					First name	Last name
"Services are provided to people "not on the National Health Fund list", access to healthcare has improved, a support network continues to be built, the Dependent Care Coordinator (DCC) is working (or are still expected to appear); expanding the medical services offered, which depended on a single institution's decision. More slowly: social effects, requiring the building of relationships and gradual implementation of actions.	This model of care as part of hospice care is not being applied anywhere apart from the area where the innovation is being implemented. For the end-user (patient and his/her family), the main added value/benefit would be the improved wellbeing, belief of being helped and supported as well as (for the patient's family members) an opportunity to direct their efforts towards other (work and leisure) activities. For the end-users considered broadly as a farming community, the	1/ Adding carers to the hospice team, 2/ Building a support network, 3/ Dependent Care Coordinator, 4/ Extending the list of illnesses entitling people to hospice care (National Health Fund – 7)	Doctors, nurses, physiotherapists, dieticians, psychologists, carers. Patients' families. Partners (social service, science, NGO): 1/ Regional Social Policy Centre (ROPS) in Białystok, 2/ Institute of Rural and Agricultural Development of the Polish Academy of Sciences, 3/ NGO Support Centre (OWOP) in Białystok	Prophet Elijah Hospice Foundation	-	-





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	benefit would be the wider coverage with the health care services as well as the improvement of the social wellbeing and social capital through engagement of various members of the local community in the local help network.					
Key Contact	Picture	Relevant documents	Relevant links	Briefly describe the challenge addressed	Challenge	
Email					Lack of basic services (education, health, transport, connectivity , etc.)	Lack or difficulties in accessing health services
-	-	-	https://hospicjumeliasz.pl/en/home-english/	Low/insufficient access to health care services; poor cooperation/ social capital	Yes	Yes
Challenge						
Lack of specialist mental healthcare services	Low farm income (market vulnerability)	Administrative burden	Legal employment/ fair working conditions	Access to land/ high land prices	Lack of attractiveness of certain farming profession	Lack of appreciation/ tailor-made support for female farmers
Yes		Yes				
Challenges			Wellbeing			Farming target groups
Lack of generational renewal on farm	External factors (whether, climate change, etc.)	Pressure from society/ negative societal perceptions	Physical	Mental	Social	Young farmers
			Yes	Yes	Yes	
Farming target groups				Please specify other key target groups	Farming sector	
Female farmers	Older farmers	Farmers facing financial difficulties	Farm workers(labourers)		Animal husbandry	Crop cultivation





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Yes	Yes			Yes (other rural residents)	
Farming sector		Farm size			
Vegetable & fruit farming	Other	Small/ family	Medium	Large	
		Yes	Yes		

