

Understanding Care Farming as a swiftly developing sector in The Netherlands

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swiftly developing sector
in The Netherlands**

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Introduction

Care farming as a swiftly developing sector in The Netherlands

Introduction

Care farming or social farming, a swiftly developing sector across Europe (Hassink and van Dijk 2006; DiIacovo and O'Connor 2009), is an innovative practice where agricultural production is being combined with health and social services (Hassink and van Dijk 2006). It is an innovation at the crossroads of agriculture and health care, where the agricultural sector is actively involved in providing care for different client groups. Clients, or participants in the vocabulary of care farmers, are involved in agricultural production. Care farms offer day care, supported workplaces and/or residential places for clients with a variety of disabilities (Elings and Hassink 2008).

Care farming is emerging in many European countries due to the increasing focus on different aspects of multifunctional agriculture, as well as concerns about public health expenditure and the efficacy of social services (Di Iacovo and O'Connor 2009). Care farming has reached different stages of development in different countries, and different orientations can be identified (Hassink 2009). In Italy and France, care farming is directed towards labour integration and care inclusion provided by community-based organizations like care cooperatives is dominant. In Norway, the Netherlands and Belgium (Flanders), care farming is mainly provided by private family farms and care farms are examples of agricultural diversification. In Germany, Austria, Ireland, Slovenia and Poland, most care farms are community-based care services offered by institutional partners (DiIacovo and O'Connor 2009; Vik and Farstad 2009; Dessein et al. 2013; Hassink 2009).

Care farming has developed between and on top of two existing sectors, agriculture and health care. It can be understood as re-connecting two sectors that had become disconnected through modernization,

although traditionally there were always important connections. During the Middle Ages, many hospitals and monasteries looking after the sick had gardens as an adjunct to recuperation and healing (Frumkin 2001). People with psychological problems were employed for therapeutic reasons in agricultural settings, for instance on a farm at Saragossa Hospital in Spain (Foucault 1969). In the village of Geel in Flanders, care was provided in a rural agricultural setting since the 13th century (Roosens and van de Walle 2007). People with learning disabilities were employed, predominantly in the farming sector before industrialization (Wiesinger and Neuhauser 2006). In the 19th century, the hygienist movement promoted fresh air and sunshine and farm labor as key constituents of moral treatment and to regain capacity (Edgington 1997; Beattie 2011; Caldwell 2001; Parr 2007). Many institutions ran farms and were located in forests and rural areas, while farm produce helped institutions make ends meet (Porter 1992; Scull 2005). Labor was considered to contribute to the curing of patients (Canon Gehandicaptenzorg 2006).

However, since the beginning of the 20th century, and especially since World War II, agriculture and health care largely dissected, mainly due to the processes of urbanization and intensification, rationalization and specialization in agriculture and medicalization, specialization and professionalization in health care (Schuitmaker 2012). Agriculture became knowledge- and capital-intensive, and therefore highly specialized, with traditional mixed farming splitting into livestock and crops and even beyond: towards pig *or* chicken farms, and eventually chicken farms specializing in egg *or* meat production (Geels 2009; Elzen et al. 2012). Through a similar process of modernization, health care became the responsibility of trained professionals. Health care institutions focussed on medication and therapy (Bakker et al. 2002; de Swaan 2004; Farla 2012; Schuitmaker 2012). Disease was mainly located in bodily dysfunction; lifestyles and life conditions were to a large extent neglected in pathology. Medicine was divided into disciplines that each focused on a particular class of dysfunctions, located in specific organs. Mind and body were considered largely separately. (Schuitmaker 2012) In this process, agriculture and health care, while each achieving significant successes in their respective areas, had drifted apart (Farla 2012).

The fact that, over the past twenty five years, agriculture and health were reconnected in so many European countries seems to point to some underlying factors. To be sure, a quick explanation of the ‘why’ is readily available. From the perspective of agriculture, at the core was the fact that, through modernization, agriculture has become a much less lucrative business. Since 1990, the extension of the EU has led to increasing competition. Meanwhile, concerns about the environment, animal welfare and homogenization of the landscape grew (Meerburg et al. 2009). In addition, since the 1992 MacSharry reforms - a response to budgetary pressures, liberalization of global food trade and the call for sustainable development (Grin and Marijnen 2011) – awareness has grown amongst farmers that real change is needed if they are to survive. Adding different sources of income to food production is one response. (Wilson 2008).

We see the emergence of multifunctional agriculture. Farmers include nonagricultural activities that meet different societal demands, such as recreation and nature and landscape services (Durand and van Huylenbroeck 2003). It has been recognized that entrepreneurial skills were crucial to this transformation in agriculture (van der Ploeg et al. 2000). At the same time, traditional health care has come under pressure due to criticism regarding its narrow medical orientation and concerns about rising costs, leading to calls for the deinstitutionalization and socialization of care (Lamb and Bachrach 2001). The dominant paradigms in the health sector are changing, from an emphasis on disease and disease prevention and limitations (Nygren et al. 2005) toward a more positive approach focussing on health promotion and possibilities, and from care toward participation (Antonovsky 1987; Lindström and Eriksson 2006; Newman and Tonkens 2011; Fienig et al. 2011). Equally important, due to the so-called epidemiologic shift, non-communicable diseases (such as heart failure, diabetes, COPD) have replaced infectious diseases as the main focus of health care practices and policies (OECD 2013). Especially in case of such health problems, lifestyles, life conditions and mental pressure can no longer be neglected, both in diagnosis and in treatment. This has led to a re-appreciation of the healing effect of nature (RMNO 2007).

However, while these long-term trends are indeed important drivers, they still cannot explain why some initiatives failed, while others succeeded, why particular types of care farming emerged, why some care institutions supported and others opposed the development of care farms, and how regional and national support organizations developed. The aim here is to better understand the development of care farming as a sector by analyzing these questions. In other words, I am interested in the ‘how’ of the emergence of this new sector.

Societal and academic contexts, objectives and central question

Societal context and relevance

This is a question that is of wider interest, as care farming is but one example of a wider trend: the emergence of new sectors and the application of new value creation models. Illustrations are other forms of multifunctional farming, where agriculture is combined with recreation, education, child care or nature conservation (Seuneke et al. 2013), but also the production of biomass energy, based on the synergy between waste and energy (Raven 2007). Various authors (Perez 2013; Rifkin 2014) argue that current conditions push for a shift towards new modes of value creations, where items that are considered cost factors or waste in one sector, become a production factor, or an additional product, in another one.

The emergence of a novel type of business, where value is created precisely from the synergy between two formerly separate kinds of activity, can also be seen in practice. Water purification plants start to recover scarce resources, like phosphates and cellulose, from the water and market them; thus becoming a ‘resources factory.’ What used to be a plant designed to produce clean water, with waste as a cost factor, now turns waste into a commodity. In a similar way, organic waste is now used as a renewable fuel in electricity plants (Raven 2007), and greenhouses today produce, in addition to food, also heat, optimizing both products, for instance by developing modes of tomato growing that are less energy intensive (Elzen et al. 2012). More generally, notions like green economy,

nature-inclusive business models and circular economy appear to inspire a wide range of cross-sectoral innovations. (TEEB 2010)

Understanding the emergence of care farming as such, as well as learning from it with regard to the wider issue of the emergence of new sectors and the application of novel models of value creation, are the two societal objectives of this dissertation.

Theoretical context and scientific objectives

As has become clear, in this study, the aim is to understand how the care farming sector has developed so quickly, in spite of the challenges associated with connecting two different sectors and for farmers to cross the boundaries of agriculture and care professionals to work with farmers. The general objective of this study is thus an exploratory one.

I have oriented this exploration, more specifically, towards the main challenges of the new sector as a starting point. The key challenge is to bridge the gap between two sectors that have drifted apart, developing legitimacy, professional organizations and sustainable financing structures for the care services that care farmers are providing (Blom and Hassink 2008). More specifically, care farming practices are often newcomers to one sector, while being outliers in their 'home sector', which leads to specific challenges of overcoming a lack of legitimacy and problems in finding financial and knowledge resources. These problems are common to so-called system innovations (Hekkert et al. 2007), i.e. innovations that involve both changes in practices and changes in the structures in which they are embedded. (Grin et al. 2004).

In the field of transition studies, the multi-level perspective (MLP) has been proposed as a broad framework for understanding the challenges and dynamics of such systemic changes. MLP captures the essence of transitions as a process of mutually reinforcing changes at three levels: niche innovations, socio-technological regimes and socio-technological landscape (Rip and Kemp 1998; Geels and Schot 2007). It is compatible with the basic idea from social theory in which agency (intentions and behaviour of actors) and structure (rules, regulations, routines at regime level) shape each other under the influence of exogenous developments (Giddens 1984; Grin 2006). The landscape level

forms a broad exogenous environment that is beyond the direct influence of regime and niche actors. Landscape pressures can build gradually or appear suddenly and can trigger changes in logics and practices at regime level (Geels and Schot 2010). Relevant changes at landscape level that put pressure on the care and agricultural regimes are the empowerment of clients, liberalization and the increasing concern for animal welfare, landscape and the environment, as indicated above. The regime refers to dominant practices and the shared rules, resources and routines on which they draw.’ The rules and routines of socio-technical regimes account for stability. Normal innovations draw on these structural elements and typically reproduce dominant practices. Niches form the micro-level where radical innovations emerge, which are often protected in the starting phase from mainstream market selection by dedicated actors (Schot 1998). Care farming can be seen as a niche innovation at the cross roads of agriculture and health care. Care farms are hybrid practices that relate to both agricultural and care regimes. Complex interactions can lead to different transition patterns and transition pathways (Geels and Schot 2010). Care farming is an example of an inter-system pathway, where formerly de-aligned care and agricultural regimes are re-aligned. System innovations like care farming are more radical than normal innovations, in that they do not just reproduce incumbent practices, and therefore are not (entirely) served by regime structures or, even worse, experience barriers resulting from institutional inheritance’ (Healey 1997), ‘structural inertia’ (Linder and Peters 1995: 133) and embedded agency (Seo and Creed 2002; Garud et al. 2007). Generally speaking, such more radical innovations, that demand structural change, initially develop in niches, where they are less exposed to the adverse influences of the incumbent regime, and may find (temporary) rules and resources on which they may draw. We can see the levels of the MLP as different levels of structuration. (Grin 2006, 2008; Geels and Schot 2010). Seeing the MLP from the wider perspective of structuration theory (Giddens 1984), agents will be seen as knowledgeable, reflexive and purposeful and can alter structures in which they move (Smith 2007). Especially when understood in this way, the multi-level perspective can be helpful in understanding interactions between initiators’ agency and existing structures in the health care and agricultural regime, and ‘exogenous’ developments in

society and the change in structures through a niche innovation like care farming.

While the MLP has been widely and successfully used as a framework for understanding transitions, several aspects are not well understood or need more attention. It has been argued that more attention should be given to agency; niche actors who push for niche innovations and regime changes (e.g. Smith et al. 2005; Genus and Coles 2008). In addition, it has been acknowledged that not enough attention has been paid to interactions across system boundaries and multi-regime interactions (Raven and Verbong 2009) and that taking on board sustainable issues in fields like health care instead of the classic clean-tech topics in energy will lead to valuable insights (Markard et al. 2012). Studies so far suggest that this may be beneficial when a niche innovation can be linked as a solution to multiple regimes (Raven and Verbong 2007), but problematic when the objectives of the regimes require conflicting actions or create additional problems and uncertainties (Lauridsen and Jorgensen 2010; Schot and Geels 2008). The case of the care farming sector may contribute to these debates, as it may help uncover the role of agency in innovations that transcend system boundaries.

To develop our understanding of such cross-sectoral agency (actions to connect different sectors) further, the notion of entrepreneurship may be of help. In fact, literature on multifunctional agricultural has identified the need for enhancement of entrepreneurship to start new non-farming businesses (Seuneke et al. 2013). Therefore, I take entrepreneurship to enrich agency in MLP in chapters 2 and 4 and to analyze behavior of initiators of care farms. My focus is on the opportunity-based conceptualization of entrepreneurship (Shane and Venkatamaran 2000). It is about entrepreneurial individuals seizing lucrative opportunities, and involves opportunity identification and exploitation and entrepreneurial behavior on the part of farmers and other actors (e.g. health care professionals). The concept of boundary spanning adds to the theory of entrepreneurship in the context of cross-sectoral agency, as it focuses on the challenges of connecting two different sectors. Boundary spanners are key individuals who create connections to overcome difficulties (Aldrich and Herker 1977; Dobbie and Richards-

Schuster 2008; Williams 2002). Boundary spanners link two or more organizations “whose goals and expectations are likely to be, at least partially, conflicting” (Miles 1980: 62). They “interact with other people inside their organization and negotiate system interchanges with another organization” (Steadman 1992: 77).

A successful boundary spanner is a leader and entrepreneur who deploys effective relational and interpersonal competences to develop mutual understanding, trust and respect (Williams 2002).

To understand how collective action came about, social movement theory may be helpful. Social movement theory accentuates the struggle for innovation and change in societal systems, the entry of new actors and groups searching for emerging organizational forms and appropriate collaboration, and collective action strategies and contentious politics about problematic issues and situations and possible solutions for them (Swaminathan and Wade 2001; Davis et al. 2005). A collective action frame (shared beliefs and concerns about serious issues) must emerge to justify the existence of social movements. Shared identity building is crucial to the success of social movements and it is constructed through interactions with non-members, counter movements and media (Swaminathan and Wade 2001). We use insights from social movement theory to understand how new organizations gain support and find avenues for collaborative action, facilitating both learning and legitimacy building (Miner and Haunschild 1995).

Another important notion is institutional entrepreneurship, i.e. forms of entrepreneurship that consider its institutional context not just as a given, but as a variable that may be adapted in order to deal with institutional inheritance and inertia. In chapters 2 and 5, initiators of regional organizations are institutional entrepreneurs creating new institutions and particular institutional arrangements. We use insights from institutional entrepreneurship to understand the development of regional organizations. Institutional entrepreneurship provides additional insight into the challenges of creating new institutions or transform existing ones and to change particular institutional arrangements as is the case for the establishment of regional organizations of care farms (Maguire et al. 2004; Levy and Scully 2007). Institutional

entrepreneurship deals with questions as to how an institutional field may be intentionally transformed (Levy and Scully 2007). Institutional entrepreneurs combine entrepreneurial tasks like opportunity identification and exploitation, and institutional tasks directed towards institutionalizing new practices (Garud et al. 2007). Existing literature places institutional entrepreneurship at the intersection of past practices and emergent futures (Henfridsson and Yoo 2014), and points out that institutional entrepreneurs have to cope with the so-called paradox of embedded agency (Seo and Creed 2002). This study will explore reflexive agency - i.e. agency which critically scrutinizes and seeks to transform its structural context - as part of institutional work (Lawrence et al. 2013). Figure 1. gives an illustration of the context of care farming in terms of the multi-level perspective.

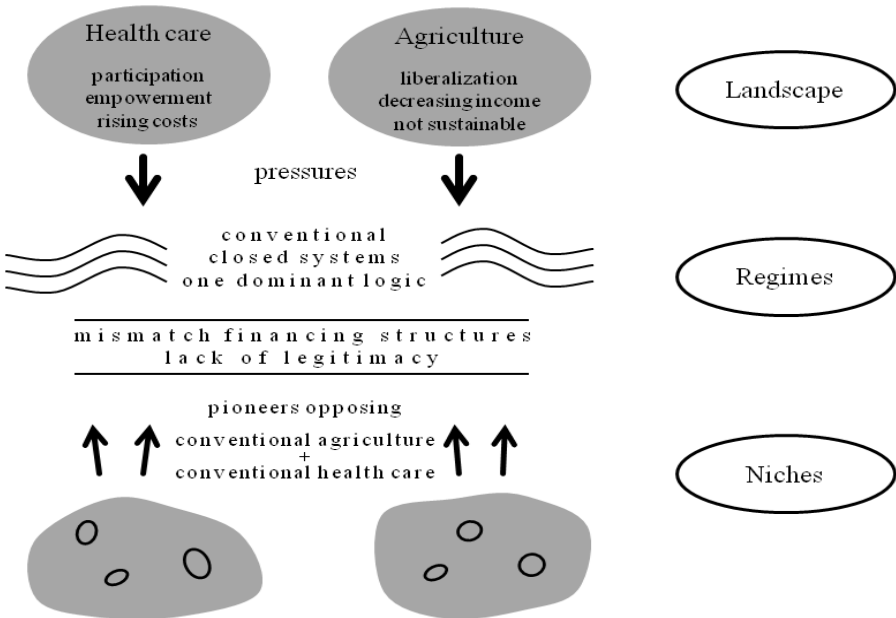


Fig. 1. Illustration of the context of care farming in terms of the multi-level perspective.

Against this background, the main **scientific objective** of this study is to enrich the multi-level perspective. Taking MLP as a framework for understanding system innovations, the first goal is to better understanding agency in transitions using entrepreneurship, institutional entrepreneurship and social movement theory. The second goal is to identify and better understand challenges associated with interactions across system boundaries like care farming and understand how actors can deal with these challenges.

To meet the societal and scientific objectives formulated above, the following central question will provide guidance to this study: how has care farming, as a new sector, in between health care and agriculture, developed and what conditions and strategies have been of key importance in the process?

Research design and data acquisition and analysis

The research design has been informed by the exploratory nature of the research question. First, I have chosen to investigate care farming in one country, where the ‘how’ of its emergence can be well researched, from various angles: The Netherlands. This is a rather relevant case in terms of exploring the development of care farming as it is, with Norway, the leading country in terms of absolute numbers of care farms, and also one of the leading countries with regard to the share of farmers providing care services (Table 1).

In addition, but not less important, a reason for selecting The Netherlands, is that it is one of the pioneering countries in care farming, so that the development of the sector could not rely on examples of other practices and their structural embedment. This is expected to provide a relatively comprehensive picture of the development of a new sector. The first care farms started in the 1970s (Termaat 2010), but they really took off around 2000: the number of care farms increased rapidly from 75 in 1998, to 1100 in 2011 (Ernst and Young 2012). The total annual turnover of care services on farms is around € 100 million and the average annual turnover per farm is around € 90,000 (Van der Meulen 2014). Extrapolating the data of 2005 (Hassink et al. 2007), more than 20,000

clients use the services of care farms and the care farming sector has created at least 1000 additional jobs. Compared to other European countries, the care farming sector in the Netherlands has become a relatively developed sector, with regional and national support organizations and a diversity of initiatives (Di Iacovo and O'Connor 2009), making Netherlands an interesting case for this study.

Table 1. Number of care farms in different European countries.

Country	Number of care farms	% of farms providing care (ref. eurostat)	Reference
Netherlands	1100	1.5	Ernst and Young 2012
Norway	1100	2.2	Norwegian Ministry 2012
Italy	700	0.04	DiIacovo and O'Connor 2009
Belgium	660	1.4	Steunpunt Groene Zorg 2013
France	500	0.1	DiIacovo and O'Connor 2009
Austria	250	0.2	Renner 2010
Germany	160	0.04	DiIacovo and O'Connor 2009
Ireland	130	0.01	DiIacovo and O'Connor 2009

Secondly, the explorative nature of this study requires an interactive and grounded theory approach, iterating between the relatively broad theoretical notions and academic literature discussed above, and empirical fieldwork and analysis (Glaser and Strauss 1967; Strauss and Corbin 1998). Data analysis was an inductive, iterative process as proposed by Strauss and Corbin (1998). First, all transcripts and

documents were re-read. Instead of using a pre-determined category scheme, themes were allowed to emerge from the subjects own words as recommended for exploratory research (Strauss and Corbin 1998). A constant comparative method was used to simultaneously code and analyse the data in order to categorize it into developing themes representing patterns of behaviours and meanings. Once themes were identified, the data was mined for elements representing those themes.

Thirdly, the research design is a qualitative, multiple case study approach. This allows for a detailed and contextualized analysis of care farming. Different chapters explore different questions. The multiple case design makes it possible to conduct a cross-case analysis by contrasting cases and searching for similarities and differences in patterns and mechanisms. Case studies are particularly useful for exploratory studies when the object is to gain a holistic understanding of how dynamics unfold in real-life settings (Yin 2009). More specifically, we will contrast successes and failures within the country, using this overall relatively successful development of the sector to explore the conditions and strategies that may contribute to the successful formation of a novel sector built on two existing sectors.

I was in the unique position to have been involved in the development of care farming for the last fifteen years. Having followed care farming in the Netherlands closely as a researcher and having established a care farm myself, I am well positioned to study a variety of aspects of that process, enabling a rather comprehensive picture. My experience as a practitioner, a researcher and an advisor to the sector has also provided me with intimate knowledge of the sector and its evolution. On the other hand, of course, there is a risk of being too much involved or biased. I have dealt with that risk on the basis of the interpretive or constructivist epistemological position which emphasizes that all analysis involves a perspective. Similarly, the accounts from actors that are object of analysis and sources of data will also unavoidably be informed by a perspective. (Furlong and Marsh, 2010). As Paredis, who faced a similar challenge, (2013: 78) notes, this awareness is already a help in safeguarding against a strong dominance of one's own perspective. On more practical level, I made several choices in data acquisition and

analysis. While the precise methods of data collection and analysis differ between chapters and will be accounted for there, they share some key features.

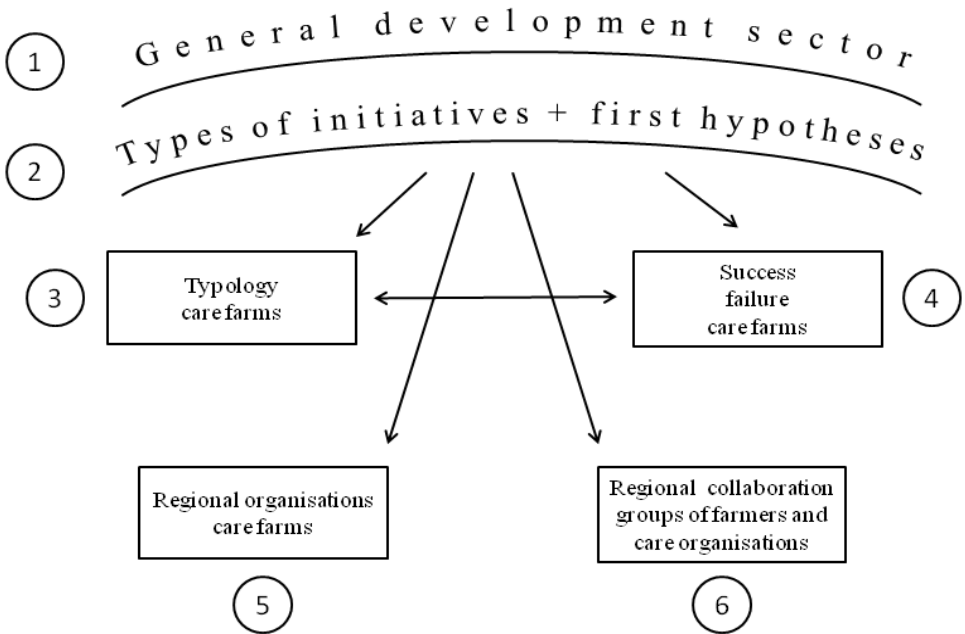


Fig. 2. Outline of the different pieces of the puzzle described and analysed in the different chapters of this thesis.

People, situations, organizations and processes were followed closely during an extended period of time. I conducted semi-structured, open interviews with a variety of people involved in the development of different types of initiatives, to gain a multi-perspective view. In addition, I collected data from other sources, especially documents and databases;

and I made use of my own observations. Between these sources I did triangulation, the understanding of a phenomenon by using different methods to collect data, multiple data sources and use of multiple theories (Schwartz-Shea 2006; Schwartz-Shea and Yanow 2006; Paredis 2013). Finally, I discussed the insights, analyses and conclusions with other researchers and actors of the care farming sector. Figure 2 contains an illustration of the different pieces of the puzzle that we describe and analyse in the different chapters, with the aim of gaining an overall picture and understanding of the development of this novel sector.

Outline of this study

In the first chapter, I describe the overall development of the care farming sector, focusing on the development in number and diversity of care farms, changes in regulations affecting care farms and initiatives at regional level and national level. The aim is to gain a clearer understanding of development of the care farming sector in the Netherlands and contribute to the discussion on how to understand agricultural change. I develop a framework taking MLP as a basis, adding complementary theories that can contribute to the understanding of the development of innovative practices, like care farming.

In the second chapter, I take a closer look at the three main types of initiatives in the care farming sector at a local and regional level: a) individual care farms, b) regional organizations of care farmers and c) care institutions collaborating with a group of farmers. From each type of initiative, I describe one characteristic and successful pioneer, the aim being to understand how these pioneering examples could develop successfully and develop a framework for their success.

In the third chapter, I shed light on the diversity of care farms and establish a typology for care farms. First, I use different theories to identify key dimensions for such a typology, taking the ratio between agriculture and care, locus of entrepreneurship and alignment with the environment as dimensions for the typology. In addition, I search for empirical support for the theoretically driven typology and describe the different types of care farms that have been developed over time.

In chapter four, I select successful and unsuccessful examples of the various types of care farms and describe and analyse their development, including pioneers, who face a lack of legitimacy, and later entrants, who benefit from adequate financing structures and support organizations. The objective is to provide insight into the key factors contributing to the start-up and growth of these different types of care farms. My specific research questions are what kind of entrepreneurial behaviour is needed to be successful for different types of care farms in the pioneering phase and later phases.

In chapter five, the focus is on regional organizations of care farms that can help farmers gain access to budgets of the care sector. I select two contrasting examples of regional collaboration of care farmers BEZIG and Landzijde. BEZIG is a collective initiative of existing care farmers, while Landzijde is the initiative of an individual entrepreneur. The main objective is to compare and analyse the strategies and development of both types of organizations in their challenge to gain legitimacy in the care sector and provide access to care budgets. The main research question is to understand how strategies designed to establish regional organizations of care farms unfold and are translated into entrepreneurial behaviour, organizational identity and legitimacy, and help provide access to budgets of the care sector.

In chapter six, the focus is on initiatives for collaboration between care organizations and groups of farmers at regional level, comparing initiatives taken by different actors, for different client groups, in different regions. The objective is to describe the processes of collaboration and implementation of care farm services in the care organization and identify factors that affect successful collaboration. The main research question is to understand what kind of actions and boundary spanning behavior are needed to establish a successful collaboration.



Chapter 1.

Farming with care: the evolution of care farming in the Netherlands



1. Farming with care: the evolution of care farming in the Netherlands

Abstract

The aim of this paper is to describe and understand the evolution of the care farming sector in one of its pioneering countries, the Netherlands. Care farms combine agricultural production with health and social services. Care farming is a phenomenon that faces specific challenges associated with connecting two different domains. Organizational ecology, social movement theory and the multi-level perspective are helpful concepts in interpreting and contextualizing the developments that have taken place. Organizational ecology explains how the number of care farms, and the legitimacy and diversity of the care farming sector, have increased rapidly over time. Strategic actions of dedicated boundary spanners have played an important role in the development of the sector. Social movement theory explains the impact of collaborative action in the pioneering and later stages. The multi-level perspective explains changes in the care regime, like the introduction of the personal budget of patients and the liberalization of the Dutch health care sector, helping to provide access of foundations of care farms to the collective health insurance for the costs of long-term care. Media exposure, contacts with ministries and politicians and the development of a quality system have contributed to the legitimacy of the sector. Changes in the care regime and collective action promoted a further expansion of the sector and provided direction to the ways the sector developed qualitatively, especially in terms of the emergence of structures aimed at facilitating existing and promoting new care farming practices. Our framework sheds light on changes in agriculture and transsectoral collaboration.

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1.1 Introduction

European agriculture has undergone significant changes in the past century. Due to economies of scale and in order to remain economically profitable, farmers increased farm size, efficiency and external inputs, while minimizing labor use per hectare. Environmental problems, homogenization of the landscape, outbreaks of animal diseases and poor animal welfare resulted in a negative image of the agricultural sector (Meerburg et al. 2009). The growing concern for nature conservation and environment and the increasing competition from new functions such as housing and recreation put pressure on the sector (Frouws and van Tatenhove 1993; Hermans et al. 2009). Increasing pressure on the agricultural sector and changing demands from society changed the focus of an increasing number of farmers in the Netherlands. It generated an increasing interest in innovative practices such as environmental co-operatives, organic farming and multifunctional agriculture (Vereijken 2002; Goewie 2002; Wiskerke et al 2003). Multifunctional agriculture integrates new activities around the core of agricultural production (Meerburg et al. 2009; Ibery 1988). Various case studies have analysed diversification activities, such as recreation, food processing/direct marketing and agroforestry (Maye et al. 2009; Northcote and Alonson 2011). In this study, we describe and analyse the development of the care farming sector in the Netherlands. Care farming is an interesting example of multifunctional agriculture that faces the challenge of connecting and bridging two different domains, namely agriculture and health care. In pre-industrial society, agriculture and health care were closely linked to local and small-scale communities, but the two sectors drifted apart with the emergence of modern society. From the 1990s onwards, the agricultural sector has been increasingly involved in the offering of health care and social services to different patient groups (DiIacovo and O'Connor 2009). Also, health care professionals and organizations began to approach farmers to offer all kinds of services to people with a mental illness, intellectual disabilities, elderly persons, children, drug addicts, and long-term unemployed persons.

As such, care farming is an example of multifunctional agriculture that has received little scientific attention so far. Care farms combine

agricultural production with health and social services. They offer day care, assisted workplaces and/or residential places for clients with a variety of disabilities (Hassink and van Dijk 2005). Care farms can be considered examples of innovative community-based service providers that can improve people's quality of life (Hassink et al. 2010). The combination of a personal and dedicated attitude on the part of the farmer, often assisted by the farmer's wife, the carrying out of useful activities, and an informal and open setting within a green environment turn care farms into an appealing facility for various client groups (Hassink et al. 2010). The perceived benefits of care farms are improved physical, mental and social well-being. The mental health benefits consist of improved self-esteem and well-being, and an improved disposition. Examples of social benefits are independence, the formation of work habits and the development of personal responsibility and social skills (Hine et al. 2008).

While care farming has now been adopted by a multitude of other European countries (DiIacovo and O'Connor 2009), the focus in this article is on the Netherlands, one of its pioneering countries (Hassink and van Dijk 2005). The number of care farms in the Netherlands has increased rapidly, from 75 in 1998 to more than 1000 in 2009 (www.landbouwzorg.nl). In 2005, the sector catered to 10,000 clients in the Netherlands, with average annual revenues of 73,000 euro per farm (Hassink et al. 2007). Although care farming is seen as a successful and innovative sector (DiIacovo and O'Connor 2009; Hassink and van Dijk 2005), various weaknesses and challenges were identified. The main challenges included: bridging the gap between the agricultural and care sector, developing professional organizations of care farmers and creating sustainable financing structures (Blom and Hassink 2008).

Understanding structural change and innovation is the centre of many studies focusing on rural communities and the role of agriculture in recent decades (Wolf 2008; Barbieri and Valdivia 2010). Burton and Wilson (2006) argue that, in mapping and analysing changes in agricultural regimes, the focus has largely been on exogenous factors. They suggest incorporating the structure-agency concepts into theorisations of agricultural change. Wolf (2008) argued that development of new professional structures are important for agricultural innovation. Previous studies dealing with innovative practices in the Netherlands like

organic farming and environmental co-operatives have focussed on their development and challenges (Goewie 2002; Wiskerke et al. 2003), rather than contributing to a better understanding of agricultural change.

The aim of this paper is to describe and understand the development of the care farming sector in the Netherlands and contribute to the discussion on how to understand agricultural change (Burton and Wilson 2006). Studying the development of the care farming sector can increase our understanding of agricultural change. Like other examples of diversification (e.g. recreation, education) it faces the challenge of connecting and bridging agriculture with another sector. Challenges associated with connecting two different sectors have not received much attention so far. We focus on describing and understanding changes in the number and diversity of care farms, organizational structures and interaction with the environment. In this paper, we describe the endogenous development of the sector by zooming in on the organizations that have played a role in shaping it, the development and role of new organizational structures and the key events and turning points in the emergence and early growth of this new sector. Due to the fact that this is the first attempt at describing the developments in this new sector, it is an exploratory study. Before outlining our methods for the acquisition, analysis and integration of data, we discuss selected theories that may help us understand the development of this new sector.

Previous studies identified legitimacy, knowledge development, agency-structure interactions and collective action as important issues in understanding the development of innovative practices (Goewie 2002; Wiskerke et al. 2003; Roep et al. 2003). So as to identify an overarching theory, we seek to integrate three theories that each comprise and interrelate several of these issues. **Organizational ecology** may help gain insight in the development of a sector, as described by the evolution of organizational populations. It emphasizes the need for legitimization and knowledge development during the emergence and evolution of a new industry and sector. **Social movement** theory identifies the importance of collective action and its role in developing influence. **Transition studies**, and in particular the multi-level perspective, captures the essence of agency and structure shaping each other and acknowledges the need for boundary spanning and strategic agency. It adds insight on the impact of

regimes in the care and agricultural sectors. Thus far, these three different theories have not been connected.

1.2 Theoretical framework

The theories we have selected to help us understand the development of the care farming sector are: a) organizational ecology, b) social movement theory and c) multi-level perspective.

1.2.1. Organizational ecology

Ecological theories are concerned with the birth, growth and transformation of firms and industries, or communities of organizations, or formulated more specifically how populations of organizations change over time through demographic processes of selective replacement, organizational founding, mortality and growth (Carroll and Khessina 2005). Key elements in their conceptual frameworks are blind and intended variation and experimentation processes by (populations) of organisations, selection and competition in the environment, and retention and institutionalization processes over time (Carroll 1997). Also the concepts of entry mode and survival are relevant for understanding the ecological approach to organizations. Firms can enter an industry as new ventures, so-called de novo firms, or as existing organizations diversifying away from another industry, in the case of de alio firms (Carroll and Khessina 2005). While some of the firms succeed and grow, roughly half of these firms do not succeed and willingly or unwillingly exit the industry they entered a couple years before. So smaller and younger organizations, facing the liabilities of newness and smallness, usually do not survive and die young.

Founders of ventures in a new population are operating in a situation with few if any precedents. While operating under conditions of ignorance and uncertainty these entrepreneurs must learn about new markets and develop the organizational knowledge and the external legitimacy to exploit them. They must seize a new market, learn new skills and tricks, raise capital from sceptical investors, recruit untrained

employees, and cope with other difficulties stemming from their embryonic status. New organizations must also establish ties with an environment that might not understand or acknowledge their existence. Aldrich and Fiol (1994) draw a distinction between cognitive and socio-political legitimacy. Acceptance of a new kind of organization or sector by the environment is referred to as cognitive legitimacy. To overcome this legitimacy barrier, network actors must inform the larger community and establish partnerships to create a wider understanding of the new concept or approach. Socio-political legitimacy refers to the extent to which key stakeholders accept the sector as proper and conforming to accepted rules and standards. An important obstacle for new organizational communities is the lack of effective organizational knowledge (Aldrich and Ruef 2006). New organizations must discover effective routines and competences under conditions of ignorance and uncertainty. They must also establish ties with an environment that may not understand or acknowledge their existence. Pioneering ventures in new populations also face the problem of collective agreement on standards and designs that turns the population into reality that is taken for granted. Without accepted standards and designs, population boundaries will be ambiguous and organizational knowledge fleeting. Failure to agree on common standards leaves a new population vulnerable to illegal and unethical acts by some of its members and may jeopardize the legitimacy of the entire population (Aldrich and Ruef 2006).

Generally speaking, the long-term evolution of a population of organizations follows a general pattern: initial slow and erratic increases in density, a subsequent period of rapid growth and then a levelling-off and decline (Hannan and Carroll 1992). Organizational ecologists have developed a model of density-dependent legitimation and competition that identifies two major forces affecting the evolution of organizational populations: legitimation and competition. In young and small populations, founding rates are low and disbanding rates high. A low level of legitimization implies that organizing is difficult: capital sources are hard to come by, “suppliers and customers need to be educated, employees may be hard to find and recruit in many instances, and hostile institutional rules must be changed” (Carroll, 1997: 126). This early stage shows an underdeveloped organizational form, which is not able yet to

generate a legitimate signal, with the emerging industry failing to attract sufficient resources and institutional approval. When legitimization is on the rise, entrepreneurs seize opportunities and organizations find it easier to attract capital, suppliers, customers and employees. They also face fewer institutional obstacles (Carroll 1997). An increase in density causes large increases in legitimacy and small increases in competition. As populations grow, founding rates increase and disbanding rates decrease. In more mature populations, an increase in density causes small increases in legitimacy and large increases in competition (Carroll 1997).

In addition to the underlying variation, selection, retention models of explanation, two other relevant concepts are niches and carrying capacity (Aldrich and Ruef 2006). Organizational communities consist of diverse populations of organizations that occupy different niches. Organizations within populations tend to segregate by resource niche and geographical location (Aldrich and Ruef 2006). The carrying capacity is the maximum numbers of organizations that can be supported by the environment at a particular point in time (Ruef 2000). The development paths of organizations are highly affected by the selection environment, which consists of competitors, customers, suppliers, investors and policy-makers that exert a strong influence on the evolution. Thus, organizational changes must be linked to particular environmental conditions (Hannan and Freeman 1977). External events interact with an organization's own actions. Aspects of society that shape the environment are cultural values and governmental and political activities and public policies.

1.2.2. Social movement theory

While organizational ecology emphasizes chance and necessity and downplays purpose, social movement theory exalts intention. Social movement theory accentuates the struggle for innovation and change in societal systems, the entry of new actors and groups searching for emerging organizational forms and appropriate collaboration and collective action strategies and contentious politics about problematic issues and situations and possible solutions for them (Davis et al. 2005; Cres and Snow 1996; Swaminathan and Wade 2001). Social movements are collective endeavours of people to initiate societal change, reframing

and politicizing sensitive issues and organise political action (Rao 2009). Social movements arise when there is a socio-political opportunity motivating actors to seek change, available structures and mechanisms to mobilize supporters and transforming the larger public into sympathizers and frames that articulate how (latent) problems are defined, where the blame for them is located, and how solutions for attaining them are defined. Social movements create new identities for the actors and groups involved and underlie the emergence of new sectors, new niches in mature markets and new cultural styles in markets for creative arts (Rao 2009). Besides advocating change, social movements also can arise to protect inundated identities and constrain markets by pushing for new legislation and opposing socio-political and technological innovation.

Social movement organizations are a case of industry (re)creation with new organizations trying to obtain external support for their policy issue or case for change and find avenues for collaborative action facilitating both learning and legitimacy building (Miner and Haunschild 1995). In this respect, Rao (2001) refers to activists ('market rebels') who defy authority and convention and joining hands with their recruits and supporters, who subsequently succeed by constructing hot causes that arouse intense emotions and exploit cool mobilization triggering radical innovation and new behaviours and beliefs. A collective action frame - systems of shared beliefs and concerns about serious issues – must emerge to justify the existence of social movements. Such new organizational forms can only become cognitively legitimate and effective when activists succeed in framing them as valid and reliable (DiMaggio and Powell 1991). Four general types of resources need to be accumulated for collective action to occur: leadership and cadre, expertise or prior expertise, financial and information resources, and legitimacy (Cress and Snow 1996).

Social movements are important in securing resources that will support the formation of a shared identity which will increase the carrying capacity of a new organisational form (Hannan and Freeman 1977). A central focus of social movements is the creation of a collective consciousness, identity and boundaries (Tugal 2009). Shared identity building is crucial to the success of a social movement and is constructed through interaction with non-members, counter-movements and media

portrayal (Melucci 1989; Swaminathan and Wade 2001). Joint experiences and feelings of solidarity and authenticity are important contributors for the shaping of a collective identity among the activists within the social movement. In order for institutional activism to be effective, the movement's leaders also have to use a strategy of claim-making to establish their necessity, reliability and usefulness (Rao 2009; Rindova and Fombrun 2001). Adopting accepted procedures (best practices), conferences, trade shows, certification contests and demonstration events are examples of identity claim-making, aimed at legitimizing new industries or alternative ways of living (Rao 2001). Summing up, the challenge for social movements is to develop a collective identity among activists and mobilize internal and external support by articulating a hot cause that arouses emotion and motivates them to act. Subsequently, a community of members is created relying on cool mobilization that signals the identity of its members, sustains their commitment and seeks to have socio-political impact (Rao 2009).

1.2.3. Transition theory and multi-level perspective

Environmental conditions affect the direction of the evolutionary process. Transition studies and its multi-level perspective (MLP), are helpful in understanding the interplay between existing structure and agency, and thus in addressing the often articulated need (see above) to better understand structural change for care farming and its relation to everyday practice. MLP is rooted in evolutionary theories, and it focuses on the mutual interdependency of structure and agency, and systems theory (Grin 2008). Transitions are fundamental changes in the structure, culture and practices of societal systems (Rotmans and Loorbach 2008) that take place through the interaction of processes, activities and events at different levels. MLP distinguishes three levels: niche, regime and landscape (Geels and Schot 2007). Niches form the micro-level where radical novelties emerge, protecting the latter against main-stream market selection (Schot 1998). Niche innovations are carried out by dedicated actors, often outside the fringe of actors (Geels and Schot 2007). The regime refers to shared rules, resources and routines and is a conglomerate of structure (institutional setting), culture (prevailing perspective) and

practice (rules, routines and habits). The regime's cognitive, normative and regulative institutions act to establish and reinforce the stability and cohesion of societal systems, but they also limit innovation to localized, incremental improvements (Geels 2005). The socio-technical landscape forms an exogenous environment beyond the direct influence of niche and regime actors (macro-economics, deep cultural patterns, macro-political developments). Changes at the landscape level usually take place slowly (decades).

The multi-level perspective captures the essence of transitions as a process of mutually reinforcing changes at the three levels. It is compatible with the basic idea from social theory (Giddens 1984) in which agency and structure shape each other under the influence of exogenous developments (Grin 2006). Transitions come about through interactions between processes at these three levels: a) "niche-innovations build up internal momentum, through learning processes, price/performance improvements, and support from powerful groups, b) changes at the landscape level create pressure on the regime and c) regime changes create opportunities for niche innovations" (Geels and Schot 2007: 400). It requires strategic action in the sense of creating linkages by smartly connecting dynamics at the three levels (Grin 2006).

Care farming relates to both the agricultural and the care regime. Neither regime as such may offer a proper structural embedding for such hybrid practices as care farms. In the best of circumstances, multi-regime dynamics can be beneficial when a niche innovation is able to draw on selected elements in both regimes. Conversely, however, each regime may obviously also imply problems and uncertainties (Raven and Verbong 2007). Previous studies have shown the importance of dedicated and influential boundary spanners on the interfaces at which contact is non-existent or dysfunctional (Aarts et al. 2007).

1.2.4. Summary

Organizational ecology may help explain the development of care farming in terms of competition and legitimacy as major forces of influence, and emphasizes the need to generate supportive knowledge, especially with regard to the early stages of development. Social movement literature is

helpful, as it indicates the importance of collective action and strategies of claim-making and generating a collective identity. The MLP adds insight into the relationship between novel practices and the emergence and creation of new structures, and focuses our attention on the opportunities and risks implied by the fact that care farming is embedded in two incumbent regimes (care and agriculture). We propose that integrating the three different theories as illustrated in Fig. 1. will increase our understanding of the development of the sector agriculture and care.

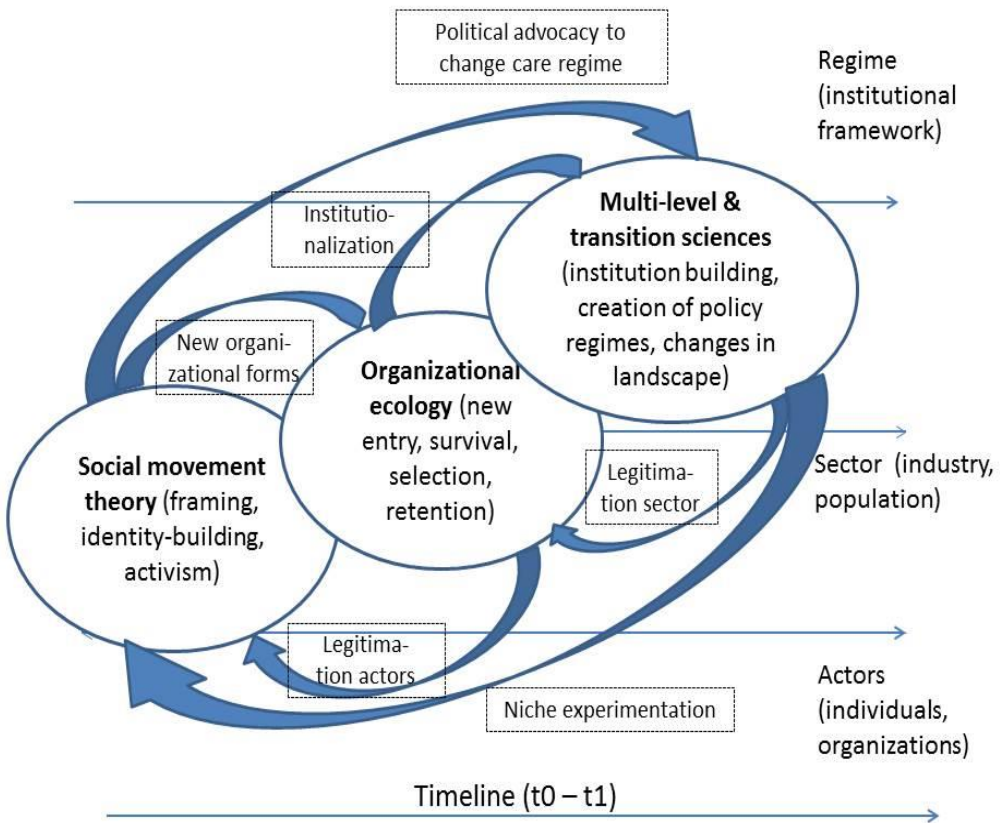


Fig. 1. Integrated multi-level framework combining social movement theory, organizational ecology and the multi-level perspective.

1.3. Methods and data collection

The aim of this paper is to describe and understand the development of the care farming sector according to the topics that are raised by our selected theories. Based on organizational ecology we determined changes in the number and variation of care farms and entry and disbanding rates. Based on MLP we determined regime characteristics like evolving organizations and changes in regulations. Based on social movement theory we studied the development and actions of the National Support Centre Agriculture and Care.

In our study, we use different types of inventories and databases. To monitor the number and diversity of care farms, we used two databases. The National Support Center Agriculture and Care registers all care farms that have registered as such since 1998. In principle, this database includes all care farms. This database includes information about the characteristics of the care farms, like the dominant financing mechanism for the care services, the openness to specific client groups and the method of agricultural production (biological or conventional). The Dutch agricultural census registers all (care) farms with an economic size larger than three Dutch Size Units (DSU). The DSU is a unit of economic size based on standard gross margin. This database does not include care farms that were set up by (former employees of) care institutions. The Dutch agricultural census includes data about the type of agricultural holding and the disbanding rate. From these databases, founding and disbanding rates and diversity of care farms can be extracted as core notions of organizational ecology.

Information about new organizations in the care farming sector (examples of structural changes and collective action) was derived from various sources. Information about the objectives, activities and results of the National Support Center was obtained from available documents (e.g. strategic plans) and by interviewing all former directors and a board member of the national support center and representatives of the ministries of agriculture and health, welfare and sports. Interview items were the activities, goals and strategies of the national support center. Information about regional organizations of care farms was obtained from

an inventory held in 2003 (Kattenbroek and Hassink 2003) and in 2009 (Pullen et al. 2009). Information regarding initiatives of collaboration between care institutions and farmers was obtained by contacting all regional organizations of care farms. Information about the existing initiatives was collected by interviewing the project leaders. Information about changing regulations and conditions at a national level was obtained from an earlier study (Ketelaars et al. 2002), while provincial policies for agriculture and care (examples of changes at regime level) was obtained from various reports (Oomen 2002; Elings et al. 2003) and policy documents of the provinces.

1.4. Developments of the care farming sector

1.4.1. Number and diversity of care farms

According to the National Support Centre Agriculture and Care, 40 care farms were initiated between 1949 and 1995. The average growth was one care farm per year. From 1995 onwards, the number of care farms increased rapidly, from 75 in 1998 to almost 1100 in 2009. The steep increase between 1998 and 2001 slowed down between 2002 and 2004. From 2004 onwards, there was a sharp increase in the number of care farms (Fig. 2). From 2003 onwards, the difference between both databases grew to more than 350 in 2009. According to the agricultural census database, a considerable number of care farms stopped providing care. The disbanding rate decreased over time. Between 1999 and 2003, 61% of the initial care farms stopped providing care services and continued farming, while 11% discontinued both activities. Between 2003 and 2007, the disbanding rate decreased to 29% for care services only, while 25% of the care farmers discontinued both activities. The number of entrants increased over time: 106% between 1999 and 2003 and 115% between 2003 and 2007. Next, we discuss various aspects of the development of the sector in a more qualitative way.

According to the support center database, the characteristics of the care farming sector changed in time. In 1998, 32% of the care farms were part of an institution with an AWBZ accreditation and 16% had its own AWBZ accreditation. AWBZ is the collective health insurance for the

costs of long-term care in the Netherlands. Most of the existing care farms were working and living communities. In the following years, this situation changed radically. The percentage of institution based care farms and AWBZ accredited care farms decreased in time. The increase in the number of care farms was completely due to the increase of independent (private) family care farms that made subcontracting arrangements with care institutions or made use of the personal budgets of clients. Most of these new family care farms offered day care facilities. The preference for specific client groups also changed over time. In 2001, most care farms were open for clients with intellectual disability and a smaller percentage for clients with mental illness. Other client groups were hardly present on care farms. In the years 2006-2009, an increasing number of care farmers focused on new client groups like elderly and youth (see Table 1).

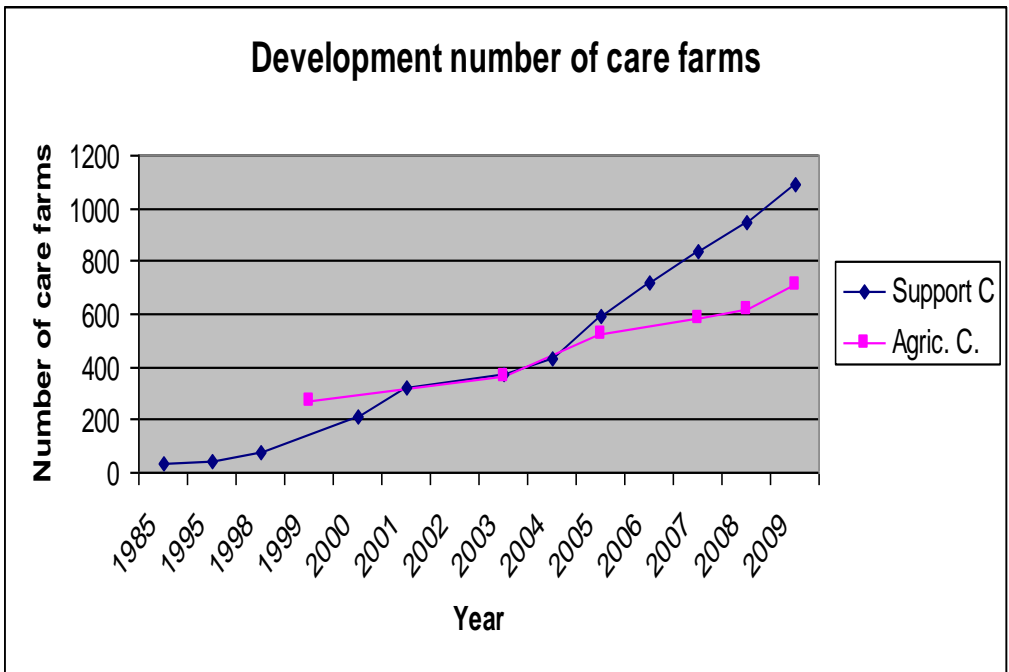


Fig. 2. Development in number of care farms in the Netherlands according to the database of the National Support Centre Agriculture and Care (Support C.) and the Agricultural Census (Agric. C.).

Care services appear to be most common among the non-intensive animal husbandries. According to the agricultural census, the growth in the number of care farms is almost completely due to the increasing number of dairy and other grassland grazed farmers that started with care activities. The number of arable farms and horticultural farms with care services remained constant between 1999 and 2008. In 1998, more than 80% of the care farms had an organic production method. This percentage had dropped to less than 40% in 2009. This shows that, in the first decade of this century, mainly conventional farmers started care activities on their farm.

Table 1. Percentages of care farms with revenues from main financing sources and percentage of care farms open for a specific client group (based on census of the National Support Centre Agriculture and Care; as most care farms are open to various client groups, rows do not add up to 100%).

	Organization and financing care (%)				Care farms open for specific client group			
	Part of Care institution	Sub-contract	PGB	Own AWBZ	Intellectual disability	Mental illness	Youth	Elderly
1998	32	19	16	16				
1999								
2000	30	34	22	7				
2001	24	45	14	5	74	32	13	10
2002								
2003					73	32	11	10
2004	20	34	24	5	70	36	14	10
2005	13	32	37	7	67	39	22	11
2006	12	29	39	6	63	40	23	13
2007	10	33	42	5	66	45	27	18
2008	5	18	40	2	51	38	28	21
2009	4	17	41	2	53	39	32	24

1.4.2. Initiatives at the national level

1.4.2.1. Organizations

Before 1997, care farming was not a topic that generated interest at a national level (Termaat 2010). From 1997 onwards, there were regular national meetings and publications about care farming, initiated by Omslag, an anthroposophist organization with a mission to link agriculture, care and craftsmanship. This organization represented the anthroposophist care farms. Anthroposophist care farmers strongly opposed the mainstream practices in both agriculture and health and social care. The activities of these pioneering care farmers triggered societal awareness. The national farmers' organization (LTO), a Christian organization for youth care with a long history in community care (Rudolphstichting) and the anthroposophist organization (Omslag) collaborated in organizing political support for the development of the new sector. This resulted in the initiation of the National Support Center Agriculture and Care in 1999. This support center was subsidized by the Ministry of agriculture and the Ministry of health, welfare and sports for a period of three years. The objectives of the support center were development and support of care farms, development of quality system, embedding agriculture and care in society and policy, and exchanging information, experience and knowledge. The support center developed a website, a national database, a quality system and a handbook for starting care farmers. In 2001, the support center managed to obtain dispensation for care-bound sales tax exemption for individual farmers. The representatives of the supporting ministries we interviewed stated that the support center had very good contacts with politicians and key civil servants. Due to these contacts, care farms remained on the political agenda and the support center managed to prolong the financial support for a total of ten years. According to all interviewees, crucial factors were the focus on the familiarization of care farms and the positive public image of combining farming and health care provision. This was stimulated by visits of the Queen, ministers and other decision-makers, by articles in newspapers, open days and television programs.

When government subsidies stopped, the support center stopped its activities in December 2008, after which it then became apparent that a drawback of the support had been that care farmers had not been stimulated to pursue an entrepreneurial approach and to set up a market-oriented organization. The Ministries of Agriculture and Health, Welfare and Sports pressed the sector to take responsibility and to establish a national association that would represent the care farming sector as a whole. Such an organization had to be financed by the care farmers themselves. This resulted in the national federation of care farms. The federation struggled to obtain support from the regional organizations of care farms. A critical moment was the first negative item on television about care farms in 2010. Clients and their family expressed dissatisfaction with the quality of the care on two locations classified as care farms. This urged the national federation of care farms to speed up its efforts to develop an up-to-date quality system.

1.4.2.2 Regulations

A major challenge for care farmers was to find funding for the care services they provide (Ketelaars et al. 2002). Before the 1990's, pioneers found creative ways to obtain sufficient finances. They used various regime elements like labour integration funds, social assistance regulations, healthcare innovation funds and regulations for family replacement homes. From 1995 care farms became funded by a new regime element, the AWBZ, the collective health insurance for the costs of long-term care in the Netherlands, which implied that care services were only reimbursable when provided by institutions with an AWBZ accreditation. Since then, the most common way for care farmers to organize financing for the care services provided, was to find care institutions with an AWBZ accreditation that accepted them as subcontractors. More specifically, under the influence of client organizations and reflecting longer standing 'landscape' tendencies of individualization and diversification of lifestyles, the AWBZ was changed in 1995, to include the so-called Personal Budget (PGB) for clients with an intellectual disability. The aim of the PGB is to strengthen the position of clients by giving them a budget which they can spend according to their

own needs. In 2003, a new style PGB was introduced, making it available to a much larger group of clients: in addition to clients with mental illness, ageing people and youth with multiple problems were included as well. Another trend in the institutional landscape, liberalization of the health care sector, offered opportunities for new suppliers to obtain an AWBZ accreditation.

1.4.3 Developments at a regional level

1.4.3.1. Regulations

Triggered by the support at national level from 1999 onwards, provinces started to support care farming activities. Initially, provinces provided financial support to individuals for adaptations on their farms. Some provinces set up provincial support centers to raise interest in care farming and select farms that were eligible for financial support. At a later stage, the aim of the provinces was to develop a self-supporting sector, to which end they supported the development of regional and provincial networks and regional organizations of care farmers.

1.4.3.2. Organizations

Before 2000, interactions between care farms were limited. From 2000 onwards, care farmers started to organize themselves at a regional level. Initially, this resulted in study clubs of care farmers. The main objective of the study clubs and associations is the exchange of information. In five regions, foundations of care farmers were established that applied for AWBZ accreditation. The reason for choosing the organizational structure of a foundation is that a foundation is an accepted organizational structure in the health sector. Two different types of foundations emerged:

- i) foundations run and owned by the care farmers. The existing care farms organized themselves in a foundation. Individual farms maintain contacts with interested clients. The central office is limited and restricted to administrating the AWBZ finances, and
- ii) foundations started by rural entrepreneurs with the concept of a strong and professional organization that matches demand and supply at a regional level. In this case, clients do not contact individual farms, but the

central office. This concept was initiated in the western part of the country. After obtaining the AWBZ accreditation, the initiators invited farmers to become a subcontractor of the foundation. The director of the largest foundation estimates that 75% of the care farmers would not have started the care activities without the support of the organization.

Another development is the initiative by some care institutions to work together with a group of farmers in their region. In a survey conducted in 2009, three initiatives were identified where farmers were invited by care institutions to start small-scale care services on their farm in collaboration with the care institution (Pullen et al. 2009). These farmers would not have started care services without the support of the care institution. Based on the support center database in 2000 and the survey held in 2009 (Pullen et al. 2009), we estimate that, in 2000, 30% of the care farms were part of an institution. The remainder of the sample was independent of the organizations described above. In 2009, only 5% of the care farms was part of a care institution; 10% of the farmers started small-scale care activities after they were invited by a care institution to collaborate, 34% was member of one of the types of foundations and 30% was member of an association or study club of care farms. We estimate that 22% of the care farmers did not fall into in any of these categories (Fig. 3). This indicates that the level of organization increased over time. It is interesting to note that, in regions where farmer's associations have a strong position, care farmers organized themselves in study clubs and associations, under supervision of the union. The professionalized foundations appeared in the regions that have a long history with broadening activities and experience with the agricultural nature organizations. The foundations decided to become independent from their mother organizations and develop a new structure.

Based on the data, we can conclude that the characteristics of care farmers changed over time. It appears that different orders of entry of care farmers evolve. In the last century, institutional care farms (30%) and idealistic biological dynamic living/working communities were the majority. The pioneers were young people with an alternative vision on health care, agriculture and society (Kattenbroek and Hassink 2003). During the late 1990s, some agricultural initiatives on family farms started, in many cases biological farmers concerned with the environment

and looking for alternatives to intensification. When care farming became better known, many conventional farmers initiated care services on their farm. The increasing difference between the number of care farms in the agricultural census and the database of the National Support Centre points to the development of a new group of care farmers during the last five years. An increasing number of former employees of the care sector buy a farm and start a care farm. Board members of organizations of care farmers estimated that 10-45% of their members fall into this category. Other new groups of care farmers that have emerged are conventional farmers who have been invited by care institutions and foundations with a strong central office, as indicated above. All these developments described have led to a very diverse sector.

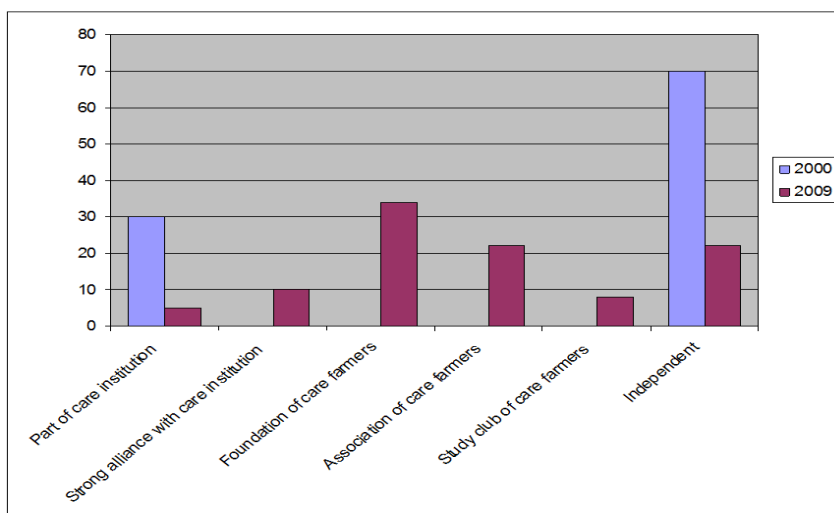


Fig. 3. Percentage of care farms belonging to different organizational structures in 2000 and 2009.

1.5. Understanding the developments

The aim of this paper is to understand the development of the care farming sector and contribute to the discussion on how to understand agricultural change. We now explore how and to what extent the

perspectives from organizational ecology, transition studies and social movement theory are helpful in this respect.

1.5.1. Organizational ecology

The development of the sector follows a general pattern that is characteristic of new populations: initially slow and erratic increases in density, followed by a subsequent period of rapid growth. The leveling off and decline phases have not yet been reached. As organizational ecology claims, during the initial stages, growth hardly gave rise to increased competition; this was further reinforced by regime changes that created an increased demand, like the broadening of the personal budget and access to the AWBZ. After personal budgets became more widely available in 2003, an increasing number of care farmers used the personal budgets of clients to finance the care services they provided (Table 2), which made them less dependent on the willingness of care institutions to collaborate and accept them as subcontractors. This confirms the claim by Ruef (2000) that the carrying capacity of the sector is not fixed and that it is affected by changes in attention to the sector. As stated before, new communities of organizations face two main problems: a lack of legitimacy for the new activity and a lack of effective organizational knowledge. The pioneers faced a lack of legitimacy and institutional obstacles. Examples are barriers to make use of health care funds and major banks in agricultural business that were not willing to finance investments of care farms (Termaat 2010). The successful efforts to obtain support from two ministries to initiate a national agriculture and care support center was an important milestone that contributed to the legitimacy of care farms. At that time, competition between initiatives did not occur and at this stage, the support center was important for the development of the sector in ways we will elaborate in the section on social movement theory. In line with evolutionary theory, we observed that disbanding rates decreased and founding rates increased over time. At present, we do not know whether the high initial disbanding rates are due to lack of additional capital, legitimacy, organizational knowledge and/or competences, as suggested by Aldrich and Ruef (2006).

Although the sector started organizing itself, developing effective support organizations proved a challenge. There was a continuous debate

between the National Support Centre and regional groups of care farmers about the desired organizational structure. In most regions, collaboration between individual care farms began informally and developed gradually. In some regions, but not others, the collaboration developed into strong foundations. The only exception where collaboration did not start informally and gradually is the western part of the Netherlands, where the number of care farms was limited. An entrepreneur initiated a regional foundation to match supply and demand, transforming it into an efficient foundation without major involvement on the part of the care farmers. He invited farmers to do business with the foundation. We think that the presence of an institutional entrepreneur is a crucial factor for the development of strong organizations. We observed an increasing diversity of organizations and care farms. During the last decade the diversity of client groups, the diversity of financing arrangements and the diversity of initiators increased. Aldrich (1979) argues that the degree of diversity depends on resource scarcity. Homogenization will particular be strong in competitively saturated environments with finite resources. Competitors will then seek to outcompete each other and reduce opportunities for local niches to persist. When competition is more relaxed, greater variety is allowed. The increase in diversity after personal budgets became more widely available indicates that care farmers were able to find different niches with different types of resources, which in turn indicates that the sector has not reached the situation of a competitively saturated environment. It would appear that competition is not yet a major force in the development of the care farming sector, which is in line with previous findings. Care institutions estimated that the potential demand for care farms is between 5.5-6.5% for different client groups (Kramer and Claessens 2002). At that time the percentage of youth clients and elderly in nursing homes making use of the care farm was only 0.6%. Since that time we observed a strong increase in the number of youth and elderly clients on the care farm. This growth was facilitated by the availability of the personal budget for these client groups. The experience of many care farmers is that only the market of care farms for clients with intellectual disabilities approaches saturation. In 2005, 3.7% of the clients with intellectual disabilities made use of a care farm (Hassink et al. 2010).

The results indicate that stored knowledge and routines affect regional developments. In regions where farmers have a long history with broadening activities and agricultural nature organizations foundations emerged from these already existing organizations of farmers. These regions may have benefited from a longer history of cooperation and organizational knowledge. In these regions, the farmers' association does not play an important role anymore. The wait and see attitude of care farmers in other parts of the Netherlands with respect to initiating regional organizations, relates to the position of the farmers' association. Most care farmers wait for initiatives of the association. The National Support Centre contributed to the storage and exchange of information and routines.

1.5.2. Transition theory and the multi-level perspective (MLP): changes in landscape and regime

As we have just seen, changes in the care regime, especially regarding funding (bringing care farms under the AWBZ, the introduction and broadening of the PBG and openness for new suppliers due to liberalization) were crucial in understanding the development of the sector. Not only did it promote expansion, in ways which organizational ecology has helped us understand. Also, in line with the way MLP portrays structuration (Grin 2008; Grin 2006), these structural provisions gave direction to the ways the sector developed in qualitative terms: it influenced the relative share of client groups; and it led to an increase in the share of individual farms at the cost of the initiatives of care institutions. A clear example is how the broad availability of the PGB enabled the fast increase of new client groups and of care farms initiated by former employees of the care sector (Table 1; Fig. 2).

The concept of multi-level perspective also appears to be helpful in understanding how these structural changes came about. At landscape level, liberalization and socialization of care and empowerment of clients are important developments (Beemer et al. 2007). This led to the introduction of the personal budget of clients and access for new suppliers to obtain an AWBZ accreditation. Also, legislation and policies changed and offered space for new care providers to manoeuvre. As we discuss in

the next section, it helped that care farmers and their national and regional organizations were proactive in making use of the opportunities on offer.

Simultaneously, there were incentives in the agricultural domain. Intensified competition and decreasing prices of agrarian products (Vereijken and Hermans 2010) changing demands in society, are increasingly undermining conventional agriculture (Wiskerke and van der Ploeg 2004). This stimulated the development of new social, economic, environmental activities and associate regime elements under the framework of multifunctional agriculture (Wilson 2008). The search for alternative sources of income for farmers and the desired socialization of care were major reasons for the ministries of agriculture and of health, welfare and sports, respectively to support the sector and the initiation of the National Support Centre.

To summarize, the MLP helps us understand how changes in the care and agriculture regime came about, and helped promote care farming. The latter required a multi-spanning innovation. A diversity of boundary-spanning organizations and individuals were instrumental in developing bridges between the two domains. Examples are the National Support Centre, employees of care institutions realizing collaboration with farmers, former employees of the care sector starting their own care farm and foundations of care farms with their own AWBZ accreditation. MLP argues that structure (existing regime) and actions shape each other, that structure is both medium and outcome of action and that actors are not only affected by the context but also change the context (Jessop 1996). Examples are the national agriculture and care support center and the regional foundations of care farms. Both developed a strong structure at national and regional level that supported farmers in developing care farms. Both organizations affected the direction in which the sector developed. The handbook and quality system developed by the support center showed new care farmers how to develop their care business. Due to the support of regional foundations, a new group of care farmers who did not have the ambition to develop the care business themselves, entered the sector.

1.5.3. Care farming as a social movement

The care farming sector can be seen as a social movement. The first pioneers started mobilizing demand for change in society. For collective action to be possible, systems of shared beliefs, identity, consciousness and boundaries must emerge (Tugal 2009). through diagnostic and prognostic framing. The first generation of care farmers, united in foundation Omslag was a relatively homogeneous group. They were very critical about mainstream agriculture and mainstream care. The first pioneers were able to attract a large number of volunteers, employees and clients. They were attracted by the enthusiasm and vision of the initiators. The volunteers invested time, energy and money to turn the initiatives into a success. The National Support Centre helped to secure resources. It also stimulated regional collaboration of care farms and the availability of regional resources for the further development of the sector. The support center contributed to the legitimacy of the sector. The support center generated much publicity for the sector, initiated links with client organizations and care institutions at a national level and developed a quality system.

These activities and the fact that the sector was supported by two ministries increased cognitive and socio-political legitimacy, which resulted in additional support at a provincial level and the development of regional organizations of care farmers and collaboration of care institutions with care farmers, which is in line with the earlier finding that, if a new industry is to succeed, somebody has to act to legitimize the new activity (Dejean et al. 2004) and alliances with large organizations with legitimacy can help mitigate the problems of newcomers (Powell et al. 1996). In line with previous studies (Tugal 2009) discussions about the identity and boundaries of the sector started. There were discussions about the definition of a care farm, whether care farmers should restrict themselves to clients with intellectual disabilities, whether care-oriented care farms were as good as agriculture-oriented care farms, whether it was necessary to set up education and use a quality system, whether the sector could be represented by the farmers' association and whether care institutions were colleagues or competitors.

Social movements can develop normative pressure on existing regimes through three main processes: a) the framing process, b) resource mobilization and c) political opportunity structure (Davis et al. 2005). The

framing process seemed to be important in attracting support during the pioneering phase; the National Support Centre helped secure resources and created political opportunities. Framing was initially focused as a counter-culture, as an alternative way of life. Nowadays, care farms argue that they contribute to the normalization and socialization of clients, focusing on their individual potential instead of their limitations. The support center operated very strategically, realizing that political support was important for the development of the sector. Media coverage and direct links with members of parliament were important in securing continued support from the ministries. Other factors that increased the legitimacy of the sector are the development of a quality system for care farms, the positive experiences of clients and employees of care institutions with care farms and the view that care farms fit the desired socialization of care and contribute to the empowerment and rehabilitation of different client groups (Hassink et al. 2010). Our experiences that dealing with power issues, framing and the ability to empower people are import topics, are in line with observations from food movements (e.g. Levkoe 2006). In line with other social movements, the care farming sector adopted organizational forms with cadre and staff.

1.5.4. Integration of theories

Integration of the three types of theories for understanding the development of the care farming sector shows that they reinforce each other.

Organizational ecology describes the evolutionary process of the care farming sector, in terms of the fit between different types of care farms and the environment. Also, the increases in legitimacy and variation can be explained by this theory: as the quest for legitimacy and competition are seen as the main drivers of the development of the sector.

The multi-level perspective contextualizes these driving processes in the wider institutional context. Changes in the care regime, like the broadening of the personal budget of clients and liberalization of the care sector, simplified access to funding for care farmers and enabled foundations of care farmers to become AWBZ accredited care institutions. Such regime changes strengthened especially the position of care farmers

that are not part of care organizations and contributed to increasing numbers and variation of care farms and opening to new client groups as is illustrated by the sharp increase in the number of care farms from 2004 onwards in Fig. 2. The multi-level perspective also points at the opportunities and challenges to operate in the agricultural and care regimes.

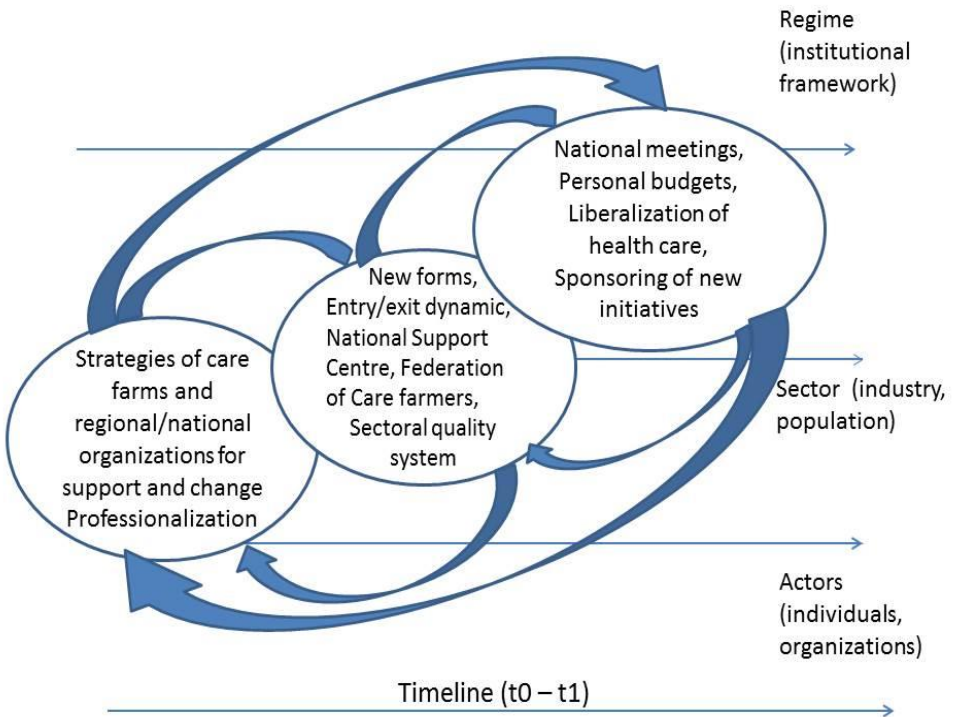


Fig. 4. Integrated multi-level framework illustrating the main developments of the care farming sector.

Social movement theory gives additional insight in the process and impact of collaborative action and strategies of care farms and organizations for support. It explains how in the first stage pioneers with critique on the care and agricultural sector mobilized demands from

society and how at a later stage the National Support Centre increased legitimacy for the sector, secured resources and made use of political opportunities; e.g. the dispensation of care-bound sales tax for care farmers. It shows how strategic actions like implementing a quality system increased the legitimacy of care farms and resulted in a degree of normalization and encapsulation by the care sector. The main developments of the care farming sector in relation to the three theories used is illustrated in Fig. 4.

We can conclude that the development of the sector was a process of mutually reinforcing actions of strategic boundary-spanning agencies and changes in the structure of the care regime favouring the legitimacy and the development of the care farming sector.

1.6. Conclusion

We have shown how the different theories relate to each other in understanding the dynamics of the care farming sector. Organizational ecology helps us understand how legitimization and knowledge helped speed up the expansion of the sector, which was further enabled by the fact that carrying capacity appeared not be fixed. Changes in the care regime affected the care farming sector to a large extent and together with collaborative action affected also the direction of the evolution of the sector. How the Support Centre made use of the windows of opportunity resulting from changes in the care regime may be well understood on basis of social movement theory. Changes in the care regime and collective action promoted expansion of the sector and gave direction to the ways the sector developed in qualitative terms.

When we put it in a broader perspective, we think that our framework may contribute to our understanding of changes in rural communities and agriculture and, more specifically, to sustainable connection and bridging agriculture with other domains as is often an important challenge of diversification (Izumi et al. 2010). Several studies have shown the relevance of ecological and evolutionary approaches (e.g. Morgan and Murdoch 2000), the structure-agency concepts (e.g. Burton and Wilson 2006) and social movement theory (e.g. Woods 2008) to

understand changes in rural areas. To our knowledge, this is the first attempt to integrate these complementary perspectives in the field of multifunctional agriculture.

Chapter 2.

Multifunctional Agriculture Meets Health Care: Applying the Multi-Level Transition Sciences Perspective to Care Farming in the Netherlands



2. Multifunctional Agriculture Meets Health Care: Applying the Multi-Level Transition Sciences Perspective to Care Farming in the Netherlands

Abstract

Care farming is a promising example of multifunctional agriculture: it is an innovation at the crossroads of the agricultural and healthcare sectors. Our objective is to develop a framework for understanding the success of initiatives in this field. We link empirical data with the multi-level perspective from the transition sciences and extend this perspective with insights from the literature on entrepreneurship, alliance management and organisational attributes. This framework allows us to explain the success of the three major types of initiatives: (1) individual care farms; (2) regional foundations of care farmers; and (3) care institutions collaborating with groups of farmers at a regional level. We propose that the main factors responsible for the success of initiatives are the commitment and competences of the entrepreneur, the creation of alliances, the quality of the new regional organisations and the implementation of the care farm services in care organisations. The relative importance of the factors varies between the different types of initiatives and local and regional levels.

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2.1. Introduction

In the last decades, rural areas and the role of agriculture have undergone significant changes in Western Europe (van Huylenbroek and Durand 2003; Meerburg et al. 2009; Hermans et al. 2010). Rural development implies the creation of new products and services and the associated development of new markets (van der Ploeg et al. 2000). Increasing pressure on the agricultural sector and changing demands from society changed the focus of an increasing number of farmers and drew attention to the multi-functionality of agriculture (Meerburg et al. 2009). Wilson (2001) has situated this development in the transition from productivist to post-productivist agriculture, arguing that multi-functionality more aptly captures the diverse nature of the resultant rural area. Around the core of agricultural production, sideline activities and business were initiated, like recreation, food processing, nature, landscape, water and energy services (Maye et al. 2009; Meerburg et al. 2009). According to van der Ploeg et al. (2000), the rural development debate can be summarised by the question whether it is a chain of aborted initiatives, experiences doomed to remain in specific niches or a widespread and far-reaching transformation of agriculture. The authors argue that the innovativeness and entrepreneurial skills present in the agricultural sector are crucial factors with regard to rural development. Giddens' theory of structuration may be helpful here, as it incorporates both agency and structure and captures the basic of social theory, in which agency and structure shape each other under the influence of exogenous developments (Giddens 1984; Burton and Wilson 2006; Grin 2006, 2008). In Giddens' perspective, agents are knowledgeable, reflexive and purposeful and can alter the structures in which they live. This is illustrated in a recent study where innovation network actors, supported by dedicated facilitators continuously re-interpret the context in which they move (Klerkx et al. 2010). In our study, we focus on care or social farming as a promising example of multifunctional agriculture. Care farming is a growing movement in Europe that combines agricultural production and healthcare and social services (Hassink and van Dijk 2006; Hine et al. 2008; Di Iacovo and O'Connor 2009; Fazzi 2010). In some

countries, it is called care farming, in others green care or social farming (Hine et al. 2008; Di Iacovo and O'Connor 2009; Sempik et al. 2010).

Care farming is an interesting phenomenon, because it takes place at the cross-roads of the agricultural and healthcare sectors. Changes in agricultural regimes have led to debates on the theoretical conceptualisation of agricultural change (Burton and Wilson 2006). Models of agricultural change have largely focused on structural exogenous factors, like policy changes, rather than agency-related endogenous characteristics, like the attitude and perception of rural actors, which may accompany the change (Burton and Wilson 2006). As a result, recent studies have argued in favour of including an actor-oriented component in the model of agricultural change (Marsden et al. 1996; Potter and Burney 2002). The goal of this article is to develop a conceptual framework for understanding, more specifically, the success of three types of care farming initiatives at a local and regional level. This means it is an exploratory study focusing on the development of new care and social services provided by farmers. As we compare empirical data with academic literature, we use a grounded theory approach (Corbin and Strauss 1990). Within this approach, which combines description and explanation, theories or integrated sets of concepts will only provide a thorough explanation of the social phenomena under study by grounding them in ongoing social research and field work, testing, challenging and adjusting the leading theories and concepts. As such, the generation of robust theories and concepts relies on a dialectical approach where empirical findings and interpretative schemes are continuously and systematically juxtaposed, eventually to a middle range explanation of social processes, somewhere in between common sense generalisation and all-out empiricism (Glaser and Strauss 1967).

We take the multi-level perspective (MLP) as a basis, which is a central concept in transition theory, which has been used to describe the essence of transitions in agriculture as a process of mutually reinforcing changes in agency and structure, as well as long-term trends influencing the two other levels of change (Elzen et al. 2010; Grin 2010). It is essentially a concept designed to analyse long-term, structural change in a way that is fundamentally compatible with Giddens' (1984) notion of structuration, but that adds a more operational understanding of the

underlying mechanisms. While the MLP will indeed yield insight, our study of this case (involving a new sector, relating to two incumbent but dynamic regimes) will also indicate several elaborations of the MLP. On the basis of our findings regarding the three different types of initiatives, we discuss three bodies of theory that may complement multi-level perspective, which allows us to arrive at new, albeit tentative insights into the viability of initiatives of care farms and collaborations at a regional level.

2.1.1. Care farming as part of a transition

Care farms offer day care, supported workplaces and/or residential places for clients with a variety of disabilities (Elings and Hassink 2008). They can be considered an innovative example of community-based services that can improve the quality of life of clients. The combination of a personal and committed attitude on the part of the farmer, the possibility to be part of a community, an informal context and useful and diverse activities within a green environment make care farms an appealing facility for a variety of client groups (Hassink et al. 2010). Target groups include people with a mental illness, addiction, intellectual disabilities, older persons, children, problem youth, and long-term unemployed people (Hassink et al. 2007; Di Iacovo and O'Connor 2009). The perceived benefits of care farms are improved physical, mental and social wellbeing. The number of care farms in the Netherlands has increased rapidly from 75 in 1998 to more than 1,000 in 2010 (<http://www.landbouwzorg.nl>). In 2005, they provided their services to 10,000 clients in the Netherlands (Hassink et al. 2007).

Although care farming is seen as a successful and innovative sector, various weaknesses and challenges were identified in a number of meetings with representatives of the main stakeholders in 2008 (Blom and Hassink 2008). The main challenges that were identified are bridging the gap between the agricultural and care sector, developing professional regional organisations of care farmers and realising sustainable financing structures (Blom and Hassink 2008). One of the main problems is finding adequate funding (Ketelaars et al. 2002; Hassink et al. 2007). Many care farmers are not recognised as official care providers and depend on the

willingness and collaboration of care institutions for payment. A positive development has been the introduction of the personal budgets of clients (PGB) in 2003, to diversify the supply of care and to shorten waiting lists. Clients or the client representatives can contract a care farm directly without interference from a care institution. In recent years, the PGB has become increasingly popular. At a regional level, organisations of care farmers were founded. There are different levels of ambition. In some regions, formal organisations of care farmers applied for an AWBZ accreditation (formal status of a care institution). In other regions, care farmers limited themselves to exchanging experiences in informal study groups. A critical event was the possibility for regional foundations of care farmers to obtain a collective AWBZ accreditation, allowing them to negotiate with medical insurance companies as official care institutions. Also, in some regions, care institutions began to work together with groups of farmers.

Care farms are part of a process of structural change in rural areas, involving practices that may be designated as both 'agriculture' and 'healthcare'. Neither domain offers a proper structural embedding for such hybrid practices by itself. Difficulties in finding adequate financing for the care services are but one case in point. It is, therefore, useful to see care farming as part of a move away from the separate domains of agriculture and healthcare provision to the emergence of a new sector. Care farming may draw on particular elements of the incumbent regimes, bypass other elements and give rise to new regime elements. In other words, it can be seen as a system innovation in which multiple actors and knowledge domains are interlinked in developing radically new concepts for existing products and services (Grin and Weterings 2005). System innovations involve interacting processes, activities and events at different levels of analysis. The multi-level perspective (MLP) distinguishes three such levels: niche innovations, socio-technological regimes and socio-technological landscape (Geels 2002; Geels and Schot 2007). The socio-technological regime refers to shared rules, resources and routines in three dimensions (Raven 2007): the technical (dominant design), the social network (role and position of actors in network) and the institutional (legislation and policies, defining the space within which actors operate. It is a conglomerate of structure (institutional setting), culture (prevailing

perspective) and practice (rules, routines and habits). The regime's cognitive, normative and regulatory institutions act to establish and reinforce stability and cohesion of societal systems, but they also limit innovation to localised, incremental improvements (Geels 2005). Socio-technological regimes stabilise existing trajectories in many ways. The dominant discourse creates social structures that make radical changes difficult (Bos and Grin 2008). Another reason has to do with normative blind spots. The norm becomes so internalised that alternative options seem unthinkable (Finnemore and Sikkink 1998). New ideas, norms or practices may be contested by the actors who control the dominant social structures (Wijen and Ansari 2007) or by those deeply engaged in incumbent practices (Grin 2012).

Niches form the micro-level where radical innovations occur. They act as incubation rooms protecting innovations against mainstream market selection (Kemp et al. 1998; Schot 1998). Niche-innovations are carried and developed by small networks of dedicated actors, often outsiders or fringe actors (Geels and Schot 2007). For a successful transition it is essential that a wide set of farmers come to adopt the attitudes and identities fitting the niche practice, as Burton and Wilson (2006) crucially remark in an article on the transition to multi-functionality. What the multi-level perspective approach to transitions adds is that such wider change pre-supposes also structural change, as incumbent structures tend to privilege incumbent practices and associate identities. While we share productivist/post-productivist (Marsden et al. 1993) and multi-functionality (Wilson 2001; Burton and Wilson 2006) transition literatures' claim that structural changes tend to have significant political-economic dynamic of their own, we feel that authors departing from the multi-level perspective (e.g. Raven 2005; Smith 2007; Grin 2010) have added, on empirical and on conceptual grounds, an important insight: that novel practices and identities may be actively aligned with novel structural features. In order not to remain an incubation room, niche innovations must be connected to changes at the regime level. The socio-technological landscape forms an exogenous environment beyond the direct influence of niche and regime actors (macro-economics, deep cultural patterns, macro-political developments). Changes at the landscape level usually take place slowly (over decades).

The multi-level perspective captures the essence of transitions as a process in which agency and structure shape each other under the influence of exogenous developments (Grin 2006, 2008). The alignment of these processes enables the breakthrough of innovations in mainstream markets where they compete with the existing regime (Geels and Schot 2007). Destabilisation of regimes depends on two developments: (1) increasing external pressure on regimes and (2) decreasing coherence and divergence of socio-technological developments within regimes (regulations, markets, culture). When the existing regime becomes unstable, the potential for niche development is larger, when it is seen as a problem solver. The existing regime can offer opportunities for niche developments, but niche experiments can also be hampered by existing regimes (Roep et al. 2003; Grin 2008). Change agents are crucial in bringing about these connections (Geels 2005; Caniels and Romijn 2008). It has been argued that change agents should be visionaries who are able to make the connection between societal developments at the landscape level, putting pressure on the dominant regime and creating room for maneuver at the local level (Roep et al. 2003). Building trust and legitimacy are important challenges facing change agents (Grin 2010). Although the multi-level perspective is considered a useful framework for understanding sustainability transitions that provides an overall view of the multi-dimensional complexity in socio-technological systems (Geels and Schot 2007; Smith et al. 2010), various articles have expressed criticism and suggested possibilities for extension (e.g. Smith et al. 2005; Genus and Coles 2008), arguing that more attention should be given to agency and the role of power.

Linkage or hybridisation deserves attention when the actors and areas of activity involved are distant from each other, as is the case with the care farming initiatives (Brunori and Rossi 2000). Care farming is an innovation that spans multiple sectors where activities and actors have to be linked that are distant from each other and where both the agricultural and care regimes face challenges and opportunities. While Wilson (2001, 2008, 2009) focuses on changes in the agrarian regime, the multi-level perspective literature on transitions suggests that multiplicity of regimes may actually be exploited by strategic agents. Raven and Verbong (2007) argue that multi-regime dynamics can be beneficial when a niche

innovation becomes linked as a solution to multiple regimes, but it can also be problematic when the objectives of separate regimes result in conflicting actions (Lauridsen and Jørgensen 2010) or create new problems and uncertainties about regulations, definitions, technical linkages and responsibilities (Schot and Geels 2008). Previous studies have pointed at the importance of dedicated and influential boundary spanners on the interfaces where there is no contact (Aarts et al. 2007; Klerkx et al. 2010).

We think that MLP is useful for increasing our understanding of the development of the agricultural and care sectors. Regarding the care domain, at the landscape level, liberalisation of care, community involvement and empowerment of clients are important developments (Beemer et al. 2007). This led to changes in regulations (introduction of the personal budget and access to AWBZ accreditations for new suppliers). The introduction of personal budgets resulted in a large increase in the number of care farms, as it became much easier to obtain funding for the care services. Liberalisation of the care sector enabled regional foundations of care farmers to become AWBZ-accredited care institutions. As a result, foundations of care farmers could make direct agreements with healthcare insurance companies about financing the care provided their member. Care farming is part of a broader movement of initiatives (representatives) of clients and workers in the care sector who are unhappy with the structure, culture and working methods in long-term care (Rotmans 2010). An adequate understanding of the agency involved is still lacking. The developments in the agricultural domain were supportive as well. Changing demands of society have questioned conventional agriculture, as it has led to overspecialisation, environmental pressures and encroachment of public spaces (Wiskerke and Van der Ploeg 2004). Moreover, liberalisation and expansion of production capacity have intensified competition and led to falling prices for agricultural products (Vereijken and Hermans 2010), which has stimulated the development of new social, economic, environmental activities within the framework of multifunctional agriculture (Meerburg et al. 2009). This shows that dominant regimes in the care and agricultural sector are under pressure and care farming is in line with the

changing cultural and macro political developments in both sectors. Here, again, agency is crucial.

The aim of this article is to develop a framework for understanding the agency involved in aligning care farming initiatives and the regimes in the care and agricultural domains. We distinguish three kinds of initiatives in the care farming sector, which differ in their relationships to the two regimes. As indicated in the next section, we systematically juxtapose experiences of these three initiatives to insights from the multi-level perspective. Based on this, we incorporate additional concepts that add to our understanding of the success of the initiatives.

2.2. Method

2.2.1. Case selection

As noted earlier, our approach involves an interplay between academic literature and empirical fieldwork. We focus on the interactions between actors and changing conditions (Glaser and Strauss 1967; Corbin and Strauss 1990). Our objective is to construct, on the basis of a limited number of cases, a framework for understanding the success of care farming initiatives, that may be tested and developed in later work. Thus, an exploratory case study design is appropriate, and we have therefore selected cases that (1) each are an example of non-trivial success, i.e. success that had to be actively achieved under adverse circumstances, so that critical success factors may emerge (more or less the approach of ‘extreme cases’); (2) together they cover much of the width of the sector; and (3) represent different options for farmers to initiate a care farm (independent; in collaboration with a regional organisation of care farms or in collaboration with a care institution. We focus on three types of initiatives. For the first type of initiative, the care farm as a successful example, we selected a case where the initiator started providing care activities on the Cinquant, an existing farm in the 1990s. This was one of the first care farms initiated by a conventional farmer, who developed a strategy for dealing with considerable start-up problems. This example provides a good indication of the competences needed to deal with severe problems. Landzijde, the foundation of care farmers in the province of

Noord Holland, was selected as a successful example of the second type of initiatives: regional foundations of care farms. Over time, it managed to deal with the difficulties that were encountered. Novafarm; a collaboration between a care institution for clients with an addiction background and more than twenty farmers in the province of Noord Brabant, was selected as a successful example of the third type of initiatives: regional collaboration between a care institution and several care farms. Here, too, major difficulties were overcome.

While we have already argued that the cases selected fit our first criterion, the samples as a whole also fit the second and third criteria: the three initiatives to a great extent cover initiatives in the field of agriculture and care and represent options for farmers to initiate a care farm (Hassink et al. 2012).

The first author has been involved in the field of care farming for the last ten years. This not only helped him to make the selection explained above, but also facilitated data acquisition. He had access to the actors involved and could triangulate interview data with earlier observations and available documents. We structured our interviews on the basis of the MLP. From the interviews, we extracted topics that are critical to understanding the success of the three types of initiatives and needed further exploration. We looked for concepts dealing with these topics in the relevant bodies of literature and analysed them. We used this in combination with insights from MLP to develop a framework for understanding the success of the three types of initiatives. In short, we used a dialectical approach, where we developed a framework by systematically interacting empirical data (interviews) and theoretical concepts.

The main topic of the interviews was identifying factors that affected the development and success of the initiatives and the interaction with existing regimes. Success was formulated as the degree to which entrepreneurs achieve their declared goals, the ability to ensure continuity and the availability of resources for growth and development (Sharir and Lerner 2006).

2.3. Results

2.3.1. Care farms

There are many types of care farms. We can distinguish farms in which agricultural production is the economic dominant factor and where care activities are secondary, farms which depend on both agricultural production and care, and farms in which the income from the care-related activities are dominant. Care farms vary in the degree of collaboration with accredited care institutions and in type of initiator. Some care farms are initiated by farmers or farmers' wives, others by employees of the care sector (Hassink et al. 2012a).

Case study: Cinquant a successful care farm. The Cinquant was started by a conventional farmer without a background in health care in 1993. He was the first farmer in the province who transformed his intensive pig farm into an organic pig farm with care activities. He encountered major financial problems and the bank was only willing to invest in the farm if he were to enlarge the pig farm. The bank was unwilling to invest in care activities, as it had no confidence in this new activity. Other farmers neglected him and were negative about his ideas. The dominant agricultural ideology was focused on intensification and enlargement of farms. Care institutions were also negative and doubted that a farmer could contribute to the existing services. At that time, it was very difficult for the farmer to obtain funding, as only accredited care institutions had access to the care budgets. In spite of this opposition, the initiator managed to overcome the problems. From 2003, the development of the care farm accelerated. Due to the introduction and broadening of the personal budgets for clients and changing attitudes on the part of care institutions, it became much easier to finance the care services. Nowadays, financing the care services is no problem and the care farm collaborates with several care institutions. At the moment, the care farm provides day activities to 15 clients per day.

The farmer indicated that entrepreneurial competences were important to succeed. He had to be proactive and operate strategically to survive the difficult starting phase. He initiated a foundation to generate

support from an influential and active network. Board members were the director of a bank, a mayor, a former director of a care institution and a youth worker. The farmer was able to secure this support because he had been member of the board of the bank and he was a member of the Rotary club. The board member of the bank, who had great respect for the optimism and perseverance of the farmer, organised meetings with the director of the care institution. Media attention and a report by a student, showing evidence of the positive effects of the care farm for clients who attended the farm, was important to increase his legitimacy towards care institutions and to attract the attention and gain support from the provincial deputy. A programme on television by a journalist who was impressed by the vision of the farmer generated much publicity. The farmer managed to organise a meeting with the deputy on his farm and hand him the report of the student. Due to his efforts, the care farm was promoted on a provincial symposium by the deputy and provincial support was made available for building a canteen and a greenhouse. The farmer also used his network to generate pressure. The deputy and the parents of the clients put pressure on the institution to continue the collaboration with the care farm and pay a reasonable compensation, which generated sufficient pressure. This is a clear example of how a care farmer used his network to put pressure on mainstream organisations in the dominant care regime. The farmer continued searching for alternative funding for the care activities. In 1997, the bank was still unwilling to support investments in the care activities. However, another bank with an anthroposophic signature proved more enthusiastic. Thus, funding, which initially was hard to find within the incumbent agricultural regime, was arranged within the niche.

This example shows that dominant regime players in the care sector were initially unwilling to cooperate with the care farmer. Existing regimes reinforced stability and hegemonic ideologies of both the agricultural and the care sectors made change difficult. The farmer used his network to increase pressure on the regime. The number of clients on the care farm increased when the care regime changed under the influence of changes at the landscape level, like increasing the influence of client organisations. The broadening of the personal budget, which was a result of pressure from client organisations enabled the care farmer to contract

clients without interference from accredited care institutions. It shows how the care farmer made use of the opportunities offered by changes in the care regime. Entrepreneurial competences were important in seizing these opportunities. It also shows what kind of competences and skills of initiators are needed to survive harsh times. Commitment, skills and competences were crucial to survival in the initial phase: this shows that developing a clear strategy to generate support, developing pressure and dealing with power, development and effective use of an influential network and making use of opportunities were crucial success factors. It resulted in successful alliances with care institutions.

2.3.2. Regional collaboration of care farms

This type comprises a variety of initiatives, ranging from associations of care farmers which act as a study group aiming at the exchange of knowledge and experience to foundations which are officially recognised as accredited care institutions. We focus on the latter type: foundations of care farms with an AWBZ accreditation that make arrangements with health insurance companies. We discuss the successful Landzijde case in greater detail.

Case study: Landzijde. The concept of Landzijde was developed by its current director, a former farmer, whose ambition it was to develop a strong central office for clients and farmers in the province of Noord Holland. Landzijde was set up in 2000 and received an official AWBZ accreditation in 2003. In 2000, there were only a few care farmers in the province. In 2010, Landzijde was a foundation with 100 care farmers, 12 employees (director, administration and regional coordinators) and a turnover of €4.9 million. Each day, more than 500 clients went to one of the Landzijde farms. Landzijde has a clear business model and has financial agreements with health insurance companies, the municipality of Amsterdam and a reintegration organisation. Clients looking for a care farm contact the central office of Landzijde, where clients and care farms are matched. Farmers receive 80 per cent of the available care budget. The remaining 20 per cent is used to fund the activities of Landzijde. Between 2003 and 2005, the Landzijde foundation depended on public subsidies.

From 2005, the organisation had a positive cash flow. Thanks to its contracts, Landzijde has been able to create new markets for care farms. It also organises training courses for farmers. Landzijde has hired employees with adequate knowledge of the care sector and set up a variety of regime elements: a financial and administrative system to meet the requirements of the health insurance companies, a quality system and a rudimentary knowledge infrastructure.

The initiator of Landzijde made optimal use of the opportunities offered by the liberalisation trend in society (development at the landscape level). The political wish to increase competition in the care sector offered new suppliers the opportunity to acquire an AWBZ accreditation. He involved advisers from the care sector and secured their active support to develop a plan that would meet the expectations of the health insurance companies. The decision to integrate all the care farming initiatives in one organisation was strongly supported by the health insurance company, the province and the city of Amsterdam, who were reluctant to do business with many small suppliers. The experience of the initiator of Landzijde is that an organisation like Landzijde has more interaction with and influence over care organisations than individual care farmers. Although, in general, Landzijde has to obey the rules of the health insurance companies, due to the influence of Landzijde, their ideas about quality are slowly changing. Landzijde was permitted to develop its own quality system tailored to the characteristics of the different care farms, instead of using the commonly used HKZ quality system. The initiator of Landzijde indicated that, in order to make optimal use of the opportunities offered by changes in the care regime, entrepreneurial competences, collaboration and organisational aspects are important.

The initiator indicates that strong commitment, enthusiasm, leadership and perseverance are important, especially in the initial phase. He invested a considerable amount of time without receiving any salary during the first years. In his view, a clear vision that inspires influential persons in the care and agricultural sector and involves them is important to generate legitimacy in the agricultural and care sector. Legitimacy in the agricultural sector was created due to the involvement of respected farmers. Legitimacy in the care sector was created by the active support of advisers in the care sector that believed in the concept. Due to his

interactive skills and vision, the initiator received strong support from the health insurance company. Political skills and an ability to connect his ideas to stakeholder values were also important. The city of Amsterdam was eager to maintain an open agricultural landscape around Amsterdam. The initiator indicated that, due to their activities, farmers would generate additional income and be able to continue farming. The province wanted one organisation for care farming; the proposal by Landzijde to organise this sector for the entire province was supported. This resulted in financial support. The director of Landzijde has learned to sell his concept and organisation to the care sector, by connecting it to their changing priorities like empowering of clients and community care.

Landzijde built an extensive network in the care sector and made effective use of that network to increase existing markets and develop new markets, like the homeless and unemployed. It attracted an adviser of the city of Amsterdam and involved employees of care institutions and psychologists to increase its legitimacy and quality. For Landzijde, the collaboration with Streetcornerwork, an organisation for homeless people in Amsterdam, is important. With their collaboration, they were able to develop an innovative service; day care for homeless people on the farms of Landzijde. This was also attractive for Streetcornerwork and the city of Amsterdam. The municipality wanted to reduce the nuisance of homeless people and offer them more perspective. The alliance with innovation programmes and research organisations was relevant as well. The involvement in innovation programmes brought additional resources, new insights and a broader network for Landzijde. It increased the legitimacy of Landzijde and its director and gave him the opportunity to spend time looking for new business opportunities for Landzijde.

A crucial factor in developing a professional organisation was the ability to attract sufficient capital in the starting phase and to develop a clear business model to generate sufficient revenues. Due to the financial possibilities, the initiator of Landzijde was able to hire professionals with expertise of (procedures in) the care sector. He realised that a lack of knowledge could lead to mistakes, reductions in budgets and increasing pressure on the organisation. Professional employees were also important to meeting the quality standards of the health insurance companies. The director of Landzijde created an identity of a flat organisation that was

close to its clients and hired committed people who were not in it for the money. This was appealing to health insurance companies, due to the contrast with the culture in many large care institutions. Finally, the initiator indicates that the organisation has to provide added value to all types of customers: farmers, clients, health insurance companies and, in the case of Landzijde, the city of Amsterdam. Landzijde has a clear added value to farmers who would otherwise not have started providing care services.

2.3.3. Collaboration of a care institution with several care farmers

In this case, a care institution collaborates with a group of farmers in the region. The initiative is taken by an employee of the care institution. In many cases, these farmers limit their services to clients from this institution. Successful examples of this type of collaboration are aimed at juvenile care and drug addicts. We discuss the successful case Novafarm in detail.

Case study: Novafarm. Novafarm was developed in 1999 by an employee of care institution, Novadict-Kentron, in the province of Noord Brabant. The aim of Nova-farm is to offer drug addicts work on a farm to help them recover in an environment of their choice. The organisation saw a need for work places for this target group in society. This was in line with the changing vision in the care sector that rehabilitation and socialisation of clients required greater attention. Novafarm was seen as an innovative example of this vision and it was sponsored by the Ministry of Health and the province. Collaboration with farmers was new for Novadict-Kentron. The initiator met skepticism and opposition in the organisation regarding this initiative. Novafarm was strongly supported by the new director of Novadict-Kentron, as it fitted the objectives of the organisation. The director also recognised the value of the initiative in changing the introspective culture of the organisation and develop links with society. The development of Novafarm accelerated when it acquired an AWBZ accreditation thanks to the support of the director and the positive results of the project. The initiator managed to remove the skepticism among colleagues by using the clients as ambassadors of the

project. Due to the AWBZ accreditation and the support of the Ministry and province, Novafarm contributed significantly to the financial result of the organisation. This strengthened the position of Novafarm within the organisation. Novadict-Kentron has financial agreements with an insurance company. Groups of clients are supervised by case managers of Novadict-Kentron on the farms. Approximately 25 per cent of the budget is available to the farmer. The rest is used for the organisation. Nowadays, Novafarm is a well-respected unit in the organisation of Novadict-Kentron with 25 employees (15 full time equivalent) that collaborates with 20 farmers and offers agricultural work to 125 clients a week and has an annual turnover of €1.5 million. This example shows that the initiative matched the changing culture and vision of the addiction care sector. The initiative was supported by powerful care regime actors, like the management of the organisation, the province, the Ministry of Health and the health insurance company. The initiator had to deal with opposition from employees in the organisation who worked in programs that were less in line with the changes in the care regime. According to the initiator, the main factors that contributed to the success of Novafarm are the skills and competences of the initiator and factors supporting implementation in the organisation. In addition, he considers the successful collaboration with farmers important.

According to the initiator, strong commitment and perseverance, vision and enthusiasm are crucial to success. He invested a considerable amount of time and had a clear idea about the potential for providing services on farms and the benefits for clients and the organisation. He did not encounter major difficulties in establishing collaboration with farmers, who saw it as a win-win situation. The collaboration provides Novadict Kentron with access to attractive resources (farms), while giving farmers access to labour and additional income without having to invest themselves. The initiator needs to speak the language of the farmers and the organisation, and be able to defend both interests. According to the initiator, the most crucial success factor is a successful implementation of the new service within the care organisation. This would not have been possible without strong support from the director and the development of a powerful coalition within the organisation. The new service met with scepticism in the organisation and had to compete with existing services

and opposing interests. The realisation within the organisation that there was a serious shortage of activities in society aimed at clients with addiction problems was crucial in taking the first steps and securing support from the director. The initiator indicated that it is important to develop a clear and visible unit in the care organisation with employees who are proud to work for Novafarm.

2.3.4. Topics that need further insight to understand the success of care farming initiatives

The three cases show that MLP offers a general framework for describing the interaction between the initiative and changes at the regime and landscape levels. Our case studies suggest three topics that need further exploration.

Entrepreneurship

For all types of initiatives, entrepreneurs are the key agents and their competences and skills are crucial to success. Transition literature is vague about the types of agents that exist. To remedy this state of affairs, we will use entrepreneurship literature's insights in competences of successful entrepreneurs, as these competences seem to be crucial for analysing the development of care farming initiatives (DiMaggio 1988; Strang and Meyer 1993; Rao 1998).

Collaboration

The initiatives also show that trans-sectoral collaboration is a crucial success factor. The different types of initiatives we identified include collaboration between individual farmers and care institutions (type 1); collaboration between care farmers and between their regional organisation and care institutions (type 2) and collaboration between care institutions and groups of farmers (type 3). Network theory and alliance management may be helpful to understand opportunities and motivations of collaboration between farmers and care institutions (Granovetter 1973; Barney 1991; Kim and Higgins 2007).

Organisational attributes

Especially with regard to the foundations of care farms, the quality of the organisation is a crucial success factor. Organisation and management models offer insight into the factors affecting the viability of firms (Stinchcombe 1965; Kotler 2000). For the collaboration between a care institution and a group of farmers, the implementation of the collaboration in the care organisation is crucial. Implementation studies provide insight into aspects that are crucial to a successful implementation of innovations (e.g. Rosenheck 2001).

In the next section, we draw on the bodies of literature we hinted at above to develop a framework. Because, in the previous section, we discussed only one case for each type, the framework obviously needs further work and testing. We therefore formulate its key elements as propositions.

Entrepreneurship

“Entrepreneurial competence can be seen as the competence related to the identification and pursuit of opportunities, which is an essential task in small business management that relates to firm innovation, diversification and growth” (Lans 2009:74). It refers to activities like the identification of customer needs, scanning the environment, formulation of strategies, networking, taking initiative, introducing diversity and collaboration (Gibb 2002; Lans 2009; Man et al. 2002; Sadler-Smith et al. 2003; Dhyer et al. 2008). As Morgan et al. (2010) have shown entrepreneurial skills are crucial for bringing about multi-functionality. We add to these insights an elaboration on the institutional entrepreneurship involved in multi-functionality, as a type of practice that goes beyond the incumbent agrarian regime. Institutional entrepreneurship refers to actors or actor groups who want to change “particular institutional arrangements and who leverage resources to create new institutions or transform existing ones” (Maguire et al. 2004: 657; Moore and Westley 2011: 5). Existing literature on institutional entrepreneurship addresses the question as to how the operation of an institutional field, which produces and maintains the identity and interest of organisations operating in the same domain of activity, may be intentionally transformed (Levy and Scully 2007). Central topics in

institutional entrepreneurship are dealing with field structure and power and developing legitimacy and a strategy. Literature suggests that a complex set of skills are essential for institutional entrepreneurs, including cultural/cognitive skills, such as framing and persuading (Rao 1998), procedural and technical skills (Strang and Meyer 1993) and political or interactive skills (DiMaggio 1988).

In our cases, entrepreneurial competences like networking, taking initiative and formulating strategies are necessary, as well as complex skills associated with institutional entrepreneurship, which were used to successfully link the innovation with dominant regimes. The initiator of the care farm faced the most serious obstacles in linking his initiative to the care and agricultural regimes. He was a pioneer facing a lack of legitimacy. Initially he lacked power and the backing of dominant regime actors. When the other initiatives started, the care farming sector had already gained more legitimacy.

Landzijde and Novafarm are initiatives that are connected to the interests of other actors in the field. This is in line with the previous findings that the “key to the success is the way entrepreneurs connect their change projects to the activities and interests of other relevant actors”. (Maguire et al. 2004: 658)

Collaboration

Social networks are a form of social organisation defined by the patterns of vertical and horizontal relationship ties. Social networks consist of strong ties, or bonding relationships, and weak ties, known as bridging relationships (Granovetter 1973). If a network has too many strong bonds, diversity is reduced and actors within the network will not be exposed to different knowledge and ideas, while having too many weak ties exposes actors to numerous different signals and knowledge inputs, which can result in cognitive limits and misunderstanding. For social innovation to be successful, the right mix is needed (Gilsing and Duysters 2008). Various studies point at the importance of network structure and its impact on the performance of firms (Uzzi and Gillespie 2002; Elfring and Hulsink 2003; Street and Cameron 2007) and successful business start-ups (Renzulli et al. 2000). Elfring and Hulsink (2003) focus on the role of

networks in entrepreneurial processes: discovering opportunities, securing resources and gaining legitimacy. They also stress the importance of investigating network processes for different types of entrepreneurs, e.g. insiders and outsiders of an industry. They distinguish three patterns of network development: network evolution, network renewal and network revolution (Elfring and Hulsink 2007). When a farm family initiates a care farm and wants to collaborate with care institutions, it has to develop a network within the care domain. Alliances are organisational arrangements in which partner firms share control, maintain their own independence, and make ongoing contributions to the alliance to ensure its success (Yoshino and Rangan 1995). These alliances can be anything between purely contractual relationships and full legal and organisational integration (Beemer et al. 2007). Alliance management may be helpful in understanding motivations and opportunities for collaboration (Kim and Higgins 2007). Alliance formation can be explained on the basis of different theoretical perspectives. The resource-based theory seems to offer the most promising perspective: alliance formation can be explained by the access to resources and the skills of other parties which are not available or difficult to obtain in the market or in-house (Barney 1991).

In our cases, we have seen the importance of having the right mix of weak and strong ties and having access to influential persons in the network. The Cinquant and Landzijde developed a completely new network in the care sector (network renewal), whereas Novafarm developed a network in the agricultural sector. We have also seen that one motivation for farmers to become a member of Landzijde is increased access to financial resources. Also, in a wider sense, Landzijde opened up new resources by developing long-term collaboration with the city of Amsterdam, health insurance companies and Streetcornerwork, thanks to the unique value of the services offered. Also, the third type of initiative, Novafarm offered farmers financial resources and additional labour; the farmers offered Novafarm's clients a work place in society. In line with previous experiences, new ventures, like the care farm initiated in the 1990s, faced difficulties in forming alliances due to the lack of legitimacy. In the absence of solid records, they can find it difficult to form alliances and to access resources, as stakeholders do not know whether or not they are trustworthy (Aldrich and Fiol 1994).

Organisational attributes

Landzijde also involves the creation of a new organisation, a regional foundation of care farmers. The service quality of organisations affects customer satisfaction, which in turn affects sales and customer growth (Babakus et al. 2004). Decisions about who to employ and how to organise the work are related to the viability of a firm. Recruiting the appropriate people and building an effective organisation is crucial to success (Stinchcombe 1965). According to the well-known Deming management model, visionary leadership is a crucial factor in creating a service organisation that has effective internal as well as external cooperation (Douglas and Fredendall 2004).

An important aspect of any organisation is its business model. In essence, the business model describes how a firm plans to make money and specifies the position of the firm in the value chain (Willemstein et al. 2007). Insight into elements affecting the quality of the organisation is especially relevant for foundations of care farms. The lesson from Landzijde is that it is important to hire professionals with expertise in the care sector, to provide added value for customers and to develop a clear business model are in line with this body of literature.

To understand the second type of care farming, collaboration between care institutions and groups of farmers, we can learn not only from alliance management, but also from implementation literature. The decision to adopt an innovation is an important decision that involves risk (Seffrin et al. 2008). Implementation is shaped only to a limited extent by scientific findings. Other important factors are organisational policies, procedures, values, established habits, routines and resource configuration. Externally generated crises may present windows of opportunity during which critical support can be obtained (Rosenheck 2001). Studies show that strong leadership, developing coalitions that favour implementation and provide ongoing support, coalition members with expertise and authority in the organisation that can link initiatives to organisational goals and values or to the solution of organisational crisis, quantitative monitoring of model fidelity and programme performance and circulating results to all relevant parties and

development of self-sustaining subcultures of communities of practice are crucial for a successful implementation (Rosenheck 2001; Marshall et al. 2008; Bond 2009). The experiences of the Novafarm case suggest that a sense of urgency, strong support by the director, a clear vision and short-term success are in line with lessons from other implementation studies.

2.4. Concluding remarks

From our preliminary data, we argue that the interplay between structure and agency as portrayed in the MLP is a useful basic approach to understanding the development and success of initiatives in care farming, as well as other examples of multi-functionality. Entrepreneurship, alliance management and organisational theories are useful approaches and theories that provide further insight into the success of local and regional initiatives for the trans-sectoral cooperation often involved in such initiatives. As such, they seem to be a useful extension of the multi-level perspective. In our study, we have discussed three types of initiatives. We found that the direction of enrichment of the multi-level perspective varies between the types of initiatives, and developed propositions for each of them. Entrepreneurship and alliance management literature are valuable for all three types of initiatives to conceptualise agency and options and motivations for collaboration. Organisational insights are only important for the latter two types of initiatives.

At this stage, we propose that the competences of social and institutional entrepreneurs are key success factors for the transition to multi-functionality, through the way in which they (1) either create novel regime elements or identify existing or emergent elements in either the care or agricultural regimes; and (2) manage to link innovations to these regime elements either in the agricultural or in another sector. Based on the various concepts and the preliminary data of successful initiatives collected so far, we come to the following propositions for the different types of initiatives in care farming:

- We propose that the successful development of the first type of initiatives (care farms) is determined mainly by entrepreneurial competences. Successful pioneers, like the care farmer we interviewed,

behave more like institutional entrepreneurs when they faced problems with legitimacy. We expect an interaction with the environment. Care farmers who have a close collaboration with an accredited care institution or are members of a foundation of care farms with an AWBZ accreditation probably have to invest less in attracting clients than other care farmers. There is less need for them to possess entrepreneurial competences (Figure 1).

- We propose that, for the second type of initiative (regional foundation of care farms), the competences of an institutional entrepreneur are crucial. These institutional entrepreneurs have to combine commitment, strong leadership (determining the direction, bringing people on one track and motivating and inspiring people) with complex skills to be successful within an institutional environment. Relevant skills are cultural/cognitive skills, like framing and persuading to deal with field power, procedural skills to deal with procedures in the care sector and political and interactive skills to link the initiative with the political agenda and develop alliances. This new organisation has to develop legitimacy in the care sector and create added value for farmers and health insurance companies. The challenge for the foundation of care farmers is to develop a strong organisation with sufficient knowledge of the care sector and an adequate profit model (Fig. 1).
- We propose that, for the third type of initiative (collaboration of a care institution with a group of farmers), the main challenge is to implement the collaboration with farmers in the care organisation. Studies on implementation and transformation in organisations indicate that strong leadership, formation of a leading coalition, a clear vision as to how the initiative links with organisational goals and how it offers solutions to problems in the organisation, generating short term success and embedding the new approach in the organisation are crucial for success. In addition, this type of entrepreneurs should develop a successful interaction with farmers. Interactional skills and legitimacy are important for this (Fig. 1).

Care farming as an object of study helps to stipulate that co-operation between various local and regional actors is another factor (in addition to spatiality) that may increase the transition ‘potential’ (Wilson

2008). An important issue for further study is: what are less and more fruitful ways to shape such collaboration so as to promote individual and collective entrepreneurship? Also, as care farming spans multiple sectors with initiatives at a local and regional level, it draws attention to the implications of trans-sectoral nature that may be implied in multi-functionality, also in other areas than care farming like recreational farms (Brunori and Rossi 2000). Most importantly, we have shown that this may imply interesting opportunities for multi-functionality initiatives: they may be supported by elements of both the (transforming) agricultural regime, and the regime of another sector involved in establishing multi-functionality. As our Cinquant case has shown, a farmer with strong motivation and sense of urgency may draw upon such opportunities so as to overcome what Wilson (2008) calls path dependency and system memory. We have answered the call from other studies for the inclusion of structural and actor-oriented components to the model of agricultural change (Marsden et al. 1996; Potter and Burney 2002). We have provided an extension to the multi-level perspective, as asked for in previous studies (e.g. Smith et al. 2005; Elzen et al. 2010). In line with these studies, we argue that more attention should be paid to agency and the role of power. We have introduced social and institutional entrepreneurship to conceptualize agency. Moreover, we have used insights from alliance management and organisational studies. Our study contributes to the development of a theory of good linking, it helps explain the success or failure of alliances and the implementation of innovations, and offers more detailed information about the competences of social and institutional entrepreneurs.

We emphasise that our propositions need to be tested in future studies. Also, it is important to develop more insight into the relative importance of the different aspects that determine the degree of success of initiatives. In subsequent studies, we will test our hypothesis by analysing successful and less successful initiatives in care farming.

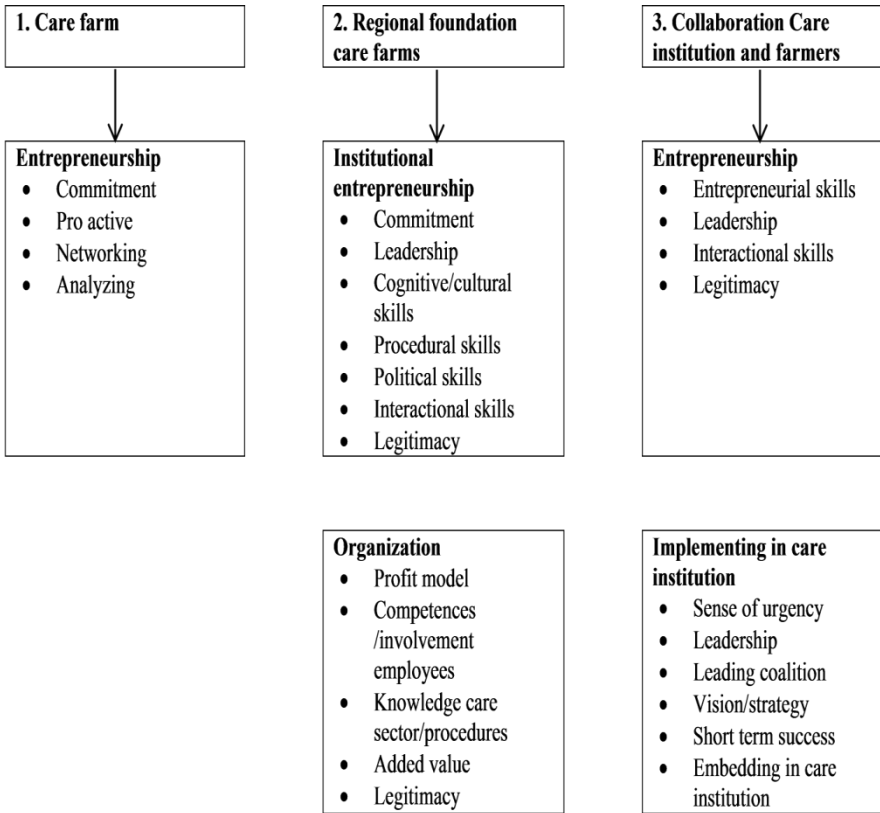


Fig. 1. Proposition: Aspects determining the success of three types of initiatives in care farming.



Chapter 3.

Care Farms in the Netherlands: An Underexplored Example of Multifunctional Agriculture—Toward an Empirically Grounded, Organization-Theory-Based Typology



3. Care Farms in the Netherlands: An Underexplored Example of Multifunctional Agriculture—Toward an Empirically Grounded, Organization-Theory-Based Typology

Abstract

For agricultural and rural development in Europe, multi-functionality is a leading concept that raises many questions. Care farming is a promising example of multifunctional agriculture that has so far received little attention. An issue that has not been examined thoroughly is the strategic mapping of different care farm organizations in this emerging field. The objective of this article is to develop a typology for care farms in the Netherlands and provide insight into the diversity of care farms. We have used different concepts from organization theory and information from regional organizations of care farmers to identify key dimensions and develop a typology of care farms. Key dimensions are the ratio between agriculture and care, the background of the initiators, and the degree of collaboration with formal care institutions. We found six main types of care farms with different identities, four of which were initiated by the farmers' families (mainly female partners). The other two types were started by new entrants in agriculture. On the basis of our findings, we confirmed, disputed, and supplemented insights to multifunctional farming literature. As a further contribution to that field, drawing from the organization theories underlying our typology, we have sought to understand how different types of care farms could emerge.

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3.1 Introduction

The makeup of rural areas and the role agriculture plays in rural society are changing. A powerful concept that has emerged in recent policy discussions is that of a shift in modern agricultural regimes from productivism toward postproductivism (e.g., Halfacree 1997). The postproductivist era is characterized by a reduced emphasis on food production and an increased emphasis on the countryside as a place of “consumption” with environmental sustainability (Burton and Wilson 2006). More specifically, we see the emergence of so-called multifunctional agricultural regimes (Marsden 2003; Wilson 2008). The notion of a multifunctional agricultural regime recognizes that productivist and postproductivist action and thought can exist side by side (Wilson and Rigg 2003), which means that around the core practice of agricultural production, new experiments, side activities, and businesses have been initiated that link farming to society (Barlas et al. 2001).

The combination of agricultural production and other activities has been studied under different headings, like pluriactivity (e.g., Fuller 1990) and diversification (Barbieri, Mahoney, and Butler 2008). Scholars define pluriactivity as the combination of agriculture and nonagricultural activities to generate nonagricultural sources of income. Diversification refers to the workplace, where the scope of products and services is widened. The term multi-functionality refers to the agricultural sector in general and to farmers or farms in particular (Durand and van Huylenbroeck 2003), including the various functions of different activities. Both agricultural and nonagricultural activities can produce a variety of different functions that satisfy different societal demands (Durand and van Huylenbroeck 2003). Multifunctional agriculture is now a cornerstone of European agricultural and rural policy (Wilson 2007). It is also gaining interest in the United States as an alternative to U.S. farm policies that can provide environmental, social, and economic benefits (Boody et al. 2005).

In this article, we discuss one example of the combination of productivist and nonproductivist farming: care farming, an example of what Wilson (2008) calls strong multi-functionality, characterized by

strong social, economic, cultural, moral, and environmental capital and low farming intensity and productivity (Wilson 2008). Such multi-functionality may be seen as part of a transition (Wilson 2007) toward sustainable rural development, with the socioeconomic role of agriculture as a major agent in sustaining rural economies and cultures (Altieri 1987). In this perspective, to be multifunctional and contribute to rural development, an activity should add income and employment opportunities, contribute to the construction of a new agricultural sector that corresponds to the needs and expectations of society at large, and imply a radical redefinition and reconfiguration of rural resources (Marsden 2003).

Multifunctional agriculture and rural development lead to a redefinition of identities, strategies, practices, interrelations, and networks (van der Ploeg et al. 2000). While for some farmers multi-functionality is simply a survival strategy (Meert et al. 2005), these farmers are also likely to participate in this redefinition, if only to attain credibility and funding. Multifunctional farmers should thus be viewed as rural entrepreneurs (Durand and van Huylenbroeck 2003). They require new skills and knowledge, which are often not readily provided by the traditional support systems (Renting et al. 2008). Multifunctional farmers may struggle with their identity as real farmers (Brandt and Haugen 2011). Researchers have observed that many diversified farmers are new entrants to agriculture without any formal training in agriculture (Barbieri and Mahoney 2009). These entrants may further change the identity of the farming community. Research has also shown that women play an important role in the development of new activities on the farm; it is often the female partner of family farms who takes the first step and builds a new on-farm business (Bock 2004).

Multifunctional agriculture raises many questions, including these: what are relevant farm categories and interrelations between functions, what are motivations behind agricultural diversification, what are the links between agriculture and society, and what is the role of new territorial and institutional arrangements and professional structures (Cairol et al. 2008; Ilbery et al. 1998; Renting et al. 2008)?

Research into farm structures and strategies has focused on full-time, specialized farm enterprises as the principal viable model for agricultural development. The development of multifunctional agriculture has increased attention to strategies that combine the production of food with other income-generating activities (Jervel 1999; Kinsella et al. 2000) and to the types of enterprises being developed in farm diversification (Barbieri et al. 2008; Renting et al. 2008; van der Ploeg et al. 2009).

Farm typology is a common way of describing farm diversity. Most typologies still focus on commodity production and pay very little attention to additional activities (Andersen et al. 2007; van der Ploeg et al. 2009). Scholars have documented some examples of classifying farm diversification, including mainly the integration of recreation, tourism, and hospitality enterprises offered on farms and ranches (Barbieri et al. 2008). These typologies specify the structural characteristics of farm types (Howden and Vanclay 2000). However, classifications merely based on structural characteristics have been criticized. Critics generally argue that classification schemes should include the strategic behavior of farmers (Howden and Vanclay 2000), as with study of Dutch farming styles that also includes the strategies of the actors involved (van der Ploeg et al. 2009).

In our study, we make a first attempt at creating a better typology for multifunctional farming, drawing on the example of care farming, a promising example of multifunctional agriculture that integrates health and social services on farms and that thus far has received very little attention in the scientific literature. Care farming offers potential for multifunctional farming, especially in more populated areas (Grande 2011). The Netherlands represents an interesting “field laboratory” for this new branch of multifunctional agriculture, being a pioneer in care farming (Di Iacovo and O’Connor 2009).

Our first objective is to develop a comprehensive typology for care farms in the Netherlands, so as to describe the range of practice types that exist in a systematic way and understand their behavior and success. To form a comprehensive typology of care farms in the Netherlands, we use insights from organization theories on the analysis of organizations. Generally speaking, studies dealing with multifunctional agriculture and agricultural classification schemes do not refer to this body of literature.

We discuss those approaches in organizational theory, integrating them into an overarching structural perspective that is helpful in developing a typology of care farms as new configurations of organizations. In respect to such new configurations, we refer to the different strategic choices founders or managers of organizations make, the alignment between their organizations and their environments, and the institutional constraints they face in their primary process and daily operations.

This theoretical exercise generates the dimensions required for comparing care farms and distinguishing between them. Subsequently, we apply these dimensions to the population of Dutch care farms and develop an initial typology of care farms on the basis of information provided by the sector. Thus we seek to meet our second objective: to examine which theoretical types exist in practice in the field of care farming and whether we can capture the diversity of that field with such a typology. This examination may also inform further research into the diverse landscapes of multifunctional farming. So as to further contribute to such study, our third objective is to understand, drawing on the organizational literature discussed, how this diversity has come about.

We begin by describing the care farming sector in the Netherlands and discussing its history, diversity, and evolution over the last two decades.

3.1.1. Care Farming

Care farming is the combination of agricultural production with health and social services. Alternative names are social farming or green care (Di Iacovo and O'Connor 2009). While care farming has been adopted in many European countries, our focus is on the Netherlands, one of the pioneering countries in this area (Di Iacovo and O'Connor 2009). The number of care farms in the Netherlands grew rapidly from 75 in 1998 to more than 1,000 in 2009 (Federatie Landbouw en Zorg 2011). In 2005, a total of 10,000 clients of care services made use of a care farm in the Netherlands, which produced an average annual revenue of €73,000 per farm (Hassink et al. 2007). Care farms offer day care, supported workplaces, and residential places for clients with a variety of disabilities. Target groups include people with a mental illness, an addiction

background, and learning disabilities, as well as older persons, children, problem youth, and long-term unemployed persons. Many care farms have a mix of client groups (Hassink et al. 2007).

The combination of a personal and dedicated attitude of the (often female) farmer, the carrying out of useful activities, and an informal and open setting within a green environment turn care farms into an appealing facility for various client groups (Hassink et al. 2010). The perceived benefits of care farms are improved physical, mental, and social well-being. The mental health benefits consist of improved self-esteem and well-being, and an improved disposition. Examples of social benefits are independence, the formation of good work habits, and the development of personal responsibility and social skills (Hine et al. 2008). Farmers use the farm context and agricultural activities to improve the quality of life and inclusion of vulnerable groups in society. Hassink et al. (2012a) have studied the development of the sector. Initially, institutional care farms and ideologically driven organic (or biodynamic) care farms were the majority of this kind of farm. Later, many conventional farmers initiated care services on their farms. During the last five years, an increasing number of former employees of health-care institutions have set up care farms.

A major challenge for care farmers has been to find funding for the care services they provide (Ketelaars et al. 2002). From 1995, care farms became eligible for funding by the AWBZ, the collective health insurance program for the costs of long-term care in the Netherlands (it covers exceptional medical expenses that are not part of regular health insurance). Care services from that point were only reimbursable when provided by institutions with an AWBZ accreditation. Since then, the most common way for care farmers to organize financing for the care services provided has been to become a subcontractor of a care institution with an AWBZ accreditation. In 2003, however, the Personal Budgets of Clients program became broadly available. The aim of the program is to strengthen the position of clients by giving them a budget that they can spend according to their own needs. With the introduction of this budgeting program, clients were allowed to contract with care farmers directly.

Other important developments in the sector were the establishment of the National Support Center for Agriculture and Care in 1999 and the development of regional organizations of care farmers and regional alliances between a care institution and farmers. These regional developments resulted in a new group of care farmers: conventional farmers invited by care institutions and foundations to provide care services. This group of care farmers would not have become care farmers without the support of the collaborating organization (Hassink et al. 2012). These developments have produced a very diverse sector. Care farms vary in client group, type of agricultural holding, background of the care farmers (in agriculture or care), and degree of collaboration with other care farmers or care institutions. Another important aspect of diversity is the ratio between care services and agricultural production on the farm. The National Support Center has identified different types of care farms based on the relative contribution of care services and agricultural production to total revenues of the care farm (Federatie Landbouw en Zorg 2011).

3.2. Organizational Theory : Toward a Theoretical Framework

Organizations share various features, like social structure, goals, participants who contribute to the organization, technology, and environment. Initially, the focus of organizational studies was on the determinants of organizational structure (Donaldson 2001). During recent decades, recognition of the many and diverse ways in which environment constitutes, influences, and penetrates organizations emerged and new theoretical frameworks were introduced. The first is contingency theory, which recognizes that organizations vary as a function of their technical environments. In order to survive, organizations have to adapt to their specific environments (Lawrence and Lorsch 1967).

Resource-dependency theory argues that organizations pursue certain goals, for example delivery of goods or services, to realize a particular market position and to survive. To achieve these goals, organizations have to look for resources in their environment, which

includes other organizations. The need to obtain resources, such as financial means, staff, knowledge, information, and facilities, creates dependencies between organizations and partnerships. “Organizations establish relationships in order to manage the dependencies, to fulfill a need to acquire control over much-needed resources, and to exert power over organizations that possess the desired means” (van Raak et al. 2005: 161; Pfeffer and Salancik 1978). Transition studies suggest that these activities are especially important in transition initiatives involving fundamental changes that extend to the structural environment (Hekkert et al. 2007).

Institutional theory stresses the importance of the cultural features of environments. Institutional theorists argue that organizations must consider not only their technical environment but also their institutional environment: regulatory, normative, and cultural-cognitive features that define their social fitness (Meyer and Scott 1983). DiMaggio and Powell (1983) are the founders of the new institutional theory. In their view, institutional isomorphism, the process of homogenization due to normative practices and expectations of the institutional environment, is important.

The normative pillar of new institutional theory (Di Maggio and Powell 1983; Scott 2001) emphasizes general beliefs and “rules that add a prescriptive and obligatory dimension to social life”(van Raak et al. 2005:161. The theory argues that the institutional environment imposes pressure on organizations to conform to prevailing practices of institutions. Scholars assume that these pressures motivate organizations to pursue activities that will increase their legitimacy and cause them to be in agreement with other institutions.

At the same time, organizational ecology developed. Ecologists attribute the restricted range of structures and strategies within an industry to environmental selection and the widespread imitation of emerging successful strategies (Hannan and Freeman 1977). Porter (1980) pointed out the constraints of barriers to entry. In an institutional context like the care sector, regulations can limit the entrance of new initiatives like care farms. More generally, existing identities and structures tend to present barriers to transition initiatives (Grin et al. 2004; Roep et al. 2003), requiring significant action to overcome them (Smith 2007).

The various theories have developed different perspectives and ideas about the interaction between organizations and their environment. It can be a one-sided process of the organization's adapting to the demands of the environment or an interaction between organization and environment. Initially, theories such as contingency theory focused on the rational adaptation of organizations to the demands of the environment. New institutionalism points at dysfunctional adaptation processes. Resource-dependency theory argues that organizations try to influence their environment. In transition studies, partly drawing on evolutionary theories from economics and sociology, researchers have found that all these mechanisms may occur and together constitute the variety of pathways that may establish or transform a sector (Geels and Schot 2007; Grin, Schot, and Rotmans 2011; Schot and Geels 2007).

All these theories emphasize the need to meet challenges from the environment. Firms scan the environment for threats and opportunities and adapt to changing competitive practices (Miller 1987).

3.2.1. Configurational Theory

An important step in organizational studies has been the development of the configurational approach, which is aimed at understanding organizational behavior and adaptation. This approach is an alternative to the normative and descriptive orientation of contingency theorists in studying relationships among different variables (Miller 1981). In line with structuration theory, many authors argue that strategies, structures, processes, and other features are interconnected and thus influence on one of them will necessarily affect others as well (e.g., Miller and Mintzberg 1984). Miller (1981) has argued that variables of strategy, structure, and environment interact to form common gestalts, archetypes, or configurations. This theory defines a configuration as “any multidimensional constellation of conceptually distinct characteristics that commonly occur together” (Meyer et al. 1993:1175). Thus, configurational studies of organizations do not focus on firm-level characteristics such as age and size, but rather on identifying groups of firms that resemble each other in important dimensions such as strategy, goals, and structures (Meyer et al. 1993; Short et al. 2008). A particular

strength of the configurational approach is its analysis of the interface where the inner and outer environments meet and influence each other, which avoids considering the inner environment and outer environment separately (Dess et al. 1993). Mintzberg (1979) and Miller and Friesen (1978) were some of the first scholars to offer a typology of organization configurations. Miller and Friesen (1978) identified configurations using multiple domains. They combined strategic, organizational, and environmental contexts and stressed that many researchers have focused too narrowly on the relationships between strategy and structure and environment and structure. They point out the limitations of looking at one bivariate relationship at a time and ignoring its context. Miller and Friesen (1978) and Mintzberg (1979) argue that a more holistic approach such as they advocate is necessary to understand the behavior of organizations. Their underlying assumption is that organizations can be better understood through identifying distinct, internally consistent sets of firms rather than by trying to uncover relationships that hold across all organizations (Ketchen et al. 1993). “Configurational research contends that some configurations fit better than others within any given context and thus are more successful” (Short et al. 2008: 1054).

Configurational theory provides a useful framework for our study, because it captures the basic insight that agency and structure shape each other and that strategic, structural, and environmental variables interact. Thus incorporating a key insight from social theory (Giddens 1984), it brings a more balanced approach to organizational theory, which comprises both the constraining and enabling effect of institutions on organizational agency and the fact that social structures do not completely determine organizational behavior and may even be sources of deviance, entrepreneurship, and improvisation (Heugens and Lander 2009).

In our study, we develop conceptual typologies that are well informed by theory, and we describe contrasts that facilitate empirical progress; the elements we use cohere in thematic and interesting ways. The interdependencies among elements within types are the essence of configurations (Miller 1996). A criticism of this approach is that many typologies have never been tested empirically (Miller 1996). To answer this criticism, we test our conceptual approach using empirical data in order to identify which types actually exist and on what scale.

3.3. Dimensions for a Typology of Care Farms

The review of organizational theories presented above suggests, first of all, that there are three key dimensions: organizational structure, strategy, and environment. Miller (1987) added leadership as a force restricting organizational variety and giving rise to configurations. Examination of these dimensions accords with major issues raised in studies dealing with multifunctional agriculture, as we indicated in the introduction. Examples are the distinction between strong and weak multifunctionality (Wilson 2008), the importance of institutional arrangements and support structures, and the role of new entrants. Below, we provide a conceptual and empirical discussion of these key dimensions as they apply to the care farming sector. Second, our review indicates that firms will seek coherence. We should thus expect that we will not find all theoretical combinations of “scores” with regard to these dimensions in reality. Thus, before we proceed to our discussion, we first need to draw on empirical analysis so as to turn our conceptually derived typology into one that reflects the reality of the sector. We proceed by explaining how we selected key dimensions for the typology of care farms.

3.3.1. Structure

To select key dimensions for the analysis of care farms, we studied existing literature and interviewed representatives of regional organizations of care farms. Generally speaking, configuration studies analyze organizations within individual sectors. Our field of study, care farming, is different. The organizations in our study (care farms) combine agricultural production and care services—that is, they combine elements of two different sectors. An earlier survey of the sector concluded that a highly relevant factor for developing configurations is to take into account the relationship between agricultural production and the provision of care services (Hassink and Trip 2000). The ratio between agricultural production and care service provision can be seen as a characteristic of the structure dimension.

3.3.2. Environment and Strategy

The different theories may lead us to expect that the characteristics of care farms are affected by the characteristics (e.g., uncertainties, complexity, and pressures) of the care and agricultural environments and the existence of support organizations and institutional arrangements. How organizations manage their environment and deal with uncertainties defines their strategy. Two major strategies of organizations for dealing with uncertainties in the environment are bridging and buffering. In the case of bridging, an organization creates relationships with the external stakeholders on which it depends. In the case of buffering, it tries to keep the external stakeholders at a distance, using buffering techniques (Pfeffer and Salancik 1978; van den Bosch and van Riel 1998). Organizations in the care farming sector use both strategies. The database of the National Support Center for Agriculture and Care shows that some care farms have a close collaboration with existing care institutions, while others choose to remain independent (Federatie Landbouw en Zorg 2011).

3.3.3. Initiation

Sociological and entrepreneurship literature has pointed out the importance of the background of entrepreneurs for new organizations (Audia and Rider 2006; Shane and Khurana 2003). New firms, like care farms, face the liability of newness. They lack social ties to key stakeholders, as well as the structures and roles of established organizations (Shane and Khurana 2003). These liabilities appear to be particularly severe for inexperienced entrepreneurs. Previous work experience in organizations appears to be helpful, as it can generate confidence, knowledge, and social networks that facilitate resource mobilization (Audia and Rider 2006). Entrepreneurs in the care farming sector face an important challenge in that the environments of the agricultural and care sectors differ considerably. In health care, the environment is largely made up of institutions and particularly rules that guide, oppose, or enable actions (Hasenfeld 1992). Care farms can be developed by a farmer's family when it adds care services to agricultural

activities. Employees of the care sector or other external parties can also develop care services. These initiators from outside the agriculture sector form a growing group of care farmers (Hassink et al. 2012).

Many family farmers are experienced family entrepreneurs, but only some of them are familiar with the care sector and its main actors and regulations. An important consideration for them is to what extent they should collaborate with official care institutions and to what extent they should stay independent. Many employees of the care sector who set up care farms can benefit from their experience with and knowledge of the care sector, but in many cases they lack entrepreneurial experience. We conclude that the background of the initiator is an important factor that can affect his or her attitude toward the environment and the relative importance of agricultural production and providing care.

Based on these considerations, we selected three key dimensions: structure of the primary process, locus of entrepreneurship, and alignment with the environment. These three dimensions are also related to the main issues identified in multifunctional agriculture that need further clarification. The three dimensions can be described as in the following section.

3.3.4. Structure of the Primary Process: What Is the Ratio between Agriculture and Care?

We distinguished three classes of configurations based on the relative importance of care and agricultural production respectively. The first class focuses on agricultural production. Care services are a minor activity and do not contribute greatly to total income (less than 25 percent). The second class develops two strong businesses: agricultural production and care services, with both contributing at least 25 percent to total income. For the third class, care services are the core business and agricultural production does not significantly contribute to total income (less than 25 percent).

3.3.5. Locus of Entrepreneurship: Who Is the Initiator of the Care Farm and Where Does the Inspiration Come From?

The background of the initiator may affect the attitude toward the environment (strategy) and the relative importance of agricultural production and providing care (structure). The first class includes initiatives by farmers on existing farms. They add care services to already existing agricultural production, and we can regard these farms as a form of multifunctional agriculture. The farming family is searching for a way to integrate agricultural production and care services.

In the second class, an employee or former employee of the care sector begins the initiative. An important motivation is discontent with existing working conditions in the institutional care sector. The aim is to develop care services that meet the demands of clients and the objectives of the initiator from the care sector within a farming context. Such initiators do not start the care business on an existing farm. They begin with care services and add agricultural activities to them.

Persons from outside both the agricultural and the care sectors begin the initiatives of the third class. They have no background in farming or in care. They are inspired by the care farming sector and see opportunities in this new sector.

3.3.6. Alignment with the Environment: Bridging or Buffering

We can distinguish three classes of collaboration with formal care institutions. The first class consists of independent care farms that do not collaborate with accredited care institutions. They use the personal budgets of clients or an AWBZ accreditation to fund the services they provide (buffering strategy). Care services are reimbursable only when provided by institutions with an AWBZ accreditation. In 1995, the personal budget program for clients with intellectual disability was introduced. In 2003, the personal budget became available to a much larger group of clients.

In the second class, care farms subcontract with various AWBZ-accredited care institutions that have access to care sector funds to finance care services. They do not outsource tasks to the institutions. This is a combination of a buffering and bridging strategy.

The third class includes care farms that work closely together with AWBZ-accredited care institutions and outsource tasks to those institutions. Examples of outsourcing are acquiring clients, matching demand and supply, and guiding clients (bridging strategy). In an extreme case, they become part of a care institution.

3.3.7. Methodology: Developing and Validating the Typology

On the basis of this three-dimensional classification, we can distinguish 27 theoretical types of care farms. In this section, we examine to what extent each of these types actually exists.

To develop our typology further, we sought empirical support for the theoretically driven scheme, hoping it would lead toward a more robust conceptual classification of care farming initiatives. We briefly described the 27 potential types of care farms based on the dimensions and classes described earlier. We contacted representatives of all 10 existing regional organizations of care farms in the Netherlands by telephone. We sent the descriptions to these representatives and asked them, first, to assess and validate whether the proposed dimensions and classes were appropriate for distinguishing different types of care farms and, second, to estimate the number of all potential types of care farms in their region. Next, we asked them to describe the existing types of care farms based on our proposed classification by providing for each type information about motivation, strategy, and background of initiators, starting year, farm structure (e.g., the ratio between agriculture and care services, adaptations in farm characteristics, extent of care activities, and extent and type of guidance), organizational type, and interaction with the environment (e.g., relationship with care institutions, financing mechanism, and support structure). Finally, we asked them to provide us with characteristic examples of each type that we could contact. Seven of ten representatives of regional organizations were able to classify the care farms in their region and were willing to contribute to our study. We conducted individual interviews with these seven regional representatives, representing approximately 600 (60 percent) of the care farms in the Netherlands. To ensure inter-observer reliability, we discussed the various interpretations of the criteria with each of these

representatives, such as by relating them to one or two cases, in that particular region, known by the principal author, who has conducted extensive research into care farms in recent years.

With the help of these seven representatives, we selected three to five representative examples of each existing type. In all, we managed to interview 37 care farmers (3–4 for each type). We conducted interviews using a semi-structured topic list based on the identified dimensions. The objective of the interviews was to further develop our insight into the characteristics of the different types of care farms. The topic of the interviews was similar to that of the interviews with representatives of the regional organizations. We transcribed, reviewed, and coded the semi-structured interviews, which lasted for 1–1.5 hours. We then analyzed the data, following the process described by Rodwell (1996). First, the researcher hand coded all interview hard copy transcriptions by identifying content that was self-explanatory. The researcher then identified units by a one-to five-word label, gave units that covered the same content a category title, and summarized the category and unit names from each coded transcript. Finally, we developed a diagram of similar and diverging themes that emerged from the collective review of all coding summaries. Based on the analysis of the interviews, we developed characteristic descriptions for each identified type of care farm, which we sent to the respondents. When asked, the farmers agreed that the description of the type of care farm to which they belonged was adequate and correct. Figure 1 shows the typology schema and the existing types of care farms.

3.4. Results

3.4.1. Empirical Validation of the Typology of Care Farms

Regional representatives of care farms indicate that the dimensions “ratio agriculture and care” and “background of the initiator” and the classes are appropriate for distinguishing different types of care farms. They had more problems with the dimension “degree of collaboration with formal care institutions.” According to them, it is

possible to distinguish independent care farms with an AWBZ accreditation and care farms outsourcing tasks to official care institutions.

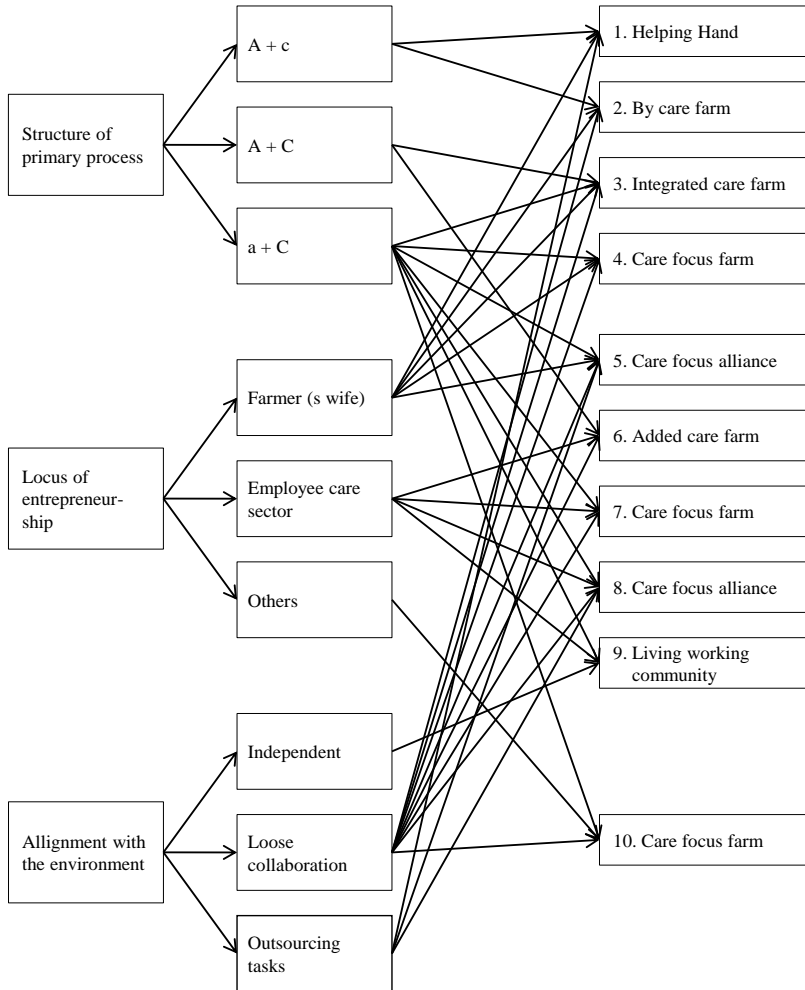


Fig. 1. Typology of care farms and the existing types of care farms (A + c = Contribution Agriculture to total income >75%; A + C = Contribution Agriculture and Contribution Care to total income both > 25%; a + C = Contribution Agriculture to total income < 25%).

The majority of the care farms are relatively independent. For some clients, they are subcontractors of formal care institutions, while for other clients, they are completely independent as they have direct contracts with clients with a personal budget to finance care services. The ratio between these two financing structures can vary considerably over time. We have adopted this feedback and included relatively independent care farm types.

The regional representatives indicated that of all potential types, 10 actually appear to exist. Farmer families on existing farms started five of them, former or current employees of the care sector began four, and persons from outside the agricultural and care sectors started one. We describe the 10 types below. The description of the types is based on the analysis of the interviews with 37 care farmers.

3.4.2. Initiatives of Farmers

Empirical data showed that initiatives on existing farms vary in the ratio between agriculture and care and the degree of alliance with a formal care institution. Motivations to initiate care services on the farm are diverse, and include providing a more personal type of care, sharing farm life with other people, gaining additional income, using additional labor, and being able to have a job at home. According to the regional representatives of care farms, in more than 70 percent of all cases, the initiators are the female farmers with a background in health care. Such female farmers, however, make up a low share of the helping hand alliance care farms, which we discuss in the next section.

Type 1: Helping hand alliance. Characteristics of this type are a focus on agricultural production and close collaboration with a formal care institution. A care institution and a farmer jointly begin the initiative; a care farmer with an agricultural background collaborates with a care institution or foundation to provide care for a specific client group. It is a small-scale part of the commercial, productive farm activities. The number of clients is limited (1–3) and the clients can take part in commercial agricultural activities. The main motivation for the farmer to collaborate with the care institution is the contribution of the clients to the work that has to be done, though the farmers have social reasons as well.

The farmers are not willing to invest considerable time and money to start care services. Therefore, the care institution takes care of matching potential clients and the farm. An employee of the care institution coaches the farmer on the care activities. A characteristic example is care farmers collaborating with a youth care institution, offering guidance to one youth client who needs to develop a positive working attitude. The youth client lives in his own unit on the farm for 6–12 months. The youth care employee visits the farm weekly to coach the farmer and the youth client. Generally speaking, the farmer initiates this type of care farm without any background in health care. This type of care farm is concentrated in two provinces, Noord Brabant, where three youth care institutions have a close collaboration with farmers, and Noord Holland, where a considerable number of care farmers focus on farming and outsource tasks to the Landzijde Foundation. According to the regional representatives of care farms, approximately 150 care farmers can be characterized as helping hand alliance care farmers, representing approximately 15 percent of the total number of care farms.

Type 2: Relatively independent low-care farm. Characteristics of this type are a focus on agricultural production and a relative independence from formal care institutions. The contribution of care services to the family income is less than 25 percent. The average number of clients is less than six per day. The farmer (male or female) provides guidance to the clients. There can be a combination of financing methods: the personal budget of the client, a subcontract with an AWBZ-accredited care institution, or a regional foundation of care farms. In the majority of the cases, the initiator is the farm woman. A typical example is a family that starts small-scale care activities to get additional income. The farm woman has a background in health care and is motivated to initiate her own business on the farm. She discusses her plans with her husband. They want to keep the care business small, because they do not want to adapt the farm and invest financially in the care business. The farm woman contacts the institution where she has worked to find clients. The percentage of care farmers belonging to this type varies between 5 and 45 percent in the different regions. On average, approximately 15 percent of the care farms belongs to this type.

Type 3: Relatively independent integrated care farm.

Characteristics of this type are a focus on both agricultural production and care and the relative independence from formal care institutions. The contribution of care services and agricultural production to family income is each greater than 25 percent. The number of clients is 7–15 per day. In most cases, the farms hire one or two additional employees to assist with care services. There can be a similar combination of financing methods to the previous type. The adjustments on the farm are considerable. In many cases, the strategy is to invest more in the development of the care business than in expansion or intensification of agricultural production. In almost all cases, a farm woman with a background in health care begins the initiative. She wants to resume her old health-care job when her children go to school. She finds working at home and starting her own business attractive. A typical example is a woman with a background in health care who is motivated to develop her own business on the farm, often partly because this helps her combine work and child rearing. Her aim is to develop a more small-scale and personal type of care than the care provided by institutions. Because of the success and the enthusiasm of the female partner, the care business grows and the number of clients increases gradually. The family decides to invest in a professional care business, builds a canteen and toilets, and hires additional staff for the care business. The percentage of care farmers belonging to this type varies between 10 and 40 percent in the different regions, according to the regional representatives. On average, approximately 20 percent of the care farms belong to this type.

Type 4: Relatively independent care focus farm. Characteristics of this type are a focus on care services and a relative independence from formal care institutions. Although the care services are developed on an existing farm, the contribution of the care services to the income is more than 75 percent. Agricultural production is limited. The farm is completely adapted to provide optimal care services. The number of clients is more than seven per day. In many cases, the economic basis of the farm was too limited to permit it to continue without the care activities. The farmer's family decides to focus on developing care services. Again, it is the farm woman with a background in the care sector

who generally takes the initiative. Characteristic examples resemble the independent integrated care farm. The only difference is that the agricultural production is less important. The percentage of care farmers belonging to this type varies between 5 and 30 percent in the different regions, the regional representatives reported. On average, approximately 15 percent belong to this type.

Type 5: Care focus alliance. Characteristics of this type are a focus on care services and a close alliance with formal care institutions. As with the previous type, an existing farm is adapted to provide optimal care activities and the contribution of care services to the income is more than 75 percent. In this case, however, the farmer's family chooses to develop the care business in collaboration with an official care institution. In many cases, the farm woman was at some stage employed by this care institution. A typical example is an initiative where the farm woman has a background in health care. Some of the buildings are rented out to a care institution, which employs the farm woman. Two other employees of this institution help her offer guidance to the clients. A major reason for collaboration is to reduce financial risks and the burden of taking care of all the financial aspects. The regional representatives indicated that this type of care farms is largely limited to the province of Limburg. In the other provinces, it is almost nonexistent. On average, less than 5 percent belong to this type.

3.4.3. Initiatives by Former Employees of the Care Sector

The objective of former employees of the care sector is to provide care services that are in line with their ideals (less bureaucracy, more direct contact with clients). In most cases, they have no background in agriculture. Since their focus is on care and not on agricultural production, the agricultural dimension remains limited. The empirical data show that initiators from the care sector have different strategies. One strategy is to seek collaboration with an existing farmer (Type 6). The most common strategy, however, is to buy an abandoned farm (Type 7). Both types of care farms have appeared since 2003. Generally speaking, they are relatively independent of care institutions, as they use personal budgets of clients and are subcontractors of care institutions. In addition, we found

two older types of initiatives: ones that developed a close alliance with a care institution (Type 8) and those that are independent and have obtained their own AWBZ accreditation (Type 9).

Type 6: Relatively independent added care farm. In this case, a former employee of the care sector without a farm takes the initiative to start a care farm and is able to develop one by working together with an existing farmer. In most cases, the initiator and the farmer already know each other. The former employee of the care sector focuses on providing care. The farmer benefits from the work done by the clients, and the initiator has access to a farm without having to invest. In many cases, the initiator agrees with the farmer which tasks the clients can perform and which part of the farm can be used. Characteristics of this type are a focus on both care services (by the initiator) and agricultural production (by the farmer) and a relative independence from formal care institutions. A typical example is a former employee of the care sector who wants to develop a small-scale care project characterized by a more personal and respectful attitude. She contacts all farmers in her area. One of the farmers has a spare barn where a canteen for the clients can be built. The initiator and the farmer get along very well and agree to collaborate without a formal contract or financial arrangement. The initiator is completely responsible for the care business, providing guidance to a group of 5–7 clients four days a week. The regional representatives estimated that the percentage of care farmers belonging to this type varies between 3 and 10 percent in the different regions. About 5 percent of the care farms belong to this type on average.

Type 7: Relatively independent care focus farm (former employee). As with Type 4, this type focuses on care services and relative independence. A former employee of the care sector buys a farm where agricultural production has terminated in most cases. The motivation is similar to that for Type 6. The contribution of the care services to the income is more than 75 percent. Agricultural production is limited. The farm is completely adapted to provide optimal care services. The number of clients is more than seven per day. A characteristic example is a family where both partners have a background in health care. They write a business plan and obtain a mortgage from the bank to buy and adapt the

farm. In the initial phase, the man keeps his job to guarantee sufficient income. When the care business has developed sufficiently, he quits his job and becomes a partner in the care farming business. The regional representatives of care farms estimated that the percentage of care farmers belonging to this type varies between 5 and 15 percent in the different regions. On average, approximately 10 percent of the care farms belong to this type.

Type 8: Care focus farm alliance. Like Type 5, this type focuses on care services and a close alliance with an institution. Some of the farms begun in the 1990s have evolved into this type. The initiators' motivation was similar to that described under Types 6 and 7. Instead of buying a farm or collaborating with an existing farmer, they initiated a farm project in collaboration with existing care institutions. Initially, the projects were independent foundations. Because of uncertainties in financing the care services and the high costs of renovating the often old buildings, they became part of one of the AWBZ-accredited care institutions that supported them. A characteristic example is an initiative of employees of an anthroposophist care institution. They started a foundation with influential people on the board. They rented an abandoned historic farm from a municipality. With the support of governmental care innovation funds and three care institutions, they managed to develop the care farm. On average, a mixed group of 12–15 clients received day care on the farm. A major problem was the uncertainty of the financing methods and the huge variety of financiers, such as innovation funds, the municipality, and care institutions. At the time, personal budgets were not yet available and the board was hesitant to apply for an AWBZ accreditation, because health insurance companies regarded new entrants negatively. Moreover, renovation of the historic farm was too costly for the small foundation. This made the initiators decide to become part of a larger care institution, while maintaining their identity. The number of care farms belonging to this type is limited and varies between 0 and 5 percent in the different regions, according to the regional representatives. The average percentage of care farms belonging to this type is less than 1 percent.

Type 9: Independent living-working community. This type, like Types 4 and 7, focuses on care services and independence. These

initiatives all started in the 1970s and 1980s. They are rooted in the societal changes in the 1960s and are a part of a subculture that opposed materialism, authority, and exploitation of the earth and mankind. They were inspired by anthroposophy, religion, and socialization programs in the care sector. Living and working together fit into the vision of being equal, being authentic, and engaging in a healthy intercourse with the earth and other humans. It is a special type of care farm, because living, working, and care are integrated into a community. These farms are now independent AWBZ-accredited care institutions. A typical example is a living-working community initiated by two families with a background in psychiatry and agriculture and anthroposophy in the 1980s. They were able to take over a small farm. Together with a few clients with a psychiatric background and intellectual disabilities, they started living on the farm. Their idea was to develop a living working community for 20 clients. They started a foundation, and got support from influential people. The care farm developed gradually from a pioneering initiative into a professional organization with a director, supervisory board, client organization, and specialized units that provides care to more than 60 clients daily. The regional representatives indicated that the number of care farms belonging to this type is very limited (approximately 30). This is just over 3 percent of the total population.

3.4.4. Initiatives of Other Persons

Initiatives of people other than farmers' families or employees of the care sector have begun since 2003. Many of these established foundations to attract funds.

Type 10: Relatively independent care focus farm (other). Also like Types 4 and 7, this type has a focus on care services and a desire for relative independence. Many of the initiatives of this type started similarly to those of Type 8. In many cases, the initiators developed a business plan, set up a foundation to raise funds, and searched for a location. Typical initiators described by regional representatives are local inhabitants with a strong sympathy for combining agriculture and care and parents or relatives of clients. In some cases, the initiators developed plans for an existing farm owned by a municipality or nature organization. A

characteristic example is an initiative by local inhabitants making plans for an abandoned farm in their village. They invited influential people to become members of the foundation's board. Their enthusiasm and business plan generated support from funding bodies and the municipality, and the initiative generates a lot of local support. According to the regional representatives, the percentage of care farms belonging to this type varies between 0 and 20 percent in the different regions. On average, the percentage belonging to this type is 10 percent.

3.4.5. Overview

Table 1 gives an overview of some of the characteristics of the six most common types, which cover 85 percent of all care farms. Different types of care farms evolved in different periods. The independent living-working communities initiated in the 1970s and 1980s were followed by the initiatives of employees of care farms, leading to care focus alliance farms (Type 8). The first initiatives by farmers' families have evolved into integrated care farms (Type 3). The others are of a more recent date. The helping hand alliance (Type 1) developed when farmers were able to outsource tasks to regional foundations of care farms and care institutions willing to invest in collaboration with farmers. Other independent initiatives from outside the agricultural sector developed after the broadening of the personal budget in 2003 (Hassink et al. 2012). The motivation to initiate care services varies between the different types. The contribution of clients to agricultural production decreases and adaptation on the farm increases with an increasing number of clients and a greater focus on care. There are considerable variations in the revenues of the care services, investments, and costs and the way the care services are paid for (Table 1).

Table 1. Overview of the characteristics of the six major types of care farms. (- = not at all; +/- = limited; + = to some extent; ++ = considerable; F=Farmer; W= Farmer family; A=additional personnel).

	Initiated by farmers' family on existing farm				Initiative by (former) employees of the care sector	Initiative by other persons
	1. Helping hand Alliance	2. By Care farm	3. Integrated care farm	4. Indep. Care focus farm	7. Indep. Care focus farm	10. Indep. Care focus farm
<i>Starting year</i>	2000-2011	2000-2011	1993-2011	2000-2011	2003-2011	2003-2011
Focus of care farm	Agricultural Production	Agricultural Production	Agricultural production and Care	Care	Care	Care
Organization type	Family farm	Family farm	Family farm	Family farm	New family farm	Variable, often foundation
Motivation Initiator/care farmer	Labour Social No trouble with finding clients	Social Income Satisfaction Broadening strategy	Social Income Satisfaction Broadening strategy	Better care Future for farming Own enterprise	Better care Own enterprise	Solidarity Equality Example for society
Number of clients/day	1-3	1-6	7-15	>7	>7	>15
Extent and type of Guidance	Farmer – farming family (F) /Care institution	Farmer/farming family(W)	F+W+additional personnel (A)	F+W+A	Initiator (I) +A	I +E
Contribution to agricultural production	+	+/-	+/-	+/-	+/-	+/-
Adaptations in farm charact.	-	-	+	++	++	++

Profit formula	Single revenue model: agriculture	Multiple revenue model (care is limited)	Multiple revenue model	Single revenue model: care	Single revenue model: care	Single revenue model: care
	Clients contribute to agricultural production					
	Investments and costs low	Investments and costs: low	Investments and costs: considerable	Investments and costs: considerable..	Investments and costs: high (buying a farm)	Investments and costs: high (buying a farm)
Subcontractant	Financing mechanisms: pgb and subcontractant	Financing mechanisms: pgb and subcontractant	Financing mechanisms: diverse	Financing mechanisms: diverse	Financing mechanisms: diverse	Financing mechanisms: diverse Attracting funds

3.5. Discussion

This study adds to existing literature on multifunctional agriculture in its discussion of the diversity of care farms, a novel sector of multi-functionality that, in spite of its rapid growth, has hitherto received very little scientific attention. In developing a comprehensive typology of care farms, we have been able to describe the diversity of practices that have developed, thus contributing to the literature on multi-functionality and aiding understanding of the diversity of the sector. In

constructing from a literature review a typology with three dimensions—initiation, structure of primary process, and locus of entrepreneurship (as Figure 1 shows)—we were able to score the types found in seven regions in these terms in order to validate our conceptual typology. The six most common types (as Table 1 shows) cover 85 percent of the total population of care farms. We found a considerable diversity between the different types of care farms and between the different regions.

Regarding the first point, we have found that some of the 27 types do not exist: initiatives from outside the agricultural sector where the care business is not dominant. This finding is not surprising, as the motivation of almost all initiators from outside the agricultural sector is to develop a successful care business in an agricultural context, without focusing on agricultural production. Only in a limited number of cases do initiators from outside the agricultural sector work together with existing farmers.

It is also not surprising that we found the greatest variety in types of care farms among the care farms initiated by farmers' families. The distribution between farm families focusing on agricultural production, care, or both is roughly equal. In many of the care focus initiatives, farming activities were already limited when the care business started and the family engaged only in part-time farming. The care business enabled them to ensure a more successful future for their farm. In some cases, care services appeared to be more profitable than agricultural activities and the family decided to reduce agricultural production. In all those cases, one of the partners had a background in health care.

To understand differences between regions, we can compare two provinces. In the province of Limburg, the main types of care farms work closely together with AWBZ-accredited care institutions and were initiated by farmers' families. In the province of Friesland, none of the initiatives have a close collaboration with AWBZ-accredited care institutions. The helping hand alliance type is concentrated in two other provinces with strong supporting organizations. We argue that regional differences are caused by cultural differences, expressed in the goals of the initiators, the existence of support organizations, and the willingness of AWBZ-accredited care institutions to develop care farms in close collaboration with farmers.

Our results are of interest for debates on multifunctional agriculture and rural development. Our findings confirm and elaborate on Wilson's (2009) suspicion that "geography matters" in multifunctionality, which occurs on various scales, from the farm to the global level—but especially on the farm, community, and regional levels.

Wilson (2008) has also suggested that initiatives on existing farms range from weak (productivist) to strong (postproductivist) multifunctionality. Our analysis yields insight into how this is related to differences in objectives and strategies. In the weak multifunctional types, like the helping hand alliance, agricultural production is dominant and the farm is open only to a limited number of clients who can help increase agricultural production. The structure of the farm and the identity of the farmer do not change. Clients are welcomed as additional workforce. In the strong multifunctional types, where care services are more important than agricultural production, agricultural production is adapted to meet the objectives of clients, increasing the care-oriented identity of the farm. Clients take advantage of a mix of resources, like personal attitude, useful activities, and the green environment (Hassink et al. 2010). Around the farm, new networks develop. These care-oriented types of care farms can incorporate a range of client groups (e.g., clients with severe mental problems, clients with learning disabilities, elderly persons, children) and are more integrated into the care sector.

Moreover, in agreement with Renting et al.'s (2008) assertions about multifunctional farming, we found that changing financial arrangements and the development of support organizations are important issues in understanding the dynamics of care farming and the development of new types of care farms. Initiators may choose to stay independent or merge with a care institution; they can opt in favor of an AWBZ accreditation or use personal budgets and subcontracts with care institutions. These choices depend on personal views, the environment, and the period. Committed initiators with entrepreneurial competence have various options for developing a care farm, while initiators with limited entrepreneurial skills or ambitions have a smaller playing field. Their only option is to initiate a close collaboration with an accredited care institution or regional organization of care farmers. Initiators can

benefit from these models, as entrepreneurs tend to copy successful role models when setting up their venture (DiMaggio and Powell 1983).

Other findings also confirm that it is often female farmers who build new on-farm business (Bock 2004). Especially in the more care-oriented initiatives by farmers' families, the initiator generally is the female partner, who in many cases has a background in health care and who has often worked in the health-care sector until children were born. The concept of the care farm offered opportunities for these women to benefit from their former network and combine their own business with caring for their children.

Finally, we add insight into the sociological background of new entrants into the rural economy. In 25 percent of the cases, the initiators are newcomers from outside the agricultural sector. They have an affinity with agriculture and the rural area. Their motivation is not to start a productive farm, but to establish their own small-scale project and offer a more personal type of care. Access to funds of the care sector enabled them to start a care farm without having to invest in agricultural production capacity. The care-oriented care farms provide employment opportunities not only to initiators but also to people assisting those initiators. The combination with care services makes farming an appealing area for people with a background in the care sector. Thus, while Wilson (2008) suggests that newcomers in agriculture are wealthy urbanities with income outside farming who lack local embedding, our case shows very different categories of new entrants.

Our findings support the concept of farmers as initiators and farms as attractors for outsiders to describe two different situations (Praestholm and Kristensen 2007). In the first situation, on-farm diversification is initiated by a farmer as a pathway toward farm development; in the second situation (farms as attractors), opportunities for nonagricultural activities on farms are an important rationale for buying a farm (Praestholm and Kristensen 2007). The different types of care farms are expressions of different strategies for combining agricultural production and care services and gaining access to funds of the care sector. This variety has resulted in a diverse sector and a mixture of farms with strong and weak multi-functionality and different identities.

Returning to our final objective, how may we understand the development of different types of care farms? First, we have seen that a proper account of structure, agency, and their relations as implied in configuration theory (in the section “Organizational Theory”) has been important for understanding the mutually reinforcing changes in structure and agency. For instance, it helps to explain how changing regulations in the care sector create opportunities for developing new types of care farms. We observed that the institutional environment of the care sector, and especially its legislation and financial arrangements, affected the appearance of types to a great extent. In the period before the 1990s, regulations that could be used by care farms to finance care services were not clear. Initiators were creative in finding different financing sources. Gradually, care services came under the framework of the AWBZ. Only accredited care institutions had access to these funds. Projects that applied for an AWBZ accreditation in the second part of the 1990s found that health insurance companies and accredited care institutions opposed applications from care farms for this accreditation. This opposition made initiators decide to become part of or develop a close alliance with a formal care institution. This finding is in line with observations of Porter (1980) that barriers to entry affect organizational strategy. In contrast, the living-working communities (Type 9) obtained AWBZ accreditation mostly at the beginning of the 1990s. Liberalization of the care sector has enabled regional foundations of care farms to become accredited care institutions since the beginning of this century. Farmers could outsource tasks to some of them. In addition, the increasing legitimacy of care farms stimulated some formal care institutions to initiate close collaboration with groups of farmers in their region. These supportive organizations stimulated the development of the helping hand alliance type.

The introduction and broadening of the personal budgets for clients in 2003 offered clients the possibility of making direct contracts with non-AWBZ-accredited care providers of their choice. This made it much easier for projects to develop a successful care farm while maintaining their independence. It stimulated the development of new types of care farms, especially by former employees of the care sector. These examples show how changes at a regime level (regulations in the

care sector) and increased legitimacy offered opportunities for the development of new types of care farms.

Different organizational theories (contingency theory, resource-dependency theory, and new institutional theory) provided more specific insights into the interaction of types with their environment. According to contingency theory, organizations adapt rationally to the demands of their environment (Reed 1992). In the case of care farms, new types of organizations appear when the care context and its regulations change, as indicated above.

An important deviation concerns the argument from new institutional theory and institutional isomorphism that pressures organizations to conform to normative rules lead to homogenization of organizations (DiMaggio and Powell 1983). This phenomenon does not take place to a great extent in the care farming sector. The diversity in types of care farms has even increased in the last decade, in spite of the institutional environment of the care sector. They were not forced to conform to normative rules, as most care farms decided not to apply for an AWBZ accreditation. The use of personal budgets of clients, reflecting a shift toward more demand-oriented welfare provisions, provides them with sufficient room to operate. Thus our example suggests that such theories should consider a more diversified and dynamic picture of institutional arrangements, which tend to respond to experiences in incumbent practices as well as to novel, “niche” practices (see Schot and Geels 2007). We should remark, however, that developments in care farming have not crystallized yet and the pressure for standardization is increasing.

In line with predictions of new institutional theory and isomorphism, the living-working communities transformed from pioneering initiatives without hierarchy into formal institutions with their own AWBZ accreditation. They changed and developed an accepted structure under the influence of the rules of the AWBZ.

A substantial number of farm-based initiatives seek close collaboration with a formal care institution. Farmers of the helping hand type concentrate on agricultural production and do not want to spend time on acquisition. Providing care is not a necessity for them. Care focus alliance farmers are dedicated to providing care. They are uncertain about

the regulations in the care sector and seek collaboration to reduce such uncertainty. This is a clear example of a bridging strategy. According to Grunig (1992), organizations have a greater tendency to follow a bridging strategy when developments in the business environment are perceived as threatening. Alliance formation of both types of care farms can be explained by resource-dependency theory. Collaboration gives parties access to attractive resources and skills of other parties, which are not available or difficult to obtain in the market or in-house (Barney 1991). In some regions, close collaboration with formal care institutions did not exist. This lack of collaboration can be explained by insights from organizational ecology. New sectors, like care farming, initially lack legitimacy (Carroll 1997), which makes care institutions reluctant to collaborate. When the sector develops and legitimization grows, an increasing number of care institutions are motivated to collaborate.

In line with developments in configurational approaches, we selected structural and strategic aspects and alignment with the environment as key dimensions for the typology of care farms. Developments in agricultural typologies mirror the developments in organizational theory. Initially, only internal attributes of agriculture were used as a basis for agricultural types (Kostrowicki 1977). Recently, scholars have criticized major agricultural typologies as they are often restricted to structural aspects (Howden and Vanclay 2000; van der Ploeg et al. 2009). Contrary to many typology studies in the agricultural sector, we did not start with empirical data clustered into taxonomies (Milan et al. 2006). Some have criticized these taxonomies for their lack of theoretical significance, their arbitrary variables, and their unreliable results (Miller 1996). We followed the approach suggested by Rosenthal et al. (2006) by developing a conceptual typology based on key dimensions and categories and then validating it against empirical data. Studies focusing on multifunctional agricultural typology are rare. We have not found other examples that link the body of research on organizational configurations with literature dealing with classification schemes for farms. Organizational literature enriches the field of agricultural classification by its different hypotheses about the interaction between organizations and their environment. The structuration perspective and different perspectives such as contingency, resource-dependency, and new institutional theory

and organizational ecology all contribute to a better understanding of the appearance and development of types of care farms.

3.6 Conclusion

The first objective of the article was to develop a typology that captures for the first time the diversity of the care farming sector in the Netherlands. We have introduced configurational and organizational approaches and existing farm typology studies to select relevant dimensions for a new classification of care farms. This enabled us thus to provide a typology that meets some of the criticism of farm typology studies by including other activities than commodity production as well as the strategic behavior of entrepreneurs. To meet our second objective, we then used this typology to map the range of practices in care farming. This has led to contributions to debates on multifunctional agriculture and rural development. Interesting findings are the presence of types with strong and weak multi-functionality, offering different types of care services. Changing financial arrangements and support organizations facilitating farmers result in new types of care farms. In addition to regular farmers gradually diversifying their economic activities into care farming, we see women with a background in health care and new entrants (with a nonagricultural background) as important initiators of care-oriented (strong multifunctional) care farms.

Organizational theories have deepened our insight into how different types of care farms interact with their environment. The type of care farm being developed depends on the objectives, entrepreneurial orientation, and risk perception of the initiator, the environment (are care institutions willing to cooperate), the period, and the existing regulations and financing structures.

Finally, our study provides a more accurate theorization and understanding of the objectives and strategies of initiators and the types evolving in a promising field of multifunctional agriculture. Care farms are not the result of a one-sided adaptation to a changing environment, but an entrepreneurial development of care services provided in a rural setting through (pro)active interaction between diverse initiators, including

insiders (farmers), farm women, and outsiders to the agricultural sector. They illustrate the possibilities offered by a heterogeneous and changing environment.

Chapter 4.

Entrepreneurship in agriculture and healthcare: Different entry strategies of care farmers



4. Entrepreneurship in agriculture and healthcare: Different entry strategies of care farmers

Abstract

Care farming provides an interesting context of multifunctional agriculture where farmers face the challenge of having to bridge the gap between agriculture and healthcare and acquire new customers, partners and financial resources from the care sector. We compared different entry strategies of different types of care farmers: varying in weak and strong multi-functionality, the degree of legitimacy and background of the initiator. Our objective is to provide insight into the key factors contributing to the development and success of care farms, in particular by focusing on the role of entrepreneurship, commitment and the ability to cope with barriers in the environment. We developed a framework based on entrepreneurship and opportunity structure. We interviewed different types of care farmers. Many of them were farmers' spouses with prior experience in the care sector. Entrepreneurship and the local and national opportunity structure, like (changes in) financing regulations, interact and explain the accessibility and growth potential of care farms. Pioneers in the emerging care farming sector faced a lack of cognitive and sociopolitical legitimacy and a mismatch with incumbent financing structures. Initially, they only succeeded with sufficient levels of entrepreneurial behavior and commitment. Having a professional background and network in the care sector was helpful in the starting phase. Later entrants experienced more legitimacy and fewer barriers as financing regulations had changed. They had different entry options: being independent or under supervision of a care organization or a regional support organization of care farms. For this latter option, newcomer problems were solved by established care organizations. However, there was a risk of becoming too dependent on established care organizations. Initiatives with weak multi-functionality failed more often than initiatives with strong multi-functionality due to unrealistic expectations and limited commitment on the part of initiators.

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4.1 Introduction

Rural areas and the role of agriculture are undergoing fundamental changes in Western Europe (Van Huylbroek and Durand 2003). Changing demands from society have drawn attention to the multifunctionality of agriculture and changed the way an increasing number of farmers operate (Clark, 2009; Meerburg et al. 2009). Around the core of agricultural production, new activities and business were initiated, like recreation, food processing, nature, landscape, and water and energy services (Maye et al. 2009; Meerburg et al. 2009). This phenomenon has become widely known as multifunctional agriculture (Wilson 2007). Different approaches have structured the debate on multifunctional agriculture in heterogeneous ways, leading to an increasingly chaotic conception (Renting et al. 2009; Leck et al. 2014), including market regulation approaches, land use approaches, actor-oriented approaches, and public regulation approaches (Renting et al. 2009).

Initially, the market regulation approach illustrated by the framework of the OECD (OECD 2001) was influential (Renting et al. 2009). Within this perspective relevant functions that are analyzed concern positive externalities and/or negative externalities of “agricultural activity that due to their ‘public goods’ nature are considered to be insufficiently accounted in commodity market regulations” (Renting et al. 2008: 364). This narrow focus was criticized as being too limited to understand the range of multiple functions potentially provided by agriculture like care or education services (Renting et al. 2008, 2009). In addition it was criticized as giving insufficient insight in transformation processes at the farm level and changing motivations and networks of involved actors (Renting et al. 2009). “Other approaches apply a wider perspective and position the shift towards multifunctional agriculture against the background of the more general changes in the relations between agriculture, rural society and society at large” (Renting et al. 2008: 364). In this wider approach multifunctional agriculture can be seen as a transition process, from a productivist towards a non-productivist model of agriculture (Wilson 2007, 2008). Wilson (2008)

presents multi-functionality as a spectrum ranging from weak to strong multi-functionality. In this view, strong multi-functionality is characterized by strong social, economic, cultural, moral and environmental capital and low farming intensity and productivity. In this perspective, multifunctional activities should add income and employment opportunities, contribute to the construction of a “new agricultural sector that corresponds to the needs and expectations of society at large and involve a radical redefinition and reconfiguration of rural resources (Marsden and Sonnino 2008:422).

In this paper, we focus on the actor-oriented approach: the decision-making processes at the farm level (Renting et al. 2009). We realize that this cannot be seen in isolation from public regulation approaches. Legal forms of recognizing multifunctional agriculture and institutional structures and policy aspects will have implications for the access to support and choices available to farmers (Laurent et al. 2002; VanderMeulen et al. 2006). Stimulating rural development by introducing multifunctional agriculture is not an easy thing to achieve. It implies a redefinition of identities, strategies, practices, interrelations and networks (van der Ploeg et al. 2000). Multifunctional agriculture supposes new forms and mechanisms of coordination between farming and the wider society. It raises questions like how agriculture can be embedded into wider social relations and networks, and what the role is of new institutional arrangements and professional structures (Cairol et al. 2008; Ilbery et al. 1998; Renting et al. 2008). Agriculture has to coexist, negotiate and build alliances with other actors and interests (Renting et al. 2008). Breaking out of the productivist regime is often challenging (Burton and Wilson 2006) and multifunctional farmers should be seen as rural entrepreneurs (Durand and van Huylenbroeck 2003). They require new skills and knowledge, which are often not readily provided by the traditional support systems (Renting et al. 2008).

In this article, we focus on the challenges, activities and entrepreneurial behavior of care farmers that were necessary to be successful as pioneers, innovators and later entrants. Care farms combine agricultural production with healthcare and social services (Hassink and van Dijk 2006; Dessein et al. 2013). It is a social innovation emerging at the cross-roads of the agricultural and healthcare sectors. They offer day

care, assisted workplaces and/or residential places for clients with a variety of disabilities (Elings and Hassink 2008). The combination of a personal and dedicated attitude on the part of the farming family, the carrying out of useful activities, and an informal and open setting within a green environment turn care farms into an appealing facility for various client groups (Hassink et al. 2010). The perceived benefits are improved physical, mental and social well-being. (Hine et al. 2008). While care farming is a growing sector in many European countries (Di Iacovo and O'Connor 2009; Hine et al. 2008), we focus on the Netherlands, one of the pioneers in this area (Di Iacovo and O'Connor 2009). The number of care farms in the Netherlands has increased rapidly, from 75 in 1998 to more than 1000 in 2011 (Ernst and Young 2012).

Care farming is a term that is used in the Netherlands and in the UK (Hassink and van Dijk 2006; Leck et al. 2014), but the term is by no means universally accepted. In other European countries, it is called green care or social farming (Hassink and van Dijk 2006; Di Iacovo and O'Connor 2009; Leck et al. 2014). Three discourses have been suggested in the European arena relating to the multi-functionality of agriculture, public health and social inclusion (Dessein et al. 2013). Multi-functionality is asserted to be the primary discourse in the Netherlands, Flanders and Norway, where care farming is positioned in the agricultural sector, takes place mainly on private family farms and is promoted as an additional source of farm income (Hassink et al. 2007; Leck et al. 2014). However, as an increasing number of care farms have begun to develop from outside the agricultural sector, the multi-functionality of agriculture discourse no longer completely captures what takes place in the Netherlands (Hassink et al. 2012a; Leck et al. 2014). Care farms developed from outside the agricultural sector may fit better to the public health discourse, as the care services are often not new activities around an existing core of agricultural production on an existing farm, but the key focus of the initiative involved (Hassink et al. 2012a).

Connecting and aligning with the care sector and ensuring funding through financial resources from this sector is crucial to the development of care services on the farm. The first care farmers were pioneers with a background in healthcare, struggling to find funding for the care services. They were committed and found creative ways to obtain

sufficient finances (Hassink et al. 2014). The financial arrangements in the care sector have changed over the last decades. From 1995 onwards, care farms were funded by the AWBZ, the collective health insurance for the costs of long-term care in the Netherlands, which implied that funds were only available when the services were provided by institutions with an AWBZ accreditation (formal status of a reimbursable care provision). Many care farmers are not officially recognized as AWBZ-accredited care institutions and depend on the willingness and collaboration of accredited care institutions to fund of the care services they provide. Under the influence of the client movements, personal budgets for clients were introduced, which, in 2003, became generally available to clients, giving care farmers potential access to the AWBZ funds without having an AWBZ accreditation. After the liberalization of the care market, it became possible for regional organizations of care farms to apply for an AWBZ accreditation (Blom and Hassink 2008). All this indicates that the environment of care farms is changing constantly and that these changes affect their access to funding. As a result, the number and diversity of care farms increased. Many of the later entrants are farmers that do not have the skills or the time to align with the care sector (Hassink et al. 2014; Seuneke et al. 2013). Over the last decade, several regional support organizations of care farmers and care organizations have developed to assist farmers in developing the care services on the farm (Hassink et al. 2012). Initiators now have the option to stay independent and develop the care services themselves, to develop a close collaboration with supporting care organizations or to outsource tasks to regional organizations of care farms.

All these developments have resulted in a diverse sector with care farms with small and extended care activities, different types of initiators with an agricultural background or a background in healthcare, and different degrees of collaboration with support from care organizations or regional support centers. Care farms are evenly spread over the country. They are more common on dairy and mixed farms than on arable, intensive livestock and intensive horticultural farms (Hassink et al. 2007), because clients prefer diverse activities in a green environment and direct contact with animals, and care services are difficult to combine with intensive farming systems (Berget et al. 2007; Hassink et al. 2010).

For several reasons, the diversity of care farming initiatives is an interesting context to study. This study may increase our understanding of the relations between agriculture, society and rural development. Generally, Dutch care farms are located in rural areas. The care farming sector can be considered an interesting example to a more sustainable rural development being an alternative for the agro-industrial model (Mölders 2013). Care farming is a fast growing sector and farmers' families may contribute to the viability of rural areas by creating new networks between rural and urban areas and new identities and generating additional sources of income (Hassink et al. 2010). Care farms meet new social demands by using the unique character of farming and the green environment (Hassink et al. 2010). Literature on multifunctional agriculture identified the need for enhancement of entrepreneurship to start new non-farming businesses (Seuneke et al. 2013) and the serious constraints to realize innovation like insufficient competences to innovate. The constraints will be most serious for radically new types of businesses like care farms and in the inter-organizational and intersectoral settings in which multifunctional farmers operate (Pyysiainen et al. 2006; Batterink et al. 2010).

The cases we studied vary in degree of newness and legitimacy. The first care farmers initiating care activities on existing farms were newcomers to the care sector. They faced the challenging process of boundary-crossing and operating in the institutionalized care sector with strict regulations. As newcomers, they could encounter economic, institutional and legal barriers and often faced cultural and network disconnection (Hingley et al. 2010; Kloosterman 2010). As newcomers, they could also face a lack of legitimacy. They had no solid track records and stakeholders did not know whether or not they are trustworthy (Aldrich and Fiol 1994; De Clercq and Voronov 2009a). Especially the pioneers of the care farming sector demanded social change and sought to change existing practices in the agricultural and the care sector. These kind of objectives will create resistance (Ruebottom 2013). Later entrants may benefit from the increased legitimacy of the care farming sector due to the support of the ministries of agriculture and healthcare and strategic activities of the National Support Centre of Agriculture and Care (Hassink et al. 2014).

The cases, involving small as well as extended care services, represent weak and strong multi-functionality. The diversity in background of the initiator represents differences in embeddedness of initiators in the care and the agricultural sector. The increase in legitimacy among care organizations and the initiation of regional support organizations of care farms stimulated the development of new types of initiatives, making use of these organizations and outsourcing tasks to them, and representing examples of a new entry strategy for initiators. The fate of initiatives, varying in degree of newness and legitimacy, in degree of multi-functionality, in degree of outsourcing tasks and support and in degree of embeddedness in the agricultural and the other domains, is of interest to all new activities initiated by multifunctional farmers. Literature on multifunctional farming shows that starting new non-farming businesses like care is challenging and many farmers feel not capable or comfortable leaving the farm and crossing the boundaries of agriculture (Seunke et al. 2013). This is a logical consequence of the dominance of production-oriented thinking and acting among farmers for generations (Wilson 2008). In the light of these observations, it is remarkable that the care farming sector was able to develop so quickly and pioneering farmers managed to combine agriculture and care. In this paper, we try to gain a better understanding of how different types of care farms could develop successfully in the Netherlands.

We describe and analyze the development of different types of care farms in the Netherlands. The objectives of this paper are to provide insight into the challenges facing different types of care farmers, the strategies they employ to realize their objectives and the extent to which entrepreneurial behavior is needed to be successful. We expect that pioneers faced considerable challenges and needed to perform significant entrepreneurial behavior due to lack of adequate financing and support structures and legitimacy associated with a new sector. Farmers without an education and network in the care sector are expected to encounter the most severe challenges, as farmers generally lack the skills or time to align with care organizations. Later generations may benefit from increased legitimacy and the funding and support structures that developed.

The remainder of this paper is structured as follows. We first present our theoretical framework by elaborating on the context of our study and discussing the concept of entrepreneurship, after which we describe the empirical basis of our study, collection and analysis of the data and presentation and discussion of the main findings. We close by identifying and discussing the main findings.

4.2. Theory

To analyze the development of different types of care farms, we use challenges related to multifunctional agriculture and the novel and entrepreneurial aspect of care farming as starting points. Literature on multifunctional agricultural has stressed the need for enhancement of entrepreneurship to start new non-farming businesses (Seuneke et al. 2013). Various studies indicate that entrepreneurial behavior and environmental characteristics, like networks, rules and regulations, are crucial variables for the success of ventures (Gartner 1985; Ruvio and Shoham 2010; Schutjens and Wever 2000; Sharir and Lerner 2006). We use this as a starting point for our theoretical framework. Pioneering care farmers are expected to face network disconnection. They have developed networks in the agricultural sector but not in the care sector. In addition, a lack of accessibility of budgets of the care sector due to existing rules and regulations may be challenging.

Entrepreneurship is the development of ideas into valuable business propositions and the pulling together of resources (Anderson and Jack 2000). It is about entrepreneurial individuals seizing and exploiting opportunities (Shane and Venkataraman 2000). The creation of care farms is an entrepreneurial type of activity that connects the agricultural and care regimes. A crucial element in the entrepreneurial process is becoming part of an adequate network structure in a particular sector or field. Networking is important to discovering opportunities, securing resources, developing knowledge and gaining legitimacy (Elfring and Hulsink 2003; Hekkert et al. 2007). Developing networks in the non-agricultural sphere is important for innovations like care farming and old rural structures have to be flexible and diverse enough to allow new networks to be forged

(Murdoch 2000). Newcomers in the care sector, like care farm initiatives, benefit from being embedded in the care sector, as it provides them with intimate knowledge, contacts, sources of advice, resources, information, support and legitimacy (Murdoch 2000; Anderson and Jack 2002; Elfring and Hulsink 2003).

In addition to entrepreneurial skills, initiators have to invest a considerable amount of time to initiate a new business. Commitment was found to be crucial to new businesses successful (Ruvio and Shoham 2010; Kessler and Frank 2009).

The pioneers in the care farming sector are newcomers to the care sector. As newcomers, they potentially face specific barriers, like economic barriers, but also regulatory, institutional and legal barriers, and cultural and network disconnection (Hingley et al. 2010; Kloosterman 2010). A clear example of barriers is that before 2003 most of the care farmers had no direct access to care budgets because it was restricted to AWBZ accredited care organizations. An important challenge care farmers, being newcomers face is to develop legitimacy in the care sector. Legitimation is the process through which newcomers become embedded in the shared assumptions of the field (Vaara et al. 2006). Legitimacy is socially constructed, in that it reflects congruence between the activities of newcomers and the shared beliefs of field incumbents. Aldrich and Ruef (2006) distinguished cognitive legitimacy; “the acceptance of new kinds of ventures as taken for granted feature of the environment and sociopolitical legitimacy, the acceptance by key stakeholders, general public, key opinion leaders and government officials of a new venture as appropriate and right. Sociopolitical legitimacy has two components: moral acceptance, referring to conformity with cultural norms and values and regulatory acceptance, referring to conformity with governmental rules and regulations” (Aldrich and Ruef 2006: 186). De Clercq and Voronov (2009a) distinguished institutional and innovative legitimacy. Institutional legitimacy, which has a comparable meaning as sociopolitical legitimacy, is gained when newcomers comply with particular field-specific assumptions about how participants in that field are expected to operate. Innovative legitimacy is gained when newcomers challenge an area's existing order and bring something new to the sector (De Clercq and Voronov 2009a). Newcomers like care farms may attain different

strategies to develop legitimacy. They can follow the rules and copy the characteristics or routines of established organizations (contributing to cognitive or institutional legitimacy). They can initiate collaboration with established organizations with legitimacy (Powell et al. 1996; Zimmerman and Zeitz 2002). An alternative strategy is framing its innovative behavior in an attempt to manipulate the perceptions of external organizations or manipulating the environment. This may contribute to innovative legitimacy (De Clercq and Voronov 2009a).

A useful framework for analyzing the interplay between entrepreneurship and environmental characteristics is the mixed embeddedness perspective, which combines the micro level of the individual entrepreneur with the intermediate level of the local opportunity structure and the macro-institutional framework and the trusted community of newcomers and the wider institutional context (Kloosterman 2010). In this approach, businesses are not only dependent on the skills of an entrepreneur but also on the accessibility of the market to that entrepreneur. Care farmers with an agricultural background may be embedded in an agricultural network that is not familiar with the regulations of the care sector and, as such, not connected to the relevant actors in the care sector. Formal and informal barriers, in the form of rules and regulations and social barriers can be important obstacles to newcomers. Different dimensions of the institutional framework have been identified (Kloosterman 2010). Regulatory barriers (like a lack of access to care sector budgets for farmers) and the web of relationships between economic actors (not connected to actors of the care sector) are thought to be the most relevant with regard to our study (Blom and Hassink 2008). This underlines the importance of social skills and networking abilities on the part of initiators of care farms (Baron and Markman 2000).

Entrepreneurship and the local and national opportunity structure interact and explain the accessibility and growth potential of new businesses. In our study, the interplay between care farms and actors of the care sector at local and regional level (intermediate level of the opportunity structure) and the (changing) regulations of the care sector at national level (macro-institutional framework) may affect the opportunities of care farms.

It is expected that pioneers face greater obstacles in their quest to become successful than later generations of care farmers, due to the initial lack of legitimacy that is commonly associated with a new sector (Aldrich and Fiol 1994). Also, in a highly institutionalized environment like the care sector, funding regulations can pose as barriers to entry and successful business strategies (Porter 1980), and have a major impact on the success of newcomers. Likewise, critical events in the context, like changes in the regulations of the care sector, can provide interesting new opportunities. Initiators of care farms can encounter relatively benign conditions (e.g. a willingness on the part of accredited care institutions to collaborate or the availability of personal budgets for clients) or hostile conditions (e.g. a negative attitude on the part of accredited care institutions) (Hassink et al. 2012a). Especially when the environment is hostile, entrepreneurial competences and smart strategies are crucial (Covin and Slevin 1989). The way organizations manage their environment and deal with uncertainties defines their strategy. Two major strategies for dealing with uncertainties in the environment are bridging and buffering (Pfeffer and Salancik 1978). In the case of bridging, an organization creates relationships with the external stakeholders on which it depends. Partnerships with established organizations can help mitigate a lack of legitimacy and provide access to resources (Powell et al. 1996). In the case of buffering, organizations try to keep the external stakeholders at a distance, using a buffering technique (Pfeffer and Salancik 1978).

Ruvio and Shoham (2010) point to the importance of the level of commitment, in addition to entrepreneurial competence for success, and conclude that this merits further research. There is much scope for further research dealing with why and how barriers affect small business development (Doern 2009). Legitimacy and barriers in the institutional environment of the care sector affect the importance of entrepreneurial competences and commitment to the fate of small businesses. It is especially challenging to see how marginal organizations like the pioneering care farmers with limited resources overcome barriers (Ruebottom 2013). Although legitimacy is seen as an important success factor for newcomers, “limited attention has been devoted to the extent to which their day- to-day practices are connected to their ability to gain legitimacy” (De Clercq and Voronov 2009a: 396).

To summarize, we see most care farmers as entrepreneurs who make a transition from productivist to weak and strong multi-functional models of agriculture. Pioneers are newcomers in the care sector and may face serious challenges, like a lack of legitimacy and entry barriers. Some of them are embedded in the agricultural sector, in the care sector or in both, while others are new to both sectors. Later generations of care farmers can choose to stay independent or collaborate with supporting organizations. We explore the entrepreneurial behavior and commitment, the opportunity structure in which they operate and the activities and strategies of different types of initiators in their quest to develop a successful care farm.

4.3. Methods

4.3.1. Overall research design

In a previous study, we distinguished different types of care farms (Hassink et al. 2012a). The types of care farms vary in size of care activities (weak and strong multi-functionality), the initial network in the care sector due to differences in background of the initiator and degree of collaboration with care or support organizations. We observed that the type of care farms, entrepreneurial behavior and environmental characteristics interact. For example, some types (e.g. the one with close collaboration with an accredited care institution) exist only in benign environments, whereas other types also exist in more hostile environments. We expect that the importance of entrepreneurial behavior and commitment to success varies between different types and different environments. For farmers developing a close collaboration with and outsourcing tasks to an accredited care institution, entrepreneurial behavior is less important than it is for farmers developing an independent care farm.

This is an exploratory study where we focus on the interplay between actors (initiators and their actions), changing conditions and success (Corbin and Strauss 1990). Our objective was to select representative successful and less successful examples of different types of care farms. We interviewed the initiators of these selected examples to

analyze how entrepreneurial behavior and environmental characteristics affect the success of different types of care farms. In addition, we used annual reports to collect quantitative information.

4.3.2. Selection of cases and topics of interview

In a previous study, ten different types of actually existing care farms were identified from a set of 600 Dutch care farms in total. The dimensions used in this typology are the locus of entrepreneurship, the ratio between care and agricultural production, and the degree of collaboration with formal care institutions (Hassink et al. 2012a, Table 1). In this previous study, we distinguished three classes for each dimension. For the locus of entrepreneurship, the first class includes initiatives by farmers' families on existing farms. They make up the majority of the care farms. In the second class, the initiative is taken by a healthcare professional or former employee of the care sector, while in the third class, initiatives are taken by people from outside both the agricultural and the care sectors. The share of care as a contributor to farm income was less than 25%, between 25 and 75% (integrated care farms) and more than 75%, respectively (care focus farms). For the degree of collaboration with supporting organizations (entry strategies), the first class can be characterized as care farms that are independent and do not collaborate with accredited care institutions. They make use of the personal budgets clients that are allowed by the AWBZ to spend on what they see as their needs. In the second class, care farms are sub-contractors of various accredited care institutions. They remain independent and do not outsource tasks to the institutions, while the third class includes care farms that work closely together with accredited care institutions and regional organizations of care farms, and outsource tasks to them. Examples of outsourcing are client acquisition and assistance. Table 1 provides some information about these different types.

Table 1. Characteristics of the different types of care farms.

+ = strong alliance with and outsourcing tasks to formal care institutions; +/- = relatively independent of formal care institutions; - = independent of formal care institutions

Locus of entrepreneurship	Initiated by farmers' family on existing farm					Initiative from (former) employees of care sector				Initiatives taken by other persons
	Helping Hand Alliance	Low Care Farm	Inte-grated	Rel. Indep. Care Focus	Care Alliance	Rel. Indep. Added Care	Rel. Indep. Care Focus	Care Focus Farm Alliance	Indep. Living Working Community	
Focus of care farm	Agric	Agric	Agric + Care	Care	Care	Agric + Care	Care	Care	Care	Care
Alliance with formal care institution	+	+/-	+/-	+/-	+	+/-	+/-	+	-	+/-

In the current study, we asked representatives of all regional organizations of care farms to identify representative successful and less successful examples within each of the various types of care farms. Seven out of ten representatives were able to identify those examples. With their help, we tried to select three successful representative examples of each existing type. For one type (pioneering care focus farm alliance initiatives taken by employees of the care sector) we found only two examples. It was difficult for the representatives to identify less successful initiatives. They managed to identify care farms that encountered considerable difficulties in their development. They also brought us into contact with six care farmers who had terminated the care activities.

Based on this information, we conducted qualitative, semi-structured interviews (Flick 2002) with 36 care farmers, six of whom had terminated their care activities, throughout the country. The division among the different types of care farms is presented in Table 2.

For the integrated care farm type, we observed considerable variation in starting year, professional background of initiator and in strategy between different initiatives e.g. specialization and generalization. Therefore, we interviewed more initiators for this type of care farm to grasp the diversity in contexts and strategies of the initiatives. Four initiatives can be classified as pioneers, because they started in the previous century. They were all generalists providing care services to different client groups. Three of the initiators were farmers' spouses with a background in the care sector. Six of them started an integrated farm since 2002 and, as they copied the already existing integrated farm type examples. Two of them are specialists, focusing on one client group, where others adopted a more generalist strategy of providing care services to different client groups. All initiators were farmers' spouses. Only one of them had no background in healthcare.

The interviews were conducted in 2010. The goal of the interviews was to identify factors contributing to a successful development of different types of care farms, according to their initiators. The topics of the interview were: the process of initiating the care farm, background, commitment, entrepreneurial behavior, motive and vision of the initiator, type of care farm, environmental characteristics (like support of different types of actors, access to finances), barriers encountered and strategies to overcome them. While the questions were thus informed by our literature review, there was room for interviewees to contribute their own insights. The data analysis was an inductive, iterative process based on techniques and procedures proposed by Strauss and Corbin (1998). First, all transcripts and documents were read, re-read, coded and interpreted. Instead of using a pre-determined category scheme, themes were allowed to emerge from the subjects' own words, as recommended for exploratory research (Strauss and Corbin 1998). A constant comparative method allowed us to simultaneously code and analyze the data in order to categorize it into developing themes representing

recurring patterns of behaviors and meanings. Once themes had been identified, we mined the data for elements representing those themes.

Table 2. Number of initiatives within each type interviewed and number of initiatives facing serious problems and number of initiatives terminated.

	Initiated by farmers' family on existing farm						Initiative from (former) employees of care sector				Initiatives taken by other persons
Face to face Inter-views	Helping Hand Alliance	Low Care farm	Inte-grated		Rel. Indep. Care Focus	Care Focus Alliance	Rel. Indep. Added Care	Rel. Indep. Care Focus	Care Focus Farm Alliance	Indep. Living Working Community	Rel. Indep. Care Focus Farm
Year of initiating	Since 2003	Since 2003	1990-2002	Since 2003	Since 2005	Since 2005	Since 2005	Since 2005	1995-1998	1970-1990	Since 2005
Number of successful farms	3	2	4	6	2	2	1	2	2	3	2
Number of farms that are not successful	0	1	0		0	0	0	0	0	0	0
Number of farms that stopped	3	2	0		0	0	0	0	0	1	0
Inter-views by telephone											
Number of farms that stopped	4	3		2		1		3			

Since 2013, care farms that are members of the national federation of care farms publish annual reports in which they describe the development of the care activities on the farm. We used the reports of 2013 to collect up-to-date information about the size of the care activities on each of the care farms. Six care farms had not published annual reports. We telephoned the initiators to obtain the actual information

about the size of the care activities and the reason for not publishing annual reports.

In addition, we received the addresses of 79 care farms that had withdrawn themselves from the database of care farms of the national support center of farms, the expectation being that these initiatives would have terminated their care activities. We tried to contact all of them in 2010, and were unable to reach 39; in two cases, we were unable to conduct the interview because the initiators had died, while in two other cases, the initiators did not want to give us any information; in 15 cases, the farms had never been care farms in the first place, and in eight other cases, they were still care farms. We managed to conduct 13 interviews by telephone. The interview topics were similar to those of the face-to-face interviews. In addition, we asked the reason for and date of termination. Table 2 lists, for each type of care farm, the numbers of initiatives that had terminated their care activities. We used the results of these interviews by telephone to check our main findings of the face-to-face interviews.

4.3.3. Defining success

One of our objectives is to provide insight into the key factors contributing to the success of care farms. “Success is an ambiguous term, commonly used by both lay and professional people to describe the achievements of a firm or person. We define success, not as a given or absolute figure, but in terms of proximity to a desired position with regard to various internal and external aspects”. (Hienerth and Kessler 2006: 116), which is in line with a general definition of success in small business literature, where success is typically taken to represent the achievement of a small business goal and in some cases also business survival (Street and Cameron 2007). In line with this, we define success as the degree in which initiators achieve their declared goals and their ability to ensure continuity of the care farming activities. In each interview we asked initiators of care farms whether they achieved their goals with respect to the size and income of the care activities on the farm. When the size and income of the care activities were considerably less than their goal, the care farm was labeled not successful. When we relate this to our framework, success is the outcome of an appropriate strategy designed to deal with the

interactions between type of care farm, entrepreneurial competences and commitment and environment.

4.4. Results

We now describe the development, challenges and actions of initiators of different types of care farms, according to the date of entry, and start with the types of care farms that were initiated by pioneers since the 1970s, and finish with the most recent types of care farms.

4.4.1. *Pioneers. living-working communities starting before 1990*

The first pioneering initiatives are the living-working communities initiated by employees of the care sector in the 1970s and 1980s. They started as independent care focus farms. Besides their background in the care sector, all pioneers had an agricultural background and education. They were raised on the farm and had decided not to take over their parents farm, as the only option for continuation would be intensive agriculture according to the agricultural advisers. After working in healthcare and experiencing the healing qualities of working in the garden, one of them decided to take over his parents' farm to initiate a care farm. The other two took over existing organic farms. Two of the three developed into successful professional organizations, with their own AWBZ accreditation. One of the initiatives stopped in 2000, at a time when all mental health institutions in the province were in the process of merging into one organization, and this care farming living-working community would be part of this new organization, due to the support of the first director of the new organization. Before the final decision was made, however, the initiator became ill and the interests of the living-working community were neglected, and the larger organizations took over the new initiative.

All initiatives were part of the societal changes that started in the 1960s, as part of a subculture that opposed materialism, exploitation of the earth and mankind, authority and hierarchy. The pioneers were inspired by anthroposophy, religious solidarity and experiments with democracy in

care institutions. Working and living together on a farm was a practical expression of the vision of equality, authenticity and a healthy relationship with the earth and mankind. One key attribute that all the pioneers shared was a truly deep commitment. They invested a lot of time and energy, as illustrated by the following example: *“I have travelled to the ministry for 14 years to explain them what we were doing and that we should be entitled to get funding”*.

Although they had an inspiring vision and knew how to sell their story, they faced specific problems related to the unfamiliarity of care farms and absence of clear financing arrangements for initiatives with diverse client groups. They were creative in obtaining funding by participating in experimental care projects.

They encountered an ambiguous attitude on the part of the formal care institutions. On the one hand, the care institutions were impressed by the vision and enthusiasm of the pioneers, as illustrated by the following quote: *“He told me you are crazy, this is not accepted in society, but I will support you as it is a real humane initiative; it is not about attacking the psychiatric problems but the appearance of the inner strength of people”*.

On the other hand, they were reserved when it came to collaborating with the care farms. The pioneers had to be persistent and convincing to realize the collaboration. They benefited from their anthroposophist network (e.g. an anthroposophist mayor who helped one of them develop a collaboration with an established care organization). The national anthroposophist network helped obtain permission for new anthroposophist AWBZ-accredited care organizations. The care farm initiatives managed to obtain their own AWBZ accreditation, which enabled them to really expand and professionalize. On average, the number of clients making use of the care farms was more than 70 per week in 2013, and the average annual care budget was 3 million euro.

4.4.2. *Innovators. early forms of care farms starting in the 1990's*

The first type are care farms that were initiated by a member of the farmers' families in the 1990s, in many cases, the spouses of the farmers. Typically, the objective of these pioneers was to establish

integrated care farms. The initiatives were spread over the country. The number of clients ranged from seven to 15 per day until approximately 10 years ago, gradually increasing to 15-40 per day in 2013. They are integrated care farms, examples of multifunctional farms where both agricultural production and care services are important pillars of the farm. They were all very motivated to initiate and develop care activities. In three of the four cases, the farmers' spouses had a care background and were the initiators. Typically, they had stopped working outside the farm after the birth of the children. When they wanted to take up their previous profession and start care activities on the farm, they were able to use their network. They had a good relationship with accredited care institutions from the start. They indicated that their background in the care sector was very helpful in starting the care activities because care institutions had confidence in them because of their expertise. According to one of the respondents: *“they treat you like you are one of them, because you know the people and you can explain to them the impact of the care farm for specific clients”*.

Only the innovator with no background in the care sector encountered serious problems in the starting phase with care institutions and generating funding for the care services. Complaints are that care institutions refused to pay for the services or that they wanted their personnel to take care of the clients on the farm. The initiative encountered a lack of cognitive legitimacy. Care institutions did not believe that a care farm could be beneficial to their clients, while banks were unwilling to invest and colleagues within the farming sector were skeptical. The farmer initiated a foundation with influential people. Board members were the director of a bank, a mayor and a former director of a care institution. An influential network was important to obtain support. The importance of such a pro-active attitude and influential network is illustrated by the following quote from this farmer:

“ The board member of the bank had great respect for my perseverance and organized meetings with the directors of care institutions. This generated media attention and attracted the interest of the provincial deputy. Due to all efforts my care farm was promoted on a provincial

symposium and I got provincial support for building a canteen and a greenhouse”.

This farmer indicated that it was important to obtain the support of the parents of the clients to increase payments. The attitude of the institution changed when parents put pressure on them and threatened to terminate their contracts. Some of the parents applied for a personal budget when this became widely available in 2003, which enabled them to enter into direct contracts with the care farmer.

The second example is that of care focus initiatives started by employees of care institutions in the 1990s. These initiatives do not fit the multi-functionality discourse, as the new activities were not an addition to an existing core of agricultural production on an existing farm. They established a foundation to raise funds and attract influential people to the initiative. They invested much of their own time to set up the initiative. One of them received unemployment benefit. Initially, they could use care innovation funds. Later, they used the personal budgets of their clients. Although both initiatives applied for an AWBZ accreditation, at that time (the beginning of this century), health insurance companies were skeptical about new care suppliers. Both initiatives developed and provide day care activities for approximately 20 clients per day. They work with different client groups and initially faced a variety of financial arrangements to obtain the necessary funding. Moreover, they faced the high costs of renovation and new buildings. These constraints made them decide to become part of a care institution with an AWBZ accreditation around 2005. Being part of a care institution became increasingly problematic for the initiators. Due to changes in management of the care institution and budget cuts in the care sector, the freedom for the initiators to operate was reduced. An illustration is that they were not allowed to keep their own communication channels or select their own personnel. The care farm became merely one of the locations of the institution. New managers did not recognize the specific nature and value of the care farm. The initiators also complained about bureaucracy, as illustrated by the following quote from one of them:

“We had already arranged the funding for a new greenhouse. However, I am not allowed to arrange the permission with the municipality myself. It has to be arranged by the central unit. That takes ages”.

One of the initiators and most of the personnel left the care farm after a conflict with general management. In spite of these difficulties, the care farms are still operating at a size similar to that at the beginning of the century.

4.4.3. Initiatives starting since 2003

When personal budgets became generally available to clients, the number and diversity of care farms increased (see Table 1).

4.4.3.1. Initiatives taken by farmers' families

We start with the types of care farms initiated by farmers' families.

Farmers' families started different types of care farms: care focus, integrated, low care and helping hand care farms.

The first type is the care focus care farm. The two independent care focus farms we included started around 2005 and were both successful. One of them had hired specialists and developed into a large specialized care farm for children with autism and their families, with an annual care budget of over 1 million euro in 2013. The other initiative adopted a more generalist and conservative strategy and is open for different client groups. Their annual care budget was approximately 120,000 euro. They are examples of strong multi-functionality as care services have become the focus on the farm.

They did not receive help from the agricultural union or the local bank, as the care focus initiatives on existing farms did not match their vision of care as a supplement to a productive agricultural business. Both initiatives managed to persuade regional banks to give them a loan. The background and education of the initiators were important for the development of a professional care farm, because, as one respondent noted: *“With only agricultural knowledge, you will not succeed. We have a good mix. Due to my study and background I am the autism specialist in the region and I give workshops also to care institutions. Our son has a*

management education, which is very helpful for dealing with all the personnel”.

Both initiators had a background and career outside the agricultural domain. One initiator has a university degree in management, while his friend worked in the care sector. The other initiator is a pedagogue. Her son, who is also involved in the care farm, has a background in management. This helped them develop a more independent view and a professional care farm. They had innovative ideas about professional care stimulating participation and empowerment of clients which was helpful to attract clients and their representatives. One of them provided not only traditional day care, but also individual care and treatment. They invested heavily in creating a professional accommodation. They were active in networking, not only in agricultural networks, but also in other local networks, like business clubs, which generated local support.

The other care focus initiatives we included were those initiated by farmers who developed care farms in close collaboration with accredited care organizations (‘care focus alliance care farms’, Table 1). The care organizations were interested in collaboration as it helped them to realize more community oriented care services. This is an expression of the increasing sociopolitical legitimacy of care farms. The farmers decided to reduce their agricultural production and set up a professional care business. One of the initiatives led the farm to a care institution, where the farmers' spouse was already working, while continuing her job on the farm. Together with two colleagues, she provides care to eight clients with severe mental disabilities. They chose this construction to reduce financial risks. They had heard from other care farmers who faced problems finding enough clients and wanted to limit the financial burden. The other initiative developed a large care business. The farmer established a foundation and now leases the building to the foundation, which has agreements with three different care institutions. To maintain the desired level of influence over the foundation, the farmers' spouse, who has a background in healthcare, became a board member. The construction of the foundation was helpful to obtain subsidies and negotiate with care institutions, especially when the collaboration was not satisfactory, as illustrated by the next example: *“The employees of this*

care institutions that worked here did not match with our people. My wife and I stopped the collaboration, but then it was very nice that the board supported us completely and did all the negotiations”. The farmer and his wife are responsible for the daily operation of the project, while the care institutions provide personnel and clients. The farmers indicated that the collaboration with the care institutions was satisfying. They stressed the importance of maintaining the ownership of the farm in order to keep sufficient influence and be able to stop the collaboration when it is not satisfying anymore. One of the farms specialized in providing care to clients with severe intellectual problems, while the other farm collaborated with different institutions and attracted different client groups. The total number of clients ranged from 10 to approximately 40 per day in 2013, corresponding with an annual care budget of 200-600,000 euro.

The integrated care farm initiatives starting between 2003 and 2009 reproduced the integrated types that had started in the 1990s. They were all initiated by the farmers' spouses, with a background in healthcare initiating their own business on the farm. They are all active in networking, and find contacts with the municipality, entrepreneurial and societal organizations to be beneficial when it comes to obtaining legal support for rebuilding, financial support for new activities and specific expertise when needed. They maintain good contacts with care institutions. None of them encountered serious problems in establishing the care farm activities. Their professional background in healthcare, entrepreneurial behavior and the increased acceptance of care farms as a good facility for different client groups contributed to their success as illustrated by the following quote of one of them: *“We are a valued partner by the care organizations and they are keen to collaborate with us. My contacts were very helpful to get our first clients. Also the municipality has great interest in what we are doing and we are helping them develop their new policies”*.

Two of the initiators decided to focus on one specific client group, one focusing on elderly care and the other on youth care, these being the client groups with whom they had previously worked. The others had mixed client groups and hired personnel. In 2013, the annual care budgets ranged between 150,000 and 400,000 euro.

The telephone interviews with integrated care farmers who had terminated their care activities showed that personal situations can lead to the decision to stop with the care activities. In the first case, the reason to start providing care was to increase the family income. The family was successful in this respect. After nine years, the family sold the farm, because the work gave them too much stress. In the second case, the initiative started at the request of a care institution. The farmer was enthusiastic about this new activity. However, the care institution terminated the contract after five years in an attempt to cut costs. At the same time, the family experienced relational problems and did not have the energy to contact other care institutions and restart the care business.

The last types of initiatives initiated by farmers' families are care farms with limited care activities. They are examples of weak multi-functionality. The first examples are the helping hand alliance farms, which have a strong collaboration with formal care institutions or accredited regional organizations of care farms and which outsource tasks to them. The focus is on agricultural production and the number of clients is limited. The main reason for the farmers to start providing care activities is that other farmers had positive experiences. Many of them had a high workload, were looking for additional personnel, but had no financial means to hire employees. They expected the clients to lower their workload. In addition, the farmers thought it would enrich their life and they wanted to help people. They were not willing to invest much time and money to start the care services and look for clients themselves, and had no ambition to develop an extensive care business. In many cases, they were invited by care institutions to collaborate, while in other cases it was the farmers who took the initiative.

In most cases, farmers collaborated with youth care and addiction institutions. This type of care farms is concentrated in a few provinces in the eastern and southern part of the Netherlands, where youth care and institutions battling addiction developed a close collaboration with farmers, and in the western part of the country, where farmers could outsource tasks to a regional organization of care farms. In all cases, the collaboration between the farmer and the care institution started successfully. Most farmers had a good relationship with the clients and the care institution. To be successful, the farmer had to follow the rules of the

care institution and be open to comments and support from the care institution. Three initiatives stopped in the first year, one after a few years. The main reasons for farmers to stop providing care activities were disappointment with the working capacities of clients and underestimation of the additional stress involved. As one of the put it:

“I expected someone who can work independently on the farm. That was not the case. I cannot always be on the farm. Sometimes, I decided to stay on the farm, but the client did not show up. Finally I decided to stop, because it did not work for me”.

In other cases, changing conditions in the family (birth of a child) and the business (more activities outside the farm) made the farmers decide to stop providing care activities. In none of the cases did the care institution decide to terminate the collaboration.

The number of clients on the care farms that were still active in 2013 was limited and the annual care budget was less than 50,000 euro.

The results show that a key factor for successfully creating these helping hand initiatives was a positive attitude on the part of a care institution. Real commitment and entrepreneurial behavior, for instance in the form of networking, are not always present, nor are they always necessary. Negative experiences or changes in the personal situation resulted in a negative attitude on the part of the farmers and in the termination of the care activities. In none of these cases did the care institution decide to stop the collaboration.

The final examples of care farms initiated by farmers' families with limited care activities are the low care farms (Table 1: relatively independent from care organizations and a limited number of clients). In most cases, the care farmers use different sources to finance the care services, like the personal budget of the client or the AWBZ accreditation of a formal care institution with whom they formally collaborate. Generally speaking, low care farmers consider the care activities as an addition to their core activity that has to remain small. The successful care farmers have experiences in the care sector, are enthusiastic about their care activities and active in networks of care farmers, and have a clear vision of the kind and size of care activities they want to develop. Their main motivation was to generate additional income. One of the farmers we interviewed in 2010 had stopped providing care. The main

reasons for this termination were a high workload on the farm, which was difficult to combine with providing care to the clients, and the birth of a child, creating too much stress. Because the prices of agricultural products rose, the family decided to increase the agricultural business. Because two of the care farmers had fewer clients than they wanted in 2010, we considered them less successful. Both depend on a single care institution to attract clients. They had not developed a network in the care sector, were not active in organizations of care farmers and did not invest in public relations. They noticed that the number of clients fell when the management in the institution changed or when the institution decided to cut costs. In addition, both initiators were not supported by their partners, they were not critical about their own role, they were negative about care institutions and the municipality, blamed external factors for their problems and did not engage in initiatives to attract more clients. Finally, they were unable to explain the qualities of their farm, to what type of clients their initiative would be attractive and why clients should use their services, as illustrated by the following example:

“I thought that you only had clients with intellectual disabilities, but now we get a client with psychiatric problems and someone else. In the past, all clients from Philadelphia (a care organization) were sent to me. Sometimes they had a budget and sometimes not. But now, they have another board and we have only two clients. I should contact other organizations, but I have no time for this. I have time in the evening, but then they are closed”.

Their situation had not improved in 2013 and one of them had stopped providing care services, because the care institution did not send new clients. She had no energy to invest in the further development of the care activities herself. These findings show that the development of care farms with limited care activities can be hampered by limited commitment and a lack of entrepreneurial behavior, unrealistic expectations, personal situations or problems in the relationship with care institutions. This is in line with the telephone interviews with helping hand and low care farm initiatives that had quit business. The helping hand initiatives that stopped, had initially started after a request from a care institution. In two cases, the care activities stopped after a client had left and the institution did not provide new clients. These farmers were not interested in investing in the

care business themselves. Two others decided to stop themselves, because they found that they did not have sufficient time and that it created too much stress. The low care farms initiatives that stopped providing care services collaborated with only one care institution. The care farmers were not active in networking or trying to find clients themselves. In two cases, there were problems in the relationship with the care institution: in the first case, the institution insisted that the care farmer be trained in client guidance skills and the care farmer did not receive the kind of clients she wanted. In the other case, the institution wanted to send one of their employees to the farm to guide the clients, while the care farmer wanted to guide the clients herself. The third case stopped when the care farmer became ill.

4.4.3.2. Initiatives taken by people outside the agricultural sector

Since 2003, the number of initiatives by people outside the agricultural sector has increased. We distinguish two main types of initiatives, the first of which involves care focus initiatives where former employees of the care sector bought a farm where agricultural production had terminated. In one case, the employee of the care sector initiated the care business on an existing farm. They used their network in the care sector to attract clients and were active in public relations. They approached local newspapers and invited regional care organizations and client organizations to visit their farm. The care services were financed by the personal budgets of clients. None of them faced serious problems in developing the care farm. The care farms developed into independent care focus farms providing care to about 5-8 clients per day in 2013, with an annual care budget between 50,000 and 100,000 euro. They remained relatively small, as the initiators did not have the ambition to hire personnel.

We conducted telephone interviews with three care focus initiatives of former employees of the care sector who had stopped. The main reason to initiate care activities was to share their ‘green inspiration’ and their beautiful farm environment with other people. They stopped for personal reasons. In one case, it was loss of inspiration on the part of the initiator. In the two other cases, retirement and a desire to have more spare time were the reasons to terminate the care activities.

The second example involves initiatives started by people with a background neither in agriculture nor in care by advisers and researchers in multifunctional farming around 2005 (the final type included in Table 1). The initiators we interviewed were enthusiastic about care farming and wanted to develop a care farm in their village. They established a foundation and wrote developed a business plan to obtain subsidies. They invested a lot of time in applying for subsidies and contacting care institutions, municipalities and nature organizations, with the aim of attracting interest in collaboration. Thanks to their ability to write a solid and innovative plan, they attracted sufficient financial resources. A major problem two initiatives faced was finding a good location. Both plans only existed on paper. Nature organizations and municipalities were enthusiastic about developing a location where different functions could be combined. One initiative did not really take off until the initiator quit his job. The initiators said that municipalities, nature organizations and care institutions all operate very slowly and lack an entrepreneurial attitude. They had to push continually to keep the process going. The continued search finally resulted in a good location. All initiatives have hired personnel to assist in providing care to the 8-20 clients per day in 2010 and 15-40 clients per day in 2013 resulting in a budget of 200-600.000 euro annually. The initiatives realized that they are vulnerable because of changes in regulations and contracts with care institutions. One initiative decided to apply for the AWBZ accreditation. The other initiative is developing a close collaboration and long-term commitment with a care institution without losing its independence. Having an influential network was important to moving ahead. For one initiative, the good relationship it had with a land agent was crucial in finding a good location. As the initiator put it:

“We approached several nature organizations to continue our care farm, but we never got any offer. Then our new chair, a former alderman with a good network in the nature conservation sector approached a friend of him, a land agent who had done a lot of business with the nature organization from which we bought this farm. This friend knew that our present location became available. Thanks to his intervention, we were the first candidate.”

4.5. Discussion

Our main objective has been to provide insight into the challenges care farmers have to overcome, strategies they employ to realize their objectives and the extent to which entrepreneurial behavior is needed to be successful. We found that pioneers, innovators and initiators without a background in the care sector faced the most severe challenges. We found that pioneers encountered different barriers and opportunity structures than later entrants. Pioneers who started in the last century faced a lack of cognitive and sociopolitical legitimacy, illustrated by the mismatch with financing regulations. They needed to be committed entrepreneurs to find their own path and become successful. The first pioneers, living-working communities, succeeded due to their hybrid professional background, which enabled them to combine agriculture and providing care services, their commitment and lobbying, framing the care farms as an alternative for conventional care and agriculture which impressed influential persons in the care sector, their creative use of innovation funds and their anthroposophist network. Thanks to the AWBZ accreditation they obtained with the help of their anthroposophist network, they could really expand and professionalize. Their character had changed from members of an idealistic counter-movement to organizations that met the specific requirements and regulations of conventional care. This shows that their initial focus on developing innovative legitimacy was successfully combined with a strategy to develop sociopolitical legitimacy. The former employees of care institutions who started initiatives around 1997 chose to become part of an accredited care institution. A major reason was that, at that time, the care sector was not willing to provide accreditation to new entrants providing day activities.

Farmers who started an integrated care farm before 2003 wanted to stay independent. Many of them were farmers' spouses with a professional background in healthcare. For them, a background and network in the care sector appeared to be important. They were treated by care organizations as one of them. Their hybrid professional identity and dual embeddedness (Keshet 2013) made it easier for them to interact with care institutions. Their background and networking activities contributed

to their socio-political legitimacy and generated support from care institutions and access to budgets. The farmer without this background lacked this sociopolitical legitimacy and had problems acquiring funding for the care services. The combination of commitment and entrepreneurial behavior (making effective use of the network) was important to the success of all pioneers, but even more so to the last farmer, who lacked a professional background and network in healthcare, who had to mobilize influential persons to get care organizations on board.

Later generations (after 2003) benefitted partly from what had been achieved by the pioneers: initiatives of care organizations had sprung to establish a close collaboration with care farmers, AWBZ accreditation for care farming had become possible, regional organizations had been established, who had such an accreditation. The support of ministries for the National Support Centre of Agriculture and Care and the activities and publicity generated by this support center had contributed significantly to the cognitive and sociopolitical legitimacy of care farms (Hassink et al. 2014). Care farms became accepted as good examples of the desired changes in healthcare like socialization of healthcare services and empowerment of clients. (Hassink et al. 2010). They also benefitted from changes in the healthcare domain: the availability of personal budgets for clients and liberalization of the care sector illustrating their increase in sociopolitical legitimacy.

This also led to diversification: later generations could choose different pathways to success. Initiators can choose to stay independent and opt in favor of obtaining an AWBZ accreditation or use personal budgets, or they can work together closely with care institutions or regional support organizations of care farms and outsource tasks to them. These choices depend on personal views, the environment and the time period.

Farmers' families and initiators from the care sector who copied successful examples could benefit from the experiences of pioneers. They did not encounter serious problems. They were successful due to their commitment, network in the care sector and availability of personal budgets of clients.

Since 2003, some farmers' families opted in favor of new types of care farms. The first one has a focus on providing care services. This

example of “strong multi-functionality” (Wilson 2007) expressed an identity that did not match the vision of the agricultural sector. As a result, they experienced a lack of support from agricultural organizations for their plans. It shows that later generations of care farmers can encounter limited legitimacy (moral acceptance) when they choose a new path that is not in line with dominant logics. This illustrates the difference between the strong multi-functionality and production-oriented logic in agriculture. For these farmers, their background outside the agricultural sector, their vision, entrepreneurial actions and commitment were important to establish successful independent care farms. Farmers who were less confident decided to develop the care farm in close collaboration with accredited care organizations. Farmers developing a close collaboration with care organizations or becoming part of a care organization should be cautious about the risk of reduced space to operate and the potential drawbacks of bureaucracy.

The second type of care farms were those with limited care activities initiated by farmers with less knowledge of the care sector and less entrepreneurial behavior and commitment than the pioneers. The success of early care farms drew these less entrepreneurial farmers into the business. Their only option with a chance for success, as we have seen, is to initiate a close collaboration with an accredited care institution or regional support organization of care farms. For the helping hand type of care farms, a lack of commitment and entrepreneurship was compensated by working together with an accredited care institution or an accredited regional organization of care farms. We found that these examples of weak multi-functionality were concentrated in a few provinces, which confirms that geography matters in multi-functionality (Wilson 2009).

The types of care farms that emerged are affected by the financial framework, especially by the introduction of the personal budget (Hassink et al. 2012). “A complex interplay between case-specific enabling and limiting factors determines the farm transitional potential and the degree of the farmer's multifunctional thought and action in time” (Seuneke et al. 2013:210). This illustrates the relevance of different approaches of multi-functionality (Renting et al. 2009). Here, the decision-making process of

farmers (actor-oriented approach) is affected by access to budgets and support structures (public regulation approach).

Initiators who were not successful or failed to start the care business lacked the commitment or entrepreneurial behavior required. They often collaborated with only one care institution, which placed them in a vulnerable situation. The time they could invest was limited and they did not explore alternative approaches to developing the care business, when their original plan failed due to resistance from municipalities or formal care institutions. Mainly for the cases belonging to the types with limited care activities personal circumstances, non-realistic expectations and changes in the potential of the agricultural business influenced the development of the care business on the farm. These care farmers with less entrepreneurial behavior also appeared more sensitive to challenges and opportunities implied by changing conditions in their social environment (partners, other farmers) and relation with care institutions. But, again, this was mainly the case for the farmers with limited care activities. We confirm earlier findings that some of those farmers felt unable or uncomfortable connecting with other sectors and are sensitive to changing conditions (Burton and Wilson 2006; Seuneke et al. 2013).

Connecting with the care sector and leaving the farm yard (Seuneke et al. 2013) was much more common among initiators of care farms with more extended care activities, who in general were also more entrepreneurial. A larger part of those initiators were already outsiders to the farm community and benefited from other experiences. A considerable number of them had a background in healthcare. As Bock (2004) already noted, when the initiators were farmers, women, in our study often with a background in the care sector, tend to play an important role in the development of new activities on the farm; the farmers' spouse often took the first step towards new on-farm business.

The development of care farming was also shaped by different types of barriers, depending on the time of initiation, the type of care farm and the strategies involved. Pioneers who were committed entrepreneurs generally speaking encountered more problems than later entrants. Later entrants benefitted from the increased cognitive and sociopolitical legitimacy and supporting financing structures and organizations. We now focus on the types of barriers encountered by different types of initiatives

and strategies to overcome these barriers. Table 3 provides an overview of the main problems encountered by different types of care farms and the strategies that were used. Initially, pioneers lacking cognitive and sociopolitical legitimacy, promoted their farms as necessary alternatives (strategy to gain innovative legitimacy) for conventional thinking. Networking and making use of influential persons is another important strategy of the examples presented in Table 3. This strategy is directed to developing sociopolitical legitimacy.

In all cases, the core was to draw on commitment and entrepreneurial behavior to deal with barriers and survive difficult conditions and develop sufficient pressure to persuade accredited care institutions to collaborate. Their situation may be understood as one of “mixed embeddedness”, a term proposed by Kloosterman (2010) to indicate that the practices of individual entrepreneurs should be embedded both in the local opportunity structure (e.g. network connection, willingness of care organizations to collaborate) and in the macro-institutional framework consisting of barriers in the form of rules and regulations and potential market demand. Examples of this macro-institutional framework are the availability of personal budgets and liberalization of the care sector. Although Kloosterman does not refer to Giddens, in line with the duality of structure (Giddens 1979), he sees entrepreneurs as reflexive and purposeful and able to alter the structures in which they live (Kloosterman 2010 p 33). Pioneers and innovators faced regulatory barriers and network disconnection. Committed pioneers contributed to changing regulations and legitimacy of the care farming sector. Hingley et al. (2010), focusing on migrant entrepreneurs, identified network disconnection as an important barrier for newcomers. As many other studies (e.g. Elfring and Hulsink 2003) have found, networking is crucial here as well. A neglected issue in the formation of networks is that power relations appear to matter (De Clercq and Voronov 2009b). More specifically, in the pioneering stage of the care farm sector, dominant, privileged actors in the care field tried to keep new entrants out, and pioneers had to overcome their resistance. Support from influential people in the care farmers network was crucial for pioneers to overcome resistance from powerful actors and to gain access to care sector funds.

The later initiatives generally speaking could benefit from the cognitive and sociopolitical legitimacy achieved by earlier initiatives and the support center. They were able to copy successful examples and encountered a more benign environment. Both structural changes induced by early initiators and changes in the care regime. Since 2003, new types of initiatives appeared, including farmers initiating a care focus initiative and entrants from outside the agricultural sector without the funds needed to buy a farm. This became possible through the wider availability of personal budgets for clients. These new types faced greater challenges in their environment than initiators who copied existing types. A clear example is the lack of support from farmers' organizations for initiatives by farmers aiming at developing a large care business and limited agricultural activities. Again, successful examples of these new types influence their environment, increase legitimacy and create windows of opportunity for others. Our results confirm that barriers are not static, but should be viewed as ongoing challenges to which entrepreneurs must adapt (Doern 2009). In many of the innovative care farms initiated by farmers' families, the initiator has experience outside the agricultural sector. This was very helpful in the development of innovative care services.

It illustrates and confirms earlier findings (Markowitz et al. 2011) that successful innovators can be occupants of multiple organizational fields. Ruvio and Shoham (2010) found that commitment is important to the success of business ventures and indicated that this merits further research. Our results provide more insight into the importance of commitment for the development of rural businesses connecting agriculture and healthcare.

Table 3. Problems encountered and strategies used by different types of pioneering initiatives.

Example	Aspects of hostility in the environment	Strategies to be successful
Living working community by employees care sector 1970-1980	Regulations opposed accreditation	Promoting innovativeness and alternative vision; using influential persons with anthroposophist sympathy as entry
	Financing structures not possible for combination of client groups	Searching for different types of regulations at local and national level
	Negative attitude banks	Financing through anthroposophist network
	Skepticism among farmers	Support of veterinarian with authority
Integrated care farm by farmers' families 1990's	Negative attitude care institutions; after initiation of care farm, refusal to pay for the care services on the farm	Initiation of foundation with influential persons like mayor, director of bank, former director of care institution to put pressure on care institution
	Lack of legitimacy	Media attention, scientific report to increase legitimacy and get support from provincial deputy
		Commitment to attract the attention of provincial deputy to support care farm as provincial pilot project
		Pressure of deputy and farmers of clients on institution to establish collaboration
	Bank not willing to support investments Initially lack of adequate financing structures	Bank within niche with anthroposophist signature
Independent care focus farm by employees care sector 1990's	Obstacles for AWBZ accreditation	Search for variety of funding regulations
		Becoming part of accredited care organization
Independent care focus farm by farmers' families Since 2005	Lack of support agricultural organizations and local banks	Vision, network outside agricultural sector, persuading regional banks
Local initiative external persons without owning a Farm since 2005	No location	Formation of network, with access to nature organizations and municipality at management level Indicating beneficial effects for nature organizations and municipalities
	Lack of finances for starting up phase	Writing solid and innovative plan to attract funding

4.6. Conclusion

Our study has shown how pioneers, innovators and later generations succeeded in establishing different types of care farms, by bridging the gap between agriculture and care and gaining access to care budgets, and what kind of entrepreneurial behavior was needed in different periods. Changes in the opportunity structure (availability of financing arrangements, network connection and legitimacy), the development of different types of care farms and the kind of entrepreneurship required to be successful interact. The pioneers lacked cognitive and sociopolitical legitimacy and supporting organizations, and had to develop their initiative on their own. Only committed entrepreneurial pioneers were successful.

Most initiators establishing extended care activities (strong multi-functionality) benefit from relevant expertise outside the agricultural sector. In the last decade, initiators of care farms have been diverse in terms of their backgrounds and objectives, and have different choices in terms of their entry strategy. Some of them are embedded in the care sector, others in the agricultural sector; some of them choose strong multi-functionality, others weak multi-functionality. They can choose to develop the care farm independently or outsource tasks to supporting organizations. This illustrates the development and dynamics of an established multifunctional agricultural sector with considerable legitimacy where later generations can choose different pathways. In line with Renting et al. (2008), we found that changing financial arrangements and the development of support structures are important issues in understanding the development of new types of care farms. This illustrates the relevance of the actor-oriented and public regulation approaches of multifunctional agriculture in understanding the dynamics of care farming. Since 2003, an increasing number of care farms were initiated from outside the agricultural sector. They are a better match with the public health discourse, as they are primarily focused on promoting health and wellbeing of clients. This confirms that, although multi-functionality is still the primary discourse of care farming in the Netherlands, it no longer covers everything that takes place (Leck et al. 2014). In the public

health discourse, care farms are considered innovative services contributing to the participation and empowerment of clients. The care farm initiatives linked to and generated support using both discourses. In the multi-functionality of agriculture discourse care farming can be considered an interesting alternative for the agro-industrial model with its dominant liberalization and globalization logic.

Successful pioneers, innovators and farmers opting for care farms with strong multi-functionality are committed entrepreneurs. They develop a new identity, establish new (urban-rural) networks, generate substantial sources of income by and employment by making new business models for providing care services. These care farm initiatives go far beyond the initial concept of multi-functionality with its focus on positive and negative externalities of agricultural production and provision of public goods (OECD 2001). We consider them not only illustrations of the multifunctional model of agriculture, but also of a new entrepreneurial model of agriculture.

A limitation of our study is that we only included a limited number of unsuccessful initiatives. Future research into exit strategies would increase our understanding of the impact of individual entrepreneur and the wider context on the stopping of multifunctional enterprises. The information we collected from the care farming sector provides further insight into the interaction between type of care farm, entrepreneurship and opportunity structure. The focus of our study on the fate of different types of care farms, newcomers and followers in a liberalizing institutionalized sector has generated insights that are of interest to many other agricultural innovations that face changing demands of society. We point to the subtle interactions between the changing structural environments, objectives of the initiator and entrepreneurial behavior. Our study increases our understanding of how structural changes come about and provide opportunities for entrepreneurs. This is a valuable contribution to existing studies on entrepreneurial success and failure in the transition to multifunctional farming practices. Insight in effective strategies of multifunctional agricultural entrepreneurs is relevant for understanding the vitality and future of rural areas.

Chapter 5

Identity formation and strategy development in overlapping institutional fields

Different entry & alignment strategies of regional organizations of care farms into the healthcare domain



5. Identity formation and strategy development in overlapping institutional fields

Different entry & alignment strategies of regional organizations of care farms into the healthcare domain

Abstract

Care farming is an underexplored example of agricultural diversification. In their process of diversification, care farmers are newcomers to the healthcare sector, facing high entry barriers and lacking the skills required to build a solid and legitimate presence in this new domain. Changes in the care regime have provided opportunities for new players, like regional organizations of care farmers, to gain access to care budgets. The purpose of this paper is to describe and analyze how strategies designed to establish regional organizations of care farms with similar access to institutional resources unfold and are translated into entrepreneurial behavior, organizational identity and legitimacy, and help provide access to care budgets. Using entrepreneurship, identity formation and legitimacy building as guiding concepts, the authors interviewed stakeholders and analyzed activities and documents to gain a broad perspective with regard to the organizations, skills and activities.

The authors identified two types of regional care farm organizations: a cooperative and a corporate type. While the corporate type clearly exhibited entrepreneurial behavior, leading to a trustful and appealing organizational identity, substantial fund-raising and an early manifestation of institutional and innovative legitimacy in the care sector, the cooperative type initially lacked entrepreneurial agency, which in turn led to a lack of legitimacy and a slow development toward a more professional market-oriented organization. Manifesting entrepreneurial behavior and strategically aligning the healthcare and agricultural sectors, and building up both institutional and innovative legitimacy in the care sector proved to be crucial to the successful development of regional organizations of care farms. This study contributes to existing literature by exploring relationships between entrepreneurial and institutional strategies, legitimacy, organizational identity and logics. Originality/value – This study contributes to the literature by exploring how in times with

changes in institutional logics, strategies to establish new organizations unfold. The authors have shown how differences in strategy to establish new organizations with similar access to institutional resources unfold and are translated into diverging organizational identities and degrees of legitimacy.

Entrepreneurial behavior is the key to create a trustful and appealing identity and innovative and institutional legitimacy which is important for providing access to an institutionalized sector.

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5.1. Introduction

Agriculture in Western Europe is undergoing significant changes (van Huylenbroek and Durand 2003), and increasing pressure on the agricultural sector and changing demands from society have changed the focus of an increasing number of farmers and drawn attention to diversification on farms (Clark 2009; Meerburg et al. 2009). Around the core of agricultural production, additional activities and business have been initiated, like recreation, food processing, nature, landscape, water and energy services (Maye et al. 2009; Meerburg et al. 2009). Diversifying farmers should be viewed as rural entrepreneurs (Durand and van Huylenbroeck 2003). They require new skills and knowledge that are often not readily provided by the traditional agricultural support systems (Renting et al. 2008). At the same time, health and social care practices and policies are also changing in Western Europe. Important developments are the deinstitutionalization, socialization and liberalization of care, and the empowerment of clients (Alter and Hage 1993; Beemer et al. 2007). Healthcare policies in various countries are aimed at promoting “integrated care,” which involves cooperation between actors designed to cover the entire spectrum of health and healthcare-related social care (van Raak 2010). Collaboration and cross-sector social partnerships are driven by complex client needs and used as a way to address intricate social issues that exceed the management ability of any single organization, with the aim of creating a more effective and efficient social service system (Bunger 2010). These developments provide opportunities for the development of innovative care services.

In this paper an underexplored example of innovative diversification in agriculture and deinstitutionalization of the care sector, namely, care farming will be discussed. Care farms combine agricultural production with the provision of health and social services (Hassink and van Dijk 2006), providing day care, assisted workplaces and/or residential places to clients with a variety of disabilities (Elings and Hassink 2008). The combination of a personal and dedicated attitude on the part of the farmer or, more often, a farming couple, the performance of useful activities and an informal and open setting within a green environment, make care farms appealing facilities for various client groups (Hassink et

al. 2010). Care farms have been described as innovative examples of community-based services that contribute to the desired deinstitutionalization and socialization of care and the empowerment of clients (Hassink et al. 2010). While care farming has now spread to many European countries (Hassink and van Dijk 2006; Hine et al. 2008; Di Iacovo and O'Connor 2009), we focus on the Netherlands, one of the pioneering countries in this area (Di Iacovo and O'Connor 2009). The number of care farms in the Netherlands has increased rapidly, from 75 in 1998 to more than 1,000 in 2010 (www.landbouwzorg.nl). In 2012, care farms in the Netherlands catered to 15,000 clients (Ernst and Young 2012). Target groups include people with mental illness, intellectual disabilities, dementia and addiction, children with special needs and problem youths (Hassink et al. 2007). The aim of this paper is to examine how strategies designed to establish regional organizations of care farms with similar access to institutional resources unfold are translated into entrepreneurial behavior, while also giving rise to organizational identity formation and legitimacy building.

From 1995 onwards, care services provided by care farms could only be funded within the framework of the AWBZ, the collective health insurance for the costs of long-term care in the Netherlands. Care services were only covered when provided by institutions with an AWBZ accreditation (formal status of a reimbursable care provision). In the last decade, the liberalization of the care sector has offered opportunities to new suppliers to obtain an AWBZ accreditation. Many care farmers are not recognized as official AWBZ-accredited care institutions and depend on the willingness and collaboration of accredited care institutions for the payment of care services. As such, innovative practices, like care farms, are not sufficiently supported by existing structures and regulations. The challenge is to generate legitimacy in the care sector for this new service and obtain sufficient additional income. Being connected and aligned institutionally and discursively with the care sector is crucial to the development of the care services on farms. Many farmers do not have the skills and contacts needed to connect to the care sector (Hassink et al. 2014; Seuneke et al. 2013). Collaboration at a regional level may help care farmers create and improve business opportunities in the care sector.

In different regions, care farmers recognized that liberalization offered unique opportunities to solve the major problem of gaining access to care sector budgets. They realized that, to obtain an AWBZ accreditation, they had to collaborate, because funding agencies were not willing to negotiate with hundreds of individual care farmers. In different regions, new organizations of care farmers opted in favor of a collective AWBZ accreditation, which allowed them to negotiate with medical insurance companies about care budgets as official care institutions.

When analyzing the development of regional organizations of care farms the challenges related to agricultural diversification are essential backdrops. Farmers often lack the entrepreneurial competences and dedicated knowledge needed to innovate (Pyysiäinen et al. 2006; Seuneke et al. 2013). This is especially a constraint when it comes to realizing radically new types of businesses, like care farms in the inter-organizational setting with which farmers are faced (Batterink et al. 2010). To provide care services, farmers have to connect with and operate in the care sector. Some farmers will not feel able or comfortable to operate in this non-farming environment and will consequently face institutional barriers (Seuneke et al. 2013). Traditional farming institutions rooted in the agricultural sector are ill-prepared for this boundary-crossing task (Clark, 2009). Regional organizations of care farms can help farmers connect to the care sector and gain access to care budgets. Regional organizations can apply different strategies to create legitimacy and overcome institutional constraints (Maguire et al. 2004). The regional organizations of care farms developed in times of change in institutional logics in both the agricultural and the health care sector. Such turbulent times generally create openness for new rules and alternative logics (Skelcher and Smith 2015). Thus far, few studies have examined opportunities for entrepreneurial activity in times of institutional change (Sine and David 2003). How organizations cope with plural logics and how their identity affects their behavior is as yet poorly understood (Kodeih and Greenwood 2014).

5.2. Theoretical framework

We examine how two different strategies designed to establish regional organizations of care farms with similar access to institutional resources unfold and analyze how differences in strategy affects organizational identity, legitimacy and access to budgets of the care sector within a context of institutional change, like deinstitutionalization, socialization, liberalization of the care sector and empowerment of clients. In such turbulent times, there is room for innovative responses drawing on existing and new institutional logics (Skelcher and Smith 2015) and alternative voices may be heard (Sundin and Tillmar 2008). As newcomers, regional organizations of care farms may have a lack of legitimacy, as they have no solid track records and stakeholders do not know whether or not they are trustworthy (Aldrich and Fiol 1994; De Clercq and Voronov 2009a). New organizations can use different strategies, like framing, to create legitimacy and sense-giving, aggregating or combining of resources and actors to overcome institutional constraints (Maguire et al. 2004). They may also connect strategically to diverse ideas, sources for legitimacy and (financial, knowledge-related and other) resources from their context (Hung and Whittington 2011).

The identity of an organization can influence its response to institutional demands and multiple logics (Kodeih and Greenwood 2014). Organizational identity emerges from the interaction, negotiation and shared sense-making processes (Weick 1995). Identity is a process of becoming (Tsoukas and Chia 2002) and can change over time through interaction with outsiders and insiders (Gioia et al. 2000; Clegg et al. 2007). “Organizational identity is a strategic performance, because it is legitimated with the particular intention of developing standards and structures that will enable the market to be created and exploited” (Clegg et al. 2007: 510). The relationship between strategy and identity is recursive where strategy influences identity while at the same time identity influences the strategy of an organization. An organization may encounter institutional resistance when its identity is inconsistent with institutional prescriptions (Gioia et al. 2013; Kodeih and Greenwood 2014). A significant aspect of organizational identity can be the claim of

status or prestige relative to others (Navis and Glynn 2010). Institutional context and identity are related through institution building, as the core of a strategy it is to be understood as an interplay between agentic orientation, social skills and context (Edwards and Jones 2008). Context simultaneously provides individuals with entrepreneurial opportunities and sets boundaries to their actions and can be social, spatial and institutional in nature (Welter 2011).

Legitimation is the process through which newcomers are embedded within the existing assumptions of the area in which they want to operate (Vaara et al. 2006). Legitimacy is a social construct: it reflects congruence between the activities of newcomers and the shared beliefs of incumbents. Being recognized as legitimate by incumbents is a crucial element in whether or not newcomers will be able to succeed (Aldrich and Fiol 1994). The care sector is a highly institutionalized sector that restricts access to funding to organizations that meet strict quality-related and administrative requirements, which is why it is not surprising that a major problem for newcomers, like care farmers, is to obtain adequate financing for the services they provide (Hassink et al. 2007). The challenge is to develop a professional organizational identity that is consistent with institutional prescriptions and a prestige relative to others. Organizational literature identifies a number of organizational attributes that are important in this respect. Recruiting the appropriate people, building an effective organization and using an adequate business model are crucial success factors (Stinchcombe 1965; Douglas and Fredendall 2004). New organizations can attain legitimacy through a combination of copying the characteristics of established organizations (institutional legitimacy) and innovative behavior, in an attempt to manipulate the perceptions of external organizations or the environment (innovative legitimacy; De Clercq and Voronov 2009a). Institutional legitimacy is gained when newcomers comply with particular area-specific assumptions about how participants in that area are expected to operate. Innovative legitimacy is gained when newcomers challenge an area's existing order and bring something new to the sector. We can conclude that newcomers, like the organizations of care farms, should fit in and stand out at the same time. To do so, they should understand the political process through which their

actions become classified by incumbents as either fitting in or standing out.

Initiators of regional organizations of care farms can be considered institutional entrepreneurs combining entrepreneurship and an entrepreneurial orientation with institutional work. Entrepreneurship and institutional tasks are two distinct literatures (Tolbert et al. 2011) that can benefit from each other (Phillips and Tracey 2007). Institutional entrepreneurship bridges aspects of institutional logics, focusing on continuity, and entrepreneurship, focusing on change (Garud et al. 2007). Although entrepreneurship has largely been ignored in institutional theory, it adds an important dimension (Phillips and Tracey 2007). The entrepreneurial dimension involves the identification and exploitation of opportunities (Shane and Venkataraman 2000) and the development of ideas into valuable business propositions and pulling resources together (Anderson and Jack 2000). Institutional tasks in entrepreneurship involve creating new institutions or the transforming existing ones, and changing particular institutional arrangements, as is the case with the establishment of regional organizations of care farms (Maguire et al. 2004; Levy and Scully 2007). Institutional entrepreneurs create standards, models, scripts and patterns of behavior that are consistent with their identity and interests, and establish them as legitimate standard to others (DiMaggio 1988). Central issues in institutional entrepreneurship are dealing with field structure and power and developing legitimacy. Literature suggests that having a complex set of skills is essential for institutional entrepreneurs, including cultural/cognitive skills like framing and persuading (Rao 1998), procedural and technical skills (Strang and Meyer 1993) and political and interactive skills (DiMaggio 1988). Because they can rarely change institutions on their own, institutional entrepreneurs must mobilize allies (Greenwood et al. 2002), develop alliances and work together with others (Fligstein 2001).

A crucial element in the entrepreneurial process and strategy is being part of an adequate network structure in a particular sector or field. Newcomers in the care sector, like the care farm initiatives, benefit from becoming embedded in the care sector, as that provides them with intimate knowledge, contacts, sources of advice, resources, information, support and legitimacy (Anderson and Jack 2002; Elfring and Hulsink

2003). The level of embeddedness is the nature, depth and extent of the individual's ties to the network (Uzzi 1997; Dacin et al. 1999). Thus, network orchestration becomes a key strategic activity: actions designed to create value with and extract value from the network. Network membership, network structure and network position are important aspects of designing a network (Dhanaraj and Parkhe 2006). For regional organizations of care farms, it is important to develop an effective network in the care sector. Our analysis shows how, in a similar institutional context, differences in strategies and entrepreneurial behavior can lead to diverging organizational identities and degrees of legitimacy. Strategy and identity have a recursive relationship. Differences in strategy can lead to diverging identities and differences in identity can lead to diverging strategies. Entrepreneurial behavior is the key to creating value with and extracting value from the context, building a trustful and attractive identity and gaining legitimacy.

5.3. Methods

We used entrepreneurship, organizational identity formation and legitimacy building as sensitizing concepts that merit further attention when describing and understanding the development of the regional organizations of care farms. Sensitizing concepts emerge when the observer discovers something worth problematizing, addressing the concept to the objects under investigation (Blumer 1954). The data were collected in 2009 and 2010, in accordance with the principles of the case study approach (Yin 2009). We used a dialectical approach, systematically combining empirical data and theoretical concepts, focusing on the interactions between the behavior and strategies of initiators of regional organizations of care farms, organizational attributes, their (changing) environment and the development and legitimacy of regional organizations (Hassink et al. 2012b). It is an exploratory study in which we selected two different examples of regional organizations.

A polar case selection was used, involving two contrasting examples of regional collaboration of care farmers. The two cases are BEZIG, located in the Dutch province of Gelderland, and Landzijde, in

the province of Noord Holland. BEZIG is a collective initiative of existing care farmers, while Landzijde is the initiative of an individual entrepreneur. They are the oldest and largest regional organizations in the Netherlands and clear examples of the two types of organizations of care farmers that have been developing in the Netherlands.

In both cases, we followed the three main principles of data collection, which are favorable to the validity and reliability of case study findings: triangulation of data sources and methods for data collection, development of a case study database and maintenance of a chain of evidence (Yin 2009). The information used to characterize the two organizations was based on annual reports and semi-structured interviews with the respective directors. The data include the development in terms of the number of farmers and clients involved, employees, annual turnover and collaborating organizations. For a broad perspective on the interaction between the identity of the organization, entrepreneurship, legitimacy in the care sector, context and the development of the organizations, we interviewed the directors of the organizations, a member of the board of advice or board of supervision and the client manager of the health insurance company with which the regional organizations have an AWBZ contract. The interviews took place in the summer of 2009 and were guided by our sensitizing concepts entrepreneurial behavior, organizational identity formation and legitimacy building. In the interviews, we focused on organizational attributes and objectives, entrepreneurial skills and behavior, including perceived opportunities, strategies that were used to connect to the care sector, develop legitimacy and establish collaboration and their learning process. In the semi-structured interviews with the client manager of the health insurance company and the member of the board of advice or board of supervision, we asked for their experiences with the organization of care farms, focusing on the perceived identity and legitimacy and entrepreneurial behavior of the organizations. We also held a half-day session with the employees and initiators of the organizations in the autumn of 2008. In that session, and in the interviews with the director, we focused on the characteristics and objectives of the organizations, the type of competences needed to develop the organization, the obstacles they had encountered and the strategies they had used to deal with them,

organizational attributes that are important and interactions with health insurance companies and other organizations in the care sector and farmers.

When we conducted the interviews, BEZIG was undergoing a process of change. To gain insight into the changes involved, we decided to interview the board member of BEZIG who took the lead in the process of transforming BEZIG into a cooperation, and a member of the board of advice of BEZIG in November 2010 and March 2013. We conducted an additional interview with the director of Landzijde, to make sure the information was up to date. In all, we conducted 12 semi-structured interviews, which were recorded on audiotape and transcribed in full. The interviews and survey provide a good impression of the views and experiences of different types of actors who play an important role in the development and legitimacy of the regional organizations. As these actors reflect on the interactions between entrepreneurial behavior, organizational attributes, and characteristics and requirements of the (changing) field, the results enrich our understanding as to how these interactions affect the legitimacy and development of the two types of regional organizations.

Data analysis was an inductive, iterative process involving techniques and procedures proposed by Strauss and Corbin (1998). First, all transcripts and documents were re-read. Instead of using a pre-determined category scheme, themes were allowed to emerge from the subjects' own words, as recommended for exploratory research (Strauss and Corbin 1998). Using a constant comparative method allowed us to simultaneously code and analyze the data, and to categorize them into developing themes representing recurring patterns of behavior and meaning. Once themes had been identified, we mined the data for representative elements. To maximize the inter-relator reliability in the data analysis, the transcripts were double-coded and compared. A short description of the development of Landzijde has been described in a previous paper (Hassink et al. 2012b).

5.4. Results

In this section, we begin by describing the general development of the two regional organizations, followed by the main outcomes and the influencing factors, as identified in Section 2.

5.4.1 *General development*

Based on the interview with the respective directors, the session with the employees and initiators of the two organizations, and annual reports, the general development of both organization has been reconstructed.

5.4.1.1 *BEZIG.*

In the late 1990's some farmers, who were members of a farmers' study club, decided to set up a regional network of care farmers to exchange information and provide mutual support. In 2004, this resulted in an association called BEZIG. In 2005, they decided to apply for an AWBZ accreditation, which would give them access to regular AWBZ funds. They were not interested in delegating major tasks to BEZIG, since they had already established a certain degree of embeddedness in the care sector. They established a foundation, the most common form of AWBZ-accredited care organizations, and managed to obtain formal accreditation in 2006. The members elected some care farmers to become members of a board, which was to design and implement policy, while the decisions were to be made by the farmers themselves.

Because the foundation could not afford to pay a director's salary, it was decided to appoint a former alderman with a salary from his previous job as director, on a parttime basis. One of the care farmers provided administrative support. In 2007, some of the board members terminated their activities due to the high workload and a low level of involvement on the part of the members. Since then, the involvement of the members remained a subject of discussion. An administrative employee was appointed on a reintegration job, allowing the foundation to set up an office on one of the care farms. In 2009, this employee left with a burnout due to the heavy workload. She was replaced by a former

employee of the National Support Center Agriculture and Care. The province, funds and banks were approached unsuccessfully to support the professionalization of BEZIG. The process stagnated and the board of supervision warned that they would withdraw if the members failed to take greater responsibility. Two dedicated care farmers took the lead and replaced the former board members. At that time, the financial situation of the foundation gradually improved and the director received a salary for 1.5 days per week.

Table 1. Stages in the development of BEZIG.

Characteristic	2000	2004	2006	2007	2008	2009	2010	2012
Stages in development	Start network	Association	Foundation and AWBZ accreditation			Change of board and employees	Start Cooperative	
Number of farmers			35	36	40	45	65	70
Number of clients				32	65	100	200	900
Annual turnover (x1000 euro)			25	81	262	570	950	3900
Number of employees (FTE)				0.2	1.2	1.2	1.2	3.2
Number of collaborating care institutions			0	0	0	0	0	1

The farmers who took the lead invested heavily in the organization's development. They had a clear vision that transforming the foundation into a cooperative structure would increase member the involvement and stimulate individual and joint entrepreneurship of the farmers. The members of BEZIG agreed to transform the foundation into a cooperative of care farmers. The director was replaced by an employee with

administrative expertise, as this was considered crucial. Initially, the director maintained all contacts with the health insurance companies. From now on, the leading farmers attended all the meetings with the health insurance companies. In response to the increase in turnover and working area, BEZIG appointed a new director in 2012 with adequate knowledge of the care sector and of financial and administrative procedures. The different stages in the development of BEZIG are shown in Table 1.

5.4.1.2 Landzijde.

The idea for Landzijde emerged in 1999, when a farmer involved in a regional agricultural nature organization recognized the lack of a matching organization for care services on farms. At that time, there were hardly any care farms in the region. The main initiator invested more than one year in the development of Landzijde, convinced that the concept would be a success. At the time, he was employed by the regional farmers nature organization and could use part of this time to invest in the development of Landzijde. He decided to set up a foundation with an AWBZ accreditation, first under the umbrella of the farmers nature organization and then as an independent foundation. He invited farmers to start providing care services under the umbrella of Landzijde. The farmers were not interested in developing care services themselves and were only embedded in the agricultural sector. The initiator realized that the combination of this relatively underdeveloped situation, the support from the province and the proximity of major cities provided a good opportunity for setting up a strong and professional organization. The number of care farmers increased rapidly and the AWBZ accreditation was obtained in 2003. The set-up of Landzijde was supported by the province, the city of Amsterdam and external funds. An important reason for supporting Landzijde was its contribution to the survival of farms and the openness of the landscape in a densely populated area of the country. In 2006, it received additional funding from the province, to implement and extend its model throughout the province, which made it possible to appoint regional coordinators and a care coordinator. Landzijde initiated a large number of joint projects with other social care

organizations (for instance in Amsterdam), and in 2012, Landzijde collaborated with 60 social care institutions. Since 2007, Landzijde has been involved in innovation programs supported by the Ministry of Agriculture, allowing the organization to develop new businesses in collaboration with care and reintegration organizations, and initiate a number of innovative projects, including daycare activities for homeless people living in Amsterdam, financed by the municipality of Amsterdam, and reintegration trajectories for long-term unemployed inhabitants of Amsterdam, which resulted in an agreement with the organization responsible for the reintegration budgets. The revenues from these innovative services were considerable.

Table 2. Stages in the development of Landzijde.

Characteristic	1999	2001	2003	2004	2005	2006	2007	2008	2009	2010	2012
Stage in development	Business idea	Start Foundation	AWBZ accreditation			Extension to entire province		Contract city of Amsterdam	Start Reintegration trajectories		Start Education trajectories
Number of farmers					54	68	85	102	102	100	97
Number of clients					190	260	430	590	700	760	955
Annual turnover (x 1000 euro)				90	450	1200	1950	2700	3900	4900	8200
Number of employees (DTE)					1.8	2.4	4.5	5.7	7.0	12.0	20.0
Number of collaborating care institutions					2	4	9	11	11	12	60

From 2015 onwards, day care services financed under the framework of the AWBZ were transferred to and financed by the municipalities. The collaboration between Landzijde and the city of Amsterdam was part of a national pilot project designed to support this transition, with participation of Amsterdam. Since 2011, the director and care coordinator of Landzijde have invested a great deal in contacts with municipalities. In 2012, Landzijde initiated educational trajectories for clients on the care farms. The city of Amsterdam appreciates this initiative as a way of stimulating the skills of clients and reducing the costs of care services. In 2013, Amsterdam launched a tender for daycare and reintegration activities. Landzijde is now one of the few selected organizations that provides services for the city of Amsterdam. While many of the traditional providers were not selected, Landzijde received over €400,000 to develop services for the city of Amsterdam. The main stages in the development of Landzijde are shown in Table 2.

5.4.1.3 Increase in turnover.

The major task for regional organizations is to obtain resources from the care sector, leading in turn to additional sources of income for diversifying farmers.

The annual turnover of BEZIG increased from €25,000 in 2006 to €570,000 in 2009, then to €950,000 in 2010 and €3.9 million in 2012. The number of farmers involved increased from 35 in 2006 to 45 in 2009 and 70 in 2012 (Table 1). The growth in turnover in the last years comes from the increasing number of care farmers using the AWBZ accreditation of BEZIG and the change of personal budgets of clients (PGB; budgets that enable client to enter into direct contracts with care farms) into contracts with BEZIG. In 2010, the working area of BEZIG expanded, as care farmers from neighboring provinces decided to join the new cooperative. In the second part of 2010, PGB budgets were no longer available, due to the depletion of the national PGB budget. This led to an increased demand from farmers to use the contract of BEZIG. The annual turnover of Landzijde increased from €450,000 in 2005 to €3.9 million in 2009, €4.9 million in 2010 and €7.4 million in 2012, while the number of farmers increased from 54 to 100 (see Table 2). The budgets obtained from the

care sector, indicated by the annual turnover, increased faster for Landzijde than they did for BEZIG. In addition, the available budget per farmer was higher for Landzijde than it was for BEZIG. Another important difference was the greater diversity in terms of funding sources in the case of Landzijde, which not only managed to arrange contracts with health insurance companies, but also with the city of Amsterdam and reintegration firms. BEZIG only initiated contracts with health insurance companies.

5.4.2 Differences in legitimacy, identity and entrepreneurial behavior

As we have seen, although they operated in similar contexts, the two organizations developed different strategies and also varied in their outcomes. In line with our theoretical framework, we now discuss how this can be interpreted on the basis of differences in identity and how that expressed itself in the legitimization strategies and entrepreneurial behavior of the two respective organizations.

5.4.2.1 Organizational identity

The characteristics of an organization are an expression of its identity. An essential element of BEZIG's identity is that it had to limit its central coordination, and instead stimulate care farmers to develop their own entrepreneurship. Clients who are interested contact individual care farms and BEZIG is not involved in the matching process, and will only take care of the financing of the care service if that is what the farmer prefers. It has a contract with different health insurance companies in the province. In all, 85 percent of the budget is transferred to the farmers who provide the care services, while is used for the BEZIG office. In 2009, the central office consisted of one full-time care coordinator/secretarial support. Proposals were prepared by the board, which consisted of care farmers, and decisions were made by the members of the organization. The services of BEZIG involve exchanging experiences and information among care farmers, administrating AWBZ financed care and organizing education for farmers. BEZIG organizes two or three meetings per year for the care farmers. In 2010, some major changes were made that reflected and further underpinned its identity. The foundation was turned into a cooperative, owned by the farmers, to increase the involvement and

entrepreneurship of the farmers. In addition, the working area of BEZIG was expanded. The new cooperative covers the central and eastern parts of the Netherlands (the provinces of Gelderland, Overijssel, Utrecht and Flevoland). This enables care farmers in the neighboring provinces to use BEZIG's AWBZ accreditation. The board members of the cooperative took some actions to professionalize the organization: a formal client organization and an annual monitoring of the satisfaction of clients on all member farms are being prepared. Members have to implement the quality system of the sector. At the start of the cooperative, all members had to pay an entry fee of €200 and an annual fee to use the electronic administrative system. To develop a more professional identity, in 2012, BEZIG appointed a new director with adequate knowledge of the care sector and of financial and administrative procedures.

The philosophy of Landzijde is that the farmers focus on agricultural production and providing services to the clients, while the organization takes care of all other tasks. It is an example of a corporate model with a central authority. Clients looking for a care farm contact the organization's central offices. A coordinator visits some of the care farms with potential clients, who can then select a farm. The foundation has contracts with different health insurance companies in the province. In all, 80 percent of the budget is transferred to the farmers who provide the care services, while the remaining twenty percent goes to Landzijde.

Landzijde has appointed a full-time director, care coordinators, administrative support and regional coordinators. Decisions are made by the managing director, the initiator of Landzijde. A board of commissioners is responsible for financial matters. Maintaining its client-oriented identity, and its associate focus on providing high-quality care, Landzijde decided to include no farmers on its board, and the clients and farmers are represented in an advisory board. The services of Landzijde involve matching supply and demand with regard to care services on the farms at a regional level, as well as supporting and educating care farmers and clients; it organizes four network meetings a year, and has divided its working area into four regions, each of which has a coordinator is responsible for the intake of new clients and for matching clients and farmers. In 2008, a client organization was installed to represent the

interests of the clients. With support of the client organization, a new quality system was implemented which all farmers are obliged to use. It monitors the satisfaction, development and empowerment of individual clients.

5.4.2.2 *Legitimacy in the care sector.*

The differences in identity discussed above also expressed themselves in the different approaches to achieving legitimacy. The interviews with players in the care field showed that the lack of legitimacy with regard to the concept of care farms and regional collaboration was not an issue among health insurance companies. Both health insurance client managers acknowledged that care farms offer a specific value to clients. “They offer space and quiet, less stress than the urban environment to which most clients are used. The focus is not on the clients’ limitations, but on their possibilities. The care farms are important, because they increase the diversity of safe working facilities in society.” In addition, they were positive about the fact that the care farmers are organized in a regional organization: “It is attractive to deal with one organization instead of individual care farms.” The health insurance client managers have very different opinions about BEZIG and Landzijde, however, viewing BEZIG as an organization for the farmers: good when it comes to providing services to the farmers, but not innovative when it comes to providing care, and as an organization that is not very dynamic and does not take new initiatives. Landzijde, on the other hand, is seen as a very dynamic organization, with a focus on the needs of its clients, and as an organization with a diversity of services to meet client demands. This is in line with the vision of the director: “I have not developed Landzijde for the farmers, but for the clients. Therefore, farmers should not be on the board of the foundation.” For the client manager, the organization Landzijde and the director are the same thing. He is very positive about the organization: “I appreciate that the director of Landzijde is a person with a good heart, an eye for developments in society and the needs of clients. I appreciate the flat organization, close to the client.”

The mentality is also important. An organization where the director does not receive a huge salary. “Landzijde is well-organized and knows the ins and outs of the rules.” Because he is so positive about the

quality of the services that Landzijde offers and its innovativeness, he recommends Landzijde to other insurance companies, and in doing so he helps open doors for Landzijde. It became clear from the interviews that the regional organizations have to meet the requirements of the healthcare system. Initially, the regional organizations of care farms were given some credit, because they were new. In the last five years, however, the health insurance companies raised the standards and demanded proof of well-organized organizations with quality systems, improvement plans and client representation. In the case of BEZIG, these measures were not implemented very energetically, which earned them criticism from the health insurance companies: “They received some credit from us, because they are new, but it is still a bit amateurish and vulnerable. They can professionalize their office and should develop a central location. They get a lower tariff, because they do not meet all the requirements. They have no client organization. They have to develop a quality cycle with improvement plans and the client organization must give its opinion.” This was confirmed by the director and board member. Landzijde has implemented all the measures and receives additional budgets from the health insurance company.

In both cases, procedures in the care sector are complex to outsiders. Due to a lack of funding, BEZIG hired people that did not have to receive a full salary. The director was a former alderman who still received salary from his previous job, and an employee was hired who was on a reintegration trajectory. The lack of knowledge regarding the care sector resulted in serious mistakes, budget reductions and increasing pressure on the organization. The former director realized he lacked the necessary expertise and suggested to the board that they hire someone with a background in the care sector. Landzijde followed a different strategy. The director was approached by employees from the care sector who were inspired by his vision. He appointed experienced professionals. As he himself emphasized: “It is important to hire professionals with knowledge of the care sector. You need to have sufficient and broad knowledge. My experience is that this expertise is important in the contacts and negotiations with health insurance companies, as it generates credibility.”

5.4.2.3 *Entrepreneurial behavior*

Entrepreneurship, defined as the promotion of opportunity-driven behavior, is a key factor in creating value with and extracting value from the context, building a trustful and appealing identity, and developing legitimacy. The regional organizations vary in their approach to entrepreneurship.

Individual or joint entrepreneurial behavior. Differences in identity also expressed themselves in different entrepreneurial behaviors, While BEZIG was designed to promote joint entrepreneurial behavior among care farmers, Landzijde can be characterized as an organization led by an individual entrepreneur, with a clear vision and commitment to providing high-quality care. The differences in these two strategies originate from their different starting points. The initial goal of BEZIG was to unite care farmers and develop an organizational structure for the cooperation, a process that was supported by the province. The focus was not on developing a market-oriented organization. The initiator of Landzijde, on the other hand, developed a market-oriented concept and then looked for farmers who were interested in joining the new organization. As a consequence, the focus of BEZIG was directed inwards, its aim being to develop a joint understanding among care farmers, while Landzijde was focused on meeting the opportunities and regulations of the environment and extending the network in the care sector.

Some of the challenges that emerge when adopting a cooperative organizational structure were apparent in BEZIG, its philosophy being that the farmers are responsible for the development of the organization. The farmers elected some care farmers as board members to design and implement policy. BEZIG was struggling in its attempts to promote entrepreneurship, because creating joint entrepreneurial behavior was a problem. The client manager of the health insurance company stated that BEZIG lacks an entrepreneurial attitude. The director of BEZIG indicates that he has no time to be pro-active. He describes his situation as: “we are always behind the wave, instead of on the wave. I am always busy and there is no time to develop ideas or to approach other organizations.” He also indicates that the organization’s board members have to divide their attention between their own care farm and the regional organization. The

workload became too much for the board members. The member of board of supervision we interviewed indicated the problem of inaction. None of the board members took any action when there were problems. He describes the main risks and current problems: “The fact that everyone is waiting for someone else to take responsibility is a great risk. In my view, a higher demand should be made on the farmers. They should take responsibility for the care delivery services of BEZIG.”

The situation of BEZIG changed rapidly from 2009 onwards and a few new board members took the lead. When we interviewed one of them in 2010 and again in 2013, he indicated that, after the crisis in 2008, something needed to be done. He decided to invest in the organization, as his care farm was well-established. He reasoned that his care farm would benefit from a successful regional organization of care farmers. He became a leading person not only in BEZIG, but also at a national level. He recognized the need to invest in the relationship with the health insurance companies, in knowledge of administrative systems and in the implementation of quality systems and client organizations. He describes how his network developed through his activities at a national level and how his previous job as an adviser and project developer proved to be very useful. His national contacts with the health insurance company proved useful in settling a conflict with one of their offices. He used his long-standing contacts with the youth care institution to initiate a joint project between them and BEZIG. He is convinced that the transformation into a cooperative will increase the involvement of the farmers because they are not only members but also invest financially in the organization.

In the case of Landzijde, farmers are not expected to be actively involved in the development of the organization. The director, who is considered a genuine entrepreneur, took the lead in developing a professional organization and strategies for its external operation. He indicates that “you need to have a good and trustworthy story. You should have an urge to perform and to learn, like a thirsty sponge.” In his view, the focus needs to be on what clients need. “You have to find out where the demands are, then you should be direct and concrete, being a bit bold. You should not invest in care organizations that are not ambitious.” In addition, it is important to build credibility toward the care sector and the

health insurance companies, by hiring professionals with knowledge of the care sector. He also thinks about strategies toward the health insurance company: “This year, we proposed a lower rate than the health insurance company offered. That way, we can offer care to a larger number of clients on our farms.” The health insurance company was so positive about this unconventional approach that they offered Landzijde an additional budget of €550,000. Thanks to his behavior and vision, he managed to secure a strong support from the health insurance company. Political action was also important. The director of Landzijde managed to connect his ideas to stakeholders values: the city of Amsterdam was eager to sustain an open agricultural landscape around Amsterdam. Landzijde indicated that, thanks to their new care activities, farmers would generate additional income and be able to continue farming. The province wanted one organization for care farming; the proposal of Landzijde to organize this sector for the entire province was supported, which in turn generated more financial support. The ability to connect two different worlds (agriculture and healthcare) was also important. According to the advisor of Landzijde, its director has learned to sell his concept and organization to the care sector, by connecting the concept to their changing priorities, like empowering clients and providing community care.

Network orchestration. Developing and managing a network in the care sector is an important entrepreneurial task for the regional organizations. BEZIG mainly invested in internal developments and, until recently, it did not develop a network in the care sector. The relationship with the health insurance companies was not always a happy one. The previous director indicated that he found it difficult to deal with the rules of the health insurance company and that it took a lot of energy to obtain contracts. Landzijde built an extensive network in the care sector and made effective use of that network to increase existing markets and develop new markets, including providing services to homeless and unemployed people in Amsterdam. It attracted an adviser of the City of Amsterdam and involved employees of care institutions and psychologists in the organization to increase its legitimacy and quality.

For Landzijde, the collaboration with Streetcornerwork, an organization for homeless people in Amsterdam, was important. With their collaboration, they were able to develop an innovative service: day care for homeless people on the farms of Landzijde. The director of Landzijde learned from his contacts with Streetcornerwork that farmers could provide a valuable service that was attractive both to Streetcornerwork, which managed to expand its services, and to the city of Amsterdam, which wanted to reduce the amount of problems caused by homeless people and offer them more perspective. Collaboration with reintegration firms and the education sector enabled Landzijde to initiate reintegration and educational services. The alliance with innovation programs and research organizations was also relevant. The Landzijde case shows the importance of engaging in ongoing network activities. The innovative character of Landzijde, based on new activities in collaboration with partners in the reintegration and educational sector, was a major reason for Amsterdam to select the organization as one of the providers of social services in the coming years. The involvement in innovation programs resulted in additional resources, new insights and a broader network, as well as increasing the credibility of Landzijde and its director, giving him the opportunity to spend time looking for new business opportunities. All these examples show the positive impact of linking an organization to the objectives of stakeholders in the environment and developing effective networks and alliances. Table 3 provides an overview of the main differences between BEZIG and Landzijde.

Table 3. Main differences between BEZIG and Landzijde.

	BEZIG	Landzijde
Background/Context	Care farmers unite and initiate organization	Entrepreneur initiates a foundation and looks for farmers to work under the umbrella of the foundation
Entrepreneurial behavior	Less visible, distributed among board of farmers. Dividing attention between own farm and BEZIG Following developments	Visible in person of director Fully focused on Landzijde Pro-active
Network structure		
- Network care sector	Limited	Extensive
- Alliances with care partners	No	Yes
- Involved in innovation programs	No	Yes
Organizational attributes		
- Approach	Limited central coordination Joint entrepreneurship of farmers	Matching supply and demand at a regional level Strong central coordination and leadership
- Acquisition clients	Clients contact individual farms	Clients contact central organization
- Position of farmers	Owners	Subcontractors, advisers
- Board	Farmers	External experts
- Professional organization	Not yet	Yes
- Freedom for farmers	Freedom in degree of involvement	Strict rules
- Match with demands from health insurance companies	Not completely	Yes
Identity	For the farmers Internal oriented Following developments Struggling to meet institutional demands	Focus on clients External oriented Innovative Dealing with institutional demands in pro-active way

5.5. Discussion and conclusions

The aim of our study was to explore how, in times of change in institutional logics, emergent strategies to establish regional organizations of care farms unfold. We have shown how different strategies are both reflecting and constituting organizational identity and lead to different degrees of legitimacy, contrasting kinds of entrepreneurial behavior and different access to budgets in the care sector. In other words, we have seen that the relation between identity formation and strategy is recursive. The desired identity of the regional organization affects its strategy whereas strategic behavior influences identity.

Our study shows the importance of establishing an organization with a professional and appealing identity, leading to institutional and innovative legitimacy. Entrepreneurship, in the sense of promoting opportunity-driven behavior, is crucial in devising and implementing a successful strategy. Landzijde shows the advantage of central authority and a clear entrepreneurial vision, while BEZIG shows the drawbacks and risks of having no clear leading entrepreneur. Developments occurred more by fits and starts, and board members faced the challenge of getting care farmers involved and persuading them to take responsibility. The risks involved in this model are the (excessively) high demands on board members, an ineffective use of resources due to changing objectives, limited interaction with the environment and limited progress, due to a focus on consulting members and reaching a consensus, and a lack of professional support. As a result, insufficient resources became available and it was difficult to develop an organization with a professional identity.

Our study shows the importance of network orchestration, strategically establishing networks in terms of securing resources, discovering and creating opportunities, and gaining legitimacy in the agricultural and care sectors (Elfring and Hulsink 2007). In the initial phase, Landzijde developed a completely new network in the care sector which resulted in some strong ties and alliances with care partners (e.g. Streetcornerwork) which had adopted a similar logic. The director of Landzijde had a clear strategy, investing only in alliances with care institutions that were beneficial to Landzijde. At the same time, Landzijde

continued to invest in new ties, such as research organizations, innovation programs, reintegration and educational partners that provided legitimacy and resources. Because its innovative character matched the desired changes in the care sector, its institutional legitimacy and the effective network orchestration of the director, the centrality and status of Landzijde in the care and reintegration sector increased. By investing in strategic alliances and learning about the boundaries of opportunities of new services, Landzijde not only discovered but also created new business opportunities, like the provision of reintegration services. This ongoing entrepreneurial and legitimacy-promoting behavior resulted in the recent success involving the tender of the city of Amsterdam, which further strengthened the organization's position. Access to resources allowed Landzijde to develop a professional organization, which was an important precondition for gaining institutional legitimacy among health insurance companies.

The strategies of the two regional organizations were expressed in different identities, which affected their legitimacy in the care sector. The identities were created in interaction with insiders and outsiders (Clegg et al. 2007). The identity of an organization should be consistent with institutional prescriptions to avoid resistance (Gioia et al. 2013) and be outstanding to generate prestige (Navis and Glynn 2010). The director of Landzijde successfully managed to frame the organization as innovative and professional with a focus on client needs. Developing a positive identity and legitimacy required entrepreneurial agency and institutional work. Our study shows the importance of establishing both institutional and innovative legitimacy (De Clercq and Voronov 2009a). The director of Landzijde developed a professional organization that is compatible with the rules and expectations of the care sector (institutional legitimacy). In addition, he framed Landzijde as being outstanding (innovative legitimacy) by presenting Landzijde as an innovative flat organization with a dedicated director and a focus on customer requirements. This was in line with the logics adopted by the health insurance companies. The director and employees of the organization carefully framed

this identity in their contacts with external organizations. This confirms results of earlier studies, that it is important to develop a trustful and appealing identity for key stakeholders (Maguire and Hardy 2005). Our study has shown how newcomers managed to establish such an identity by institutional entrepreneurial behavior and how this is linked to institutional and innovative legitimacy. Thanks to this successful institutional and innovative legitimacy, the health insurance company and the City of Amsterdam strongly supported the development of the organization. It shows that both the institutional skills to create formal arrangements with funding organizations and establish and run a professional organization and the more entrepreneurial skills, like opportunity-based behavior, are important to the development of the organization.

Our study illustrates that there are regional differences in context. An organization like Landzijde, with a central authority with ultimate decision-making powers, was only able to develop in provinces where the number of care farmers was limited. In this situation, there was room to attract and provide services for farmers who did not yet provide care services. The director of Landzijde approached farmers who were not interested in developing the care services themselves. Landzijde offers a clear added value to these farmers, who would otherwise not have started providing care services. Landzijde provides them with clients and access to AWBZ funding, resources to which the farmers themselves have no access. In provinces with larger numbers of care farmers, regional organizations are set up by existing care farmers who are not in favor of outsourcing too many services to a regional organization.

Although the development of Landzijde is a success story, in most regions, care farmers do not want to copy its model. In national meetings, representatives of other regional organizations of care farms have stated that they felt that an organization of care farms should be a cooperative organization that is owned by the care farmers themselves. They also criticized the Landzijde model by arguing that genuine entrepreneurs do not need an organization

like Landzijde and can even be hampered by it. This illustrates the difference in logics adopted by most farmers and Landzijde.

To summarize, we have analyzed the development and unfolding of strategies of two different types of regional organizations of care farms to support diversifying farmers with the development of care services on their farms. The initiators used different strategies, which were expressed in contrasting organizational identities and degrees of legitimacy. The Landzijde model is based on the entrepreneurial behavior and institutional work of its director, expressed as a continuous process of opportunity identification and opportunity-based behavior and development of a professional organization. This is attractive to farmers who like to outsource tasks to a regional organization. The initiator recognized the lack of time and knowledge among farmers to operate in the care sector. This clear opportunity identification resulted in a corporate model, where farmers focus on farming and providing services to their clients on the farm and outsourcing the acquisition of clients to the regional organization. The second model, BEZIG, is a cooperative model based on consensus and joint ownership. In this model, central coordination is limited and due to lack of leading entrepreneurship more obstacles are encountered. The evolution of the two strategies can be explained by looking at the differences in the regional context. The director of Landzijde cleverly benefited from a situation where farmers interested in care farming had not yet developed contacts with care organizations and benefited directly from the regional organization.

In the tightly institutionalized care sector, it is important to establish a professional and appealing organization that matches the demands of the sector and that is also innovative. The ability to present an organization as being innovative is important when it comes to gaining access to funding and making the organization a more attractive candidate for alliances with other stakeholders. Developing institutional and innovative legitimacy is a crucial element in a strategy designed to become successful regional organizations of care farms, newcomers in the institutionalized care

sector. It involves combining two types of logics: innovation and liberalization (expressions of an entrepreneurial logic) and quality and accountability of care services (expressions of an institutional logic). It illustrates how committed and strategically operating institutional entrepreneurs, making use of opportunities resulting from external pressures on the care sector and connecting to stakeholder values, can establish a strong position within an institutionalized sector.



Chapter 6.

New Practices of Farm-Based Community-Oriented Social Care Services in The Netherlands



6. New Practices of Farm-Based Community-Oriented Social Care Services in The Netherlands

Abstract

Social care services provided by farmers provide a community-based collaboration that can empower people and improve their quality of life. The objective of this study was to increase understanding of the collaboration between care organizations and farmers. The study involves 4 cases, and all stakeholders involved in the collaboration were interviewed using boundary spanning and the quest of innovative practices for legitimacy as sensitizing concepts. In this study, 2 types of boundary spanners were identified: initiators of collaboration and top-level managers. Successful collaboration expressed by structural implementation of farm-based services in the care organization and the positive reactions of clients, care organizations, and farmers is initiated by committed and strategically operating boundary spanners with different backgrounds. Support from top-level management of the care organizations involved is crucial for overall success. Future research needs to focus on collaboration with other types of newcomers in the care sector, the impact of budget cuts in the social and care domains, and the increasing pressure on participation of service users in society in collaboration processes.

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6.1 Introduction

In many European countries, care farming is a growing sector that combines agricultural production with health and social services (Di Iacovo and O'Connor 2009; Hassink and van Dijk 2006). It is a novel example of businesses entering the field of social care. Farmers extend their income basis through combining agricultural production with the provision of health and social services to the clients of health and social care organizations in a cross-sector collaboration where the care services provided by farmers can be seen as innovative examples of community-based services (Berget et al. 2008; Di Iacovo and O'Connor 2009; Hassink et al. 2010).

From the perspective of the health sector, the agricultural sector is actively involved in providing care to different client groups, which include people with mental illness, recovering addicts, people with learning disabilities, older people, children, problem youths, and long-term unemployed people (Hassink et al. 2007). Farmers offer day care, supported workplaces, and/or residential places to clients with a variety of disabilities (Di Iacovo and O'Connor 2009). The combination of a personal and involved attitude on the part of the farmer, being part of a community, providing an informal context, and being useful and engaging in diverse and useful activities in a green environment make care farms appealing to different client groups (Hassink et al. 2010). The collaboration between the health and social care sector and farmers is an example of a community-based practice, a direct service strategy implemented in the context of the local community (Johnson 1998). Social care policies in various countries are aimed at promoting "integrated care." This involves cooperation between actors to cover the entire spectrum of health care-related social care (van Raak 2010), as part of a broader development of collaborative service provision (Perrault et al. 2011). The need for collaboration and cross-sector social partnerships is driven by complex client needs and is a means of addressing complex social problems that exceed the management ability of any single organization (Bunger 2010; Selsky and Parker 2005).

Care farms are an example of the need for service coordination and collaboration at the community level and reflect an increasing emphasis on deinstitutionalization and socialization of care, client empowerment, liberalization, and decentralization as well as an increased focus on the quality of care (Alter and Hage 1993; Beemer et al. 2007; Custers et al. 2007).

The central objective of his study is to explore the single most important condition for care farming to successfully contribute to either sector: establishing collaboration between care organizations and farmers in different regions in The Netherlands, one of the pioneering countries (Hassink and van Dijk 2006). Despite the apparent benefits to the users and providers of collaborative services, there are major challenges in establishing collaboration between farmers and care organizations (Haig-Brown 2001). When establishing cross-sector collaboration, actors at least partly work in a new area or setting, with new people and new backgrounds, knowledge domains, interests, and perspectives. Each sector brings specific knowledge, experience, general aims, and horizons (Koelen and Brouwer 1990). Cross-sector collaboration poses additional challenges compared with collaboration between partners in the same sector in that it involves dealing with different cultures, languages, professional identities, procedures, and institutional arrangements (Alter and Hage 1993; Babiak and Thibault 2009; Rawson 1994; Scott 2005). It may thus be demanding in terms of the financial resources, time, and patience required (Huxham 1996; Metzler et al. 2003).

Examining the collaboration between care organizations and farmers may shed light on the problems facing innovative practices of community-based services that can empower people and improve their quality of life. The interesting thing about innovative practices is that they tend to be driven by the need to establish financial resources, knowledge, and legitimacy by either linking with existing structures from one or both of the sectors or creating novel structures (Hekkert et al. 2007). This study may thus make clear how collaboration is structurally established. More specific, care farming offers opportunities for exploring the challenges implied in cross-sector collaboration in community practices. Finally, the study is different from previous studies because of the “newcomer” position of farmers in the care sector and consequently their lack of

legitimacy and the distance between the agricultural and care sectors. This may impose additional challenges on the collaboration process as care farms are newcomers to the institutionalized care sector; studying collaboration around care farming may shed light on the issue of collaboration between newcomers and established actors (De Clercq and Voronow 2009a; Kloosterman 2010).

6.2. Research Framework

This exploratory study examines four different examples of collaboration. This approach involves a cross-fertilization between academic literature and empirical fieldwork (Glaser and Strauss 1967). The analysis is guided by several sensitizing concepts (Blumer 1954). Sensitizing concepts emerge when the observer discovers something worth problematizing and addresses the concept to the objects of investigation. “Boundary spanners” are key individuals who create linkages to overcome difficulties (Aldrich and Herker 1977; Dobbie and Richards-Schuster 2008; Williams 2002). Boundary spanners link two or more organizations “whose goals and expectations are likely to be, at least partially, conflicting” (Miles 1980: 62). They “interact with other people inside their organization and negotiate system interchanges with another organization” (Steadman 1992: 77). A successful boundary spanner is a leader and entrepreneur who deploys effective relational and interpersonal competencies to develop mutual understanding, trust, and respect (Williams 2002). Following the synthesis of Hekkert et al. (2007) from earlier literature, another sensitizing concept concerns innovative practices’ quest for money, knowledge, and legitimacy by drawing on the structures of the sectors involved that either define or restrict the space for collaboration. The interplay between these structural factors and agency affects the collaboration. The challenge facing boundary spanners is to maximize opportunities in the structured context in which they find themselves (Williams and Sullivan 2009).

6.3. Methodology

6.3.1. Case Selection

The methodology is characterized by a qualitative, multiple case-study approach. Case studies are particularly useful for exploratory studies, when the object is to gain a holistic understanding of how dynamics unfold in real-life settings (Yin 2009). In this study, the focus is on The Netherlands, one of the pioneering countries when it comes to care farms (Di Iacovo and O'Connor 2009). The number of care farms in The Netherlands has increased rapidly, from 75 in 1998 to more than 1,000 in 2010 (<http://www.landbouwzorg.nl>). In 2005, 10,000 clients used their services (Hassink et al. 2007). Approximately 10% of the care farms take part in regional initiatives leading to a close collaboration between a group of farmers and a care organization (Hassink et al. 2014). Examples of collaboration between care organizations and farmers at the regional level are studied.

Case selection involved the selection of four cases that differed in the type and year of initiation based on the assumption that this approach provides insight into the influence of these factors on collaboration. The literature review supported that the type of initiator and year of starting influenced the process of collaboration. Two initiatives were started by the agricultural sector and two by the care sector; two were pioneering initiatives that were started in 1997 and 1999, and two were started later (in 2002). The first two initiatives, which are collaborations between youth care institutions and farmers, were started by an advisor of care farms belonging to agricultural organizations in two different provinces of The Netherlands (Overijssel and Limburg). The other two initiatives were started by employees of care organizations in the province of Noord Brabant in the fields of youth care and addiction care (Table 1). It is expected that initiators from the agricultural sector faced more serious problems than initiators from the care sector as agricultural organizations are considered outsiders to the care sector that lack legitimacy and knowledge of regulations and organizational culture. Due to the gradual emergence of structural features for care farms as well as learning effects,

it is expected that the pioneering initiatives of the previous century faced more serious problems than more recent initiatives.

Table 1. Typology of cases.

	Initiative	Year of initiation	Client group	Success
Youth care farms Overijssel	Employee agricultural organization	2002	Youth care	Yes
Youth care farms Limburg	Employee agricultural organization	2002	Drop out school and youth care	No
Youth care farms Noord Brabant	Employee care institute	1997	Youth care	Yes
Novafarm	Employee care institute	1999	Addiction care	Yes

Originally, the aim was to make a pairwise comparison and to select a successful case and unsuccessful case of each type; however, this turned out not to be possible. Only pioneering initiatives that had been initiated by the care sector and successive initiatives that had been started by the agricultural sector were found. Only one unsuccessful initiative was found. In spite of these obstacles, the cases identified provide sufficient contrast and valuable insights into the factors that affect development of the collaboration process.

6.3.2. Data Collection

The data were collected in 2009 and 2010. To assure trustworthiness and credibility of case-study findings, recognized principles of data collection were followed. These included the perspectives of different stakeholders, developing a case-study database, and maintaining a “chain of evidence” (Lincoln and Guba 1985; Yin 2009). The information used was based on reports and interviews with the initiators or current project leaders. To gain a multi-perspective view on

the impact of agency and structural factors on the development of collaboration, different persons involved in one of the regional examples were interviewed. The initiator of each case was asked which stakeholders and persons had been important in the collaboration process. The most relevant persons were selected and contacted. They all agreed to participate in the study. In the case of the organization for recovering addicts, the initiator and current director of the initiative, the director of the organization to which the care farm initiatives belong, and a representative of the province supporting the initiative were interviewed. In the case of the youth care initiatives in Overijssel and Limburg, the initiator of the agricultural organizations, respectively the director and responsible manager of the care organization that had adopted the initiative, the employees at the care organization who were in charge of the youth care farms, and an employee of the province supporting the development of the youth care farms were interviewed. In the case of the youth care initiative in Noord Brabant, the employee who initiated the collaboration with farmers, the manager responsible for the youth care farms, and the financial director were interviewed.

In all cases, all available documents (annual reports, business plans) were used. These documents were used to collect data on the development of the number of clients, farmers, and annual revenues. Semi-structured interviews were held. Based on literature, key themes were identified to prepare an interview guide to explore the experiences involved in the collaboration process. The central issue in the interviews is the interaction between agency and structure. The focus was the context in which initiators operate and challenges that the initiators encountered (e.g., support and obstacles in and outside the care organization), as well as the strategies they used to deal with challenges and to seize the opportunities in the care organization and the wider environment. The interviews lasted 1 hr to 1.5 hr and were recorded on audiotape. A verbatim report was made of each interview.

6.3.3. Data Analysis

Data analysis was an inductive, iterative process as proposed by Strauss and Corbin (1998).

First, all transcripts and documents were re-read. Instead of using a predetermined category scheme, themes related to our sensitizing concepts were allowed to emerge from participants' own words as recommended for exploratory research (Strauss & Corbin 1998). A constant comparative method was used to simultaneously code and analyze the data in order to categorize it into developing themes representing recurring patterns of behaviors and meanings. Once themes were identified, the data were mined for elements representing those themes. The data were analyzed by the first author. The coauthors contributed to the analysis.

6.4. Results

The development and characteristics of the four examples to be discussed started with drawing on annual reports and interviews with the initiators and current directors or team leaders of the initiatives.

6.4.1. Description of the Cases

6.4.1.1. Development of Youth Care Farms in Overijssel

The youth care initiative in this province was set up by the regional organization for agricultural innovation in 2002 and was supported by the youth department of the province and the agricultural deputy. The motives were waiting lists in youth care, positive experiences with care farms involving other client groups, and additional income for farmers. A pilot project was started with the support of the European Union and the province with an employee of the agricultural organization serving as the project leader. The province allowed the agricultural organization to develop youth care farms without active participation of youth care organizations because they were successful in the development of care farms for other client groups. Youth care organizations were invited to the project team. These organizations were skeptical about the initiative because the province had not transferred the project to the youth care organizations, but rather to the agricultural partners. They could not believe that the initiative would reduce waiting lists. In spite of this

skepticism, the number of youth clients placed on farms was higher than expected, and clients, parents, and farmers were positive about the effects.

A crucial moment occurred at the end of the pilot phase. The youth inspection agency concluded that the project was successful as the number of participating clients was high and their experiences were positive. They were concerned, however, that risks for the youth clients could not be controlled properly. Therefore, they advised to incorporate the project in a youth care organization and use their quality and risk prevention protocols. Based on this report, the province insisted on this incorporation. The project leader was committed and contacted all youth care institutions to adopt the project. She indicated that her knowledge of the youth care sector and the involvement of a pedagogue in the team were important to generate legitimacy in the youth care sector. The new director of one of the youth care organizations was interested because he believed in the concept. He had experiences with youth care farms and recognized the positive impact of the farm context for youth clients. The concept of collaborating with care farmers matched the culture of this youth organization, which had already gained experience with foster care. The director indicated that collaboration with farmers was also interesting in broadening his portfolio and to stimulate entrepreneurship in the organization.

A special unit was developed for the development of youth care farming, and some young employees were motivated in joining this unit. They had a good contact with the employees of the pilot project and adopted many of the practices that had been developed, including the procedure for matching farmers and youth clients. Thanks to lobbying efforts and leadership support from the youth care organization, youth care farms became an accepted service and were financed by the province. After the death of the project leader, the young team members had to develop the new unit themselves. From 2004 to 2009, the youth care farm project grew considerably, and in 2010, more than 100 youth clients were placed on almost 40 farms (Table 2). Youth clients are aged 7 to 18 years old. The youngsters join the farm program after school time or on the weekend and are guided by the farmer and farmer's wife. The youngsters participate in a diversity of activities on the farm like taking

care of the animals, horse riding, harvesting vegetables, and cooking. In most cases, there are three to five youngsters on the farm at the same time. The main objective is to unburden the family as the home situation is very problematic and parents feel unable to take care of their children without help. In 2008, the manager for foster care became responsible for the professionalization of the youth care farm project and for strengthening the position in the organization. The farmers are positive about the project, because they are being paid for the services they provide and are trained and supported by the youth care organization.

6.4.1.2. Development of Youth Care Farms in Limburg

Also in 2002, youth care farms were established by the regional organization for agricultural innovation with support from the youth department of the province of Limburg. It was also subsidized by the Ministry of Health, Welfare and Sports and supported by the experiential learning team of a youth care organization, two municipalities, and a welfare organization. The youth care organization had experience with experiential-learning projects for problem youths on farms in France, and the employee viewed this project as an extension of these activities abroad. The aim was to develop agricultural educational courses for youth care clients and dropouts from school. Although the daily allowances for farmers were low, they were motivated to offer day activities on their farm to young clients. They were, however, not interested in providing 24-hr care, as that would restrict their privacy too much. From the start, it was a problem to get dropouts or other young clients to the farms. Schools and municipalities were not supportive at all. The project leader had no background in the youth sector. She indicated that she had no clue why it was so difficult to find youngsters and that she did not understand the youth care sector. According to the provincial project leader, the problem was that schools were not punished financially for dropouts and that the province could not put pressure on schools and municipalities. The youth care organization used the farms only for short-term crisis placements. In a second phase, the project leader decided to focus completely on clients from the youth care sector. It became clear that the youth farm project had no priority for the youth care organization. The responsible employee of the youth care organization left the organization and was succeeded by an

employee with a temporary position. The manager of the youth care organization indicated that money was the main motivation for the organization to take part in the project. The director decided to take part in the project because it would generate resources. This was more important, according to her, than interest in developing new services. The manager indicated a number of problems with the project. School dropouts were not considered the target group of the youth organization. More importantly, the manager did not believe in the concept of providing care on farms. In her opinion, a farmer who is not educated in youth care is not capable of providing good and responsible care. She also stated that providing care on the farm did not fit with the directives of the cost structure of the youth care. Although the few employees who were involved in experiential-learning trajectories were still interested in continuing the project, the manager decided to pull out when provincial support dried up in 2009. The representative of the province indicated that they were not in favor of putting pressure on the youth care organizations to continue and extend the collaboration with farmers.

Table 2. Characteristics of the initiatives in 2010. For the project that stopped, the characteristics of the most successful period are presented as well, between brackets.

Initiative	Number of farmers	Number of clients/yr	Number of employees	Annual revenues (1000 euro/yr)
Youth care Overijssel	37	110	3.5	580
Youth care Limburg	0 (4)	0 (10)	0 (1)	0 (50)
Youth care Noord Brabant	30	30	7	1200
Novafarm	20	125	13	1400

6.4.1.3. *Development of Youth Care Farms in Noord Brabant*

The third initiative started in 1997 and was set up by an experienced and proactive employee of a youth care organization in the

province of Noord Brabant. This youth care organization had positive experiences with experiential-learning projects for problem youth on farms in France, but some of the youngsters returning from France did not manage to sustain their positive developments after their return. The gap between their life in France and the home situation in The Netherlands was too large. Care farms in the region would be a solution for this group and for dropouts who did not fit in a residential setting. Although the farm project matched the culture of the youth organization, the initial idea was to terminate the farm project in France because it was too expensive. The initiator was convinced that developing individual working and living trajectories on farms in The Netherlands would be very promising for many youngsters who could not live at home. His ambition was to create cost-effective and client-effective trajectories on farms. His manager and director supported his initiative, because they believed in the concept and his competencies. In the words of the director: “The initiator is a real entrepreneur; he always comes with new ideas for problems we encounter.” The initiator indicated that he had a good contact with the director and that she supported employees with initiatives, which is an advantage of working in a small organization where you know who to involve. He worked more than 60 hr per week for 2 years to develop the youth care farm project. Support for the youth care office (responsible for placement of youth clients) and the province (responsible for funding of youth care services) grew after the project proved successful for youngsters who caused problems in other youth care services. The director and the initiator invested considerable time to gain their support. According to the initiator and the manager, it was important to inform the youth office and the province financing the youth care and to show them the positive effects of the project to gain their support. Support was not self-evident. The director and financial manager also had to stretch the boundaries of financial regulations. The province and youth office were helpful in this respect because the youth care organization had always been willing to take up clients who could not be placed elsewhere. The youth care farm project developed into a valuable unit of the youth care institution with seven employees. Youngsters are aged 12 to 18 years old. They receive 24 hr of care on the farm on an individual basis or in a small group for a period of 3 to 12 months. The youngsters are guided by the

farmer and the farmer's wife. Twice a week, a case manager from the youth care organization visits the farm to evaluate the progress with the youngsters. For the older ones, the focus is on working; for the younger ones, the focus is on school and recreation activities on the farm.

6.4.1.4. Development of Care Farms for Clients With an Addiction Background (Novafarm)

As described in a previous paper (Hassink et al. 2012b) Novafarm was set up in 1999 by an employee of the care organization Novadict-Kentron in the province of Noord Brabant. Its aim is to offer clients with addiction problems work on a farm to support their recovery. The organization saw a need for workplaces for this target group in society. According to the director, this was in line with the changing vision in the care sector that the rehabilitation and socialization of clients needed more attention. Rehabilitation and offering day activities was new for the organization. Many colleagues (especially therapists) were not in favor of the changing focus of the organization, as this would give less priority to their field of work. They could not believe that care farms would work because, in their view, the clients would not be motivated.

Collaboration with farmers was new for Novadict-Kentron. The initiator met with opposition in the organization. Novafarm received strong support from the new director of Novadict-Kentron, as the project fit the objectives of the organization. The director viewed Novafarm as an innovative example of the new vision and also valued the initiative in changing the inward-looking culture of the organization and in developing links with society. Novafarm was also supported by the Ministry of Health and the agricultural deputy of the province. The development of Novafarm accelerated when it received an accreditation thanks to the support of the director and the positive results of the project. Skepticism among colleagues disappeared due to the positive response of clients and positive financial results. New farm programs for clients who were still using and residential farms for clients who were looking for a rural place to live were set up. In most cases, a case manager of Novafarm guides a group of clients on the farm. The farmer is responsible for organizing work. In 2010, Novafarm was a unit within Novadict-Kentron with 25 employees (15 full-time employees) who collaborated with 20 farmers.

Novafarm offers agricultural work for 125 clients a week (Table 2). Novafarm is now a respected unit in the organization with an annual turnover of €1.5 million. As with the previous case, the organization still has to be creative and find the boundaries of existing funding regulations.

Characteristics of the four initiatives and steps in their development are presented in Table 2. It can be concluded that the youth care initiatives in Overijssel and Noord Brabant and the initiatives at Novafarm are embedded in the care organization and represent successful collaboration with farmers. The youth care farm project in Limburg was never successful and was terminated in 2009. In all cases, farmers were obliged to work according to the quality guidelines of the care organization. This was not a problem for them.

6.5. Analysis

In this section, an effort is made to explore how boundary spanners with different back-grounds and structural contexts dealt with the challenge to ensure, across intersectoral boundaries, the money, knowledge, and legitimacy for care farming. Where interviewees held similar views regarding the development of the initiatives and the impact of agency and structural factors on development, the general view is presented. The focus is first on the structural factors affecting collaboration.

6.5.1. Structural Factors

6.5.1.1. Motives for collaboration. Motives for the care sector to work together with farmers varied between the four examples. The aim of the directors of the three organizations that were successful in implementing care farm services is to expand services in order to meet the needs of their clients and provide community-oriented services. They acknowledge that youngsters and addicts benefit from being on the farm. This was expressed by one of the directors as: “I believe that some children benefit from being active; digging in the soil, working with the animals, instead

of talking in a therapeutic environment. This is a great mixture that can sometimes solve complex problems.”

In line with the notion of adaptive efficiency, the interviewees argued that care farm services could be developed faster and with less effort when working together with the farmers. In line with the resource-based theory (Pfeffer and Salancik 1978), collaboration provides care organizations and farmers with access to attractive resources and skills. Farmers gain access to funding for the care services they provide. Two directors also acknowledged other values of the collaboration. One of them indicated that collaboration helped him stimulate entrepreneurship within the organization, while it allowed one of the others to change the inward-looking culture of his organization. As one of the directors noted, “P. was the entrepreneur. He made the contracts with the farmers and was keen on the costs and benefits and presented it as an attractive product. This attitude changed the dynamics in our organization in a positive way.”

The manager of the youth care organization in Limburg was clear on the main motivation for the organization to take part in the project: “Do you want a true answer concerning the motivation? This was money, much more than curiosity or the interest to develop something new.” This manager did not recognize the added value of collaborating with farmers. To her, care farming was a novel, externally generated idea that could only be adopted when it met the strict quality protocols of the care regime.

6.5.1.2. Legitimacy in the care organization. Whatever the motives were on the side of the initiators, in all cases, they had to legitimize their initiative in the eyes of collaboration partners as well as others involved. Although differences in the legitimacy of the collaboration within care organizations were found, no relationship between the year the initiatives started and their legitimacy was found. In the case of Novafarm, a lack of legitimacy in the perspective of the employees was caused by the newness of the initiative. The incumbent regime focused on treating rather than rehabilitating addicts. Legitimacy increased due to the participation and positive experiences of the clients, support from the director, and the positive financial results of Novafarm. In the case of youth care farms in Overijssel and Noord-Brabant, legitimacy was not a real issue as

employees had positive experiences with collaboration with nonprofessionals in the community. In the case of youth care farms in Limburg, the degree of legitimacy varied. Employees involved in experiential learning stressed the qualities of farm projects. A lack of legitimacy from the perspective of the manager was due to her belief that farmers simply were unable to provide high-quality care.

6.5.1.3. Finding funding structures. In all cases, an important task is to link the initiative to existing financial arrangements and to persuade funding bodies to stretch existing regulations if necessary. The experiences showed that there was some tension between existing regulations and care farm services. However, the support of the director of a care organization was sufficient to solve these problems.

The broader institutional context had an impact on these efforts. Except for the youth care farm initiative in Noord Brabant, the initiatives were started with the support of provincial and European funds, which shows that initiatives were considered innovative and in line with policy objectives. Novafarm in Noord Brabant and the youth care farm initiatives in Overijssel and Limburg were strongly supported by the agricultural deputies of both provinces, who saw the initiatives as promising examples of the multi-functionality of agriculture. The director of the youth care organization in Overijssel indicated that provincial support was crucial to the development of the youth care farm initiative. In Overijssel, the youth care farm project was started under the supervision of the agricultural sector instead of the youth care sector. The youth inspection agency, a dominant regime actor, insisted that the pilot project of youth care farms should be implemented by a youth care organization—a recommendation that was adopted by the province. This shows the power of regime actors to incorporate new initiatives in current structures.

6.5.1.4. Organizational culture. Concerning the more direct structural context, it was especially the organizational culture of the care organization that mattered. The managers of care organizations that implemented the care farm services all indicated the importance of innovative projects to their organization in meeting changing demands from users and regulations, indicating that they appreciate employees who

can work independently and have an eye for new developments. The managers acknowledged the value of nonprofessionals and were motivated to persuade funding bodies to stretch existing regulations to make the innovative service possible. In other cases, a less innovative organizational culture was found. In the case of Novafarm, colleagues of the initiator were not open to change and expressed skepticism. The youth care organization in Limburg that terminated the youth care farm initiative focuses on the limitations set by the directives of the cost structure of the youth care and strict quality protocols that are part of the care regime. The manager had very strict ideas about good quality. In her view, services on farms could not be seen as youth care, as it would never meet the quality standards: “According to the quality standards a care provider needs to have a specific education. Farmers don’t have this. You give them a role they should not have.”

6.5.2 Agency

The focus in this section is on the agency of boundary spanners. Two types of boundary spanners were identified. The first type is the initiator of the different examples described. The second type is the top-level management of the care organizations. First the role and behavior of the initiators of collaboration and the interaction with structural factors are discussed.

6.5.2.1. Actions of initiators with different backgrounds in different contexts. Initiators need to link the initiatives to the objectives and culture of the care organization and frame them as solutions to problems in the organization—for example, a need for community-oriented services and a reduction in costs or waiting lists. They also have to develop a trusting relationship with the farmers. Initiators with an agricultural background are outsiders in the care sector. The challenge they face is to find a care organization willing to adopt and implement their project. To do so, they need to be familiar with the culture of the care organization. When the initiator is an employee of the care sector, the challenge is to develop a good relationship with farmers and their organizations. Commitment, strategic skills, and the competencies and knowledge needed to link the two domains are crucial success factors. The examples showed a diversity

of challenges facing initiators. The initiator of Novafarm faced a lack of legitimacy because the incumbent regime of the addiction care sector focused on the treatment of clients rather than on their rehabilitation. He contacted clients directly to persuade them to take part in the farm project. Clients became enthusiastic and persuaded others to join as well, and the high number of participants led to positive financial results. The initiator developed a trusting relationship with the farmers by being open and honest about the project. He held frequent meetings with managers to keep them informed and involved. Finally, he was very successful in generating publicity. The services provided on farms to (recovering) addicts were new, and journalists were interested in this phenomenon. Due to the enthusiasm of clients, farmers, and management and the positive media attention, Novafarm gained legitimacy within the organization, as indicated.

The following statements from the initiator of Novafarm show how he managed to increase his organization's legitimacy: "I had a lot of ideas about working with wood, cooking, and walking. When I started, my colleagues said he is completely crazy. You were supposed to give medication and talk with clients. However, my clients found it great and I loved it as well. After we received the AWBZ (Algemene Wet Bijzondere Ziektenkosten; a law on collective health insurance for costs of long-term care) accreditation, the economic unit became enthusiastic because from then on we received more money than we spent. It was also good public relations. So when I asked for something it was never a problem."

The initiator of the youth farm project in Noord Brabant also showed entrepreneurial competencies. He faced less opposition within the organization due to earlier experiences with collaboration with farmers in France, and the management had high expectations for the collaboration with farmers in the region. In this case, the challenge was to reduce costs. The initiator had the power to change the farm program in France and meet the financial targets. Thanks to the transfer of youth clients from expensive residential settings to care farms, the initiator was able to generate considerable profits for the organization. Like the initiator of Novafarm, he developed a video and generated publicity to gain support from the office for juvenile care. The youth farm project in Overijssel was

initiated by an employee of the agricultural innovation organization. She was successful in presenting youth care farms as a solution to waiting lists in the youth care sector. As an employee of the province put it, “The diversity of the services in youth care is rather limited and we had this waiting list. We had positive experiences with care farms and realized that farmers could contribute to youth care in a structural way. Not in an institution but on a real productive farm.” Initially, the youth care farms were developed without the involvement of youth care organizations, which generated opposition among some youth care organizations. Thanks to the commitment of the project leader and her expertise in the youth care sector, she managed to get one of the youth care organizations interested in adopting the project. She was committed and competent in linking the youth care farm project to the objectives of the youth care organization.

The youth care farm project in Limburg was also initiated and led by an employee of the agricultural innovation organization. However, she lacked sufficient knowledge of the youth sector. The project was set up to deal with drop-outs from school. The schools and youth care organization were not really interested. The lack of involvement of the youth care sector was the major problem. There was no communication with managers of the youth care organization. The project leader did not manage to present the youth care farms as an attractive facility to the youth care organization or to link it with their objectives. The youth care organization manager said that, “theoretically I could link it with our PEL (Project Ervarings Leren; project experiential learning) program where youngster(s) can live on the farm, but in practice it did not work because the initiative was not interested in this option.”

6.5.2.2. Support of top-level management. Next, the role of the top-level management is elaborated. Active support from the top-level management of the care organization appeared to be crucial when it came to developing collaboration and implementing farm services in the care organization. Management needs to support the initiative in the organization and the wider care regime. An important task is to link the initiative to existing financial arrangements and to persuade funding bodies to stretch existing regulations if necessary. Initially, management support is crucial,

especially when the new services lack legitimacy within the organization. The manager should give the initiator sufficient freedom and explain to employees why the new service is important to the organization. It is crucial to realize structural funding for the new services. Commitment on the part of management and funding organizations (province or health insurance company) to realize structural financing of the new services after the pilot period is crucial to the continuity of the services. The role of the director was expressed by one of the directors as: “My role was being very active. Showing that the board of advice supported the initiative. We sold it to health insurance companies and to the province (which was not so difficult). And we sold it as something useful in our organization.”

To summarize, structural factors varied between the four cases. In the three successful cases, the initiators generated mutual understanding and trust between the initiative, top-level management, and farmers. In these cases, the combination of commitment and competencies of the initiators and support from top-level management resulted in successful collaborations. This leading coalition managed to overcome obstacles. In the unsuccessful case, understanding and trust between the agricultural initiator and the youth care organization did not develop, and there was no support from top-level management. Table 3 provides an overview of the characteristics of the structural and agency factors in the four cases.

Table 3. Characterization of the structural and agency factors affecting collaboration in the four cases.

Initiative	Youth care Overijssel	Youth care Limburg	Youth care Noord Brabant	Novafarm
Structural factors				
Motives for collaboration	Better services Entrepreneurship Reduction waiting lists	Financial	Better services	Better services Outward orientation
Culture Care organization	Open for change	Focus on protocols	Open for change	Open for change and skepticism
Obstacles	Skepticism youth care organizations	Lack of interest among partners	Financial arrangements	Skepticism colleagues
Legitimacy	High	Mixed	High	Mixed
Broader institutional context	Supportive	Supportive	Supportive	Supportive
Agency factors				
Characteristics Boundary spanning initiator	Committed Knowledge Strategic	Lack of knowledge Lack of communication	Committed Embedded in organization Entrepreneur	Committed Communicator Strategic Entrepreneur
Support top-level management	Yes	No	Yes	Yes

6.6. Discussion and conclusion

The objective of this study was to describe and analyze different examples of collaboration between care organizations and farmers at a regional level and to better exemplify how the interaction between structural and agency factors can affect the collaboration process. Examining the role and behavior of boundary spanners in different situations helped to show the pivotal contribution of individual actors in cross-sector collaboration processes in different contexts.

Contrasts in types of partnerships and organizations by including different care sectors (youth care and addiction care) and different types of initiators (employees of an agricultural or a care organization) provided successful examples of collaboration and the success of the partnership. In this examination, it became clear that the commitment and actions of initiators and top-level management determined the success of the collaboration. The first type of boundary spanner identified is the initiator of the different examples described. Linking the initiative to the objectives of a care organization, dealing with power from actors in the regime, and dealing with a lack of legitimacy are important challenges facing initiators. When the initiator is an outsider, the challenge is to find a care organization willing to adopt and implement the project. Such an outsider has to be familiar with the culture of the care organization. Another important task is organizing support from management and informing them about the progress of the process. The most pressing challenges varied between the cases. Examples are a lack of legitimacy among colleagues and a need to reduce costs. The cases confirm earlier research that boundary spanners need to possess a variety of competencies and be able to perform a variety of strategies (e.g., Bayne-Smith et al. 2008).

The second type of boundary spanner is the top-level management of the care organization, which may help create the conditions for these novel community practices. Boundary-spanning managers should identify the collaboration as an opportunity for the care organization, give the initiator sufficient support and freedom, and take the lead in realizing structural financing of the new services after the pilot period. In some cases, the director is important when it comes to increasing legitimacy

within the organization. Initiators of collaboration should develop a leading coalition in the care organization, which is in line with lessons from implementation studies in health care organizations, which emphasize the importance of strong leadership and commitment for a successful implementation. This should result in coalitions within the organization with the authority and expertise to favor implementation and provide ongoing support. An important task is linking initiatives to legitimizing organizational goals and values or to the solution of organizational crises. Values and culture that support change, monitoring performance and circulating results to all relevant parties, and the development of self-sustaining subcultures of communities of practice are other important success factors (Caldwell et al. 2008; Marshall et al. 2008).

Collaboration and implementation are generally seen as the interplay between agency (in our study, the actions of boundary spanners) and structural factors like existing regulations. It is a process driven by interpersonal relationships influenced by facilitating factors and barriers in organizations and systems (Bunger 2010; Noble 1999; Williams and Sullivan 2009). In line with Williams and Sullivan (2009), the study confirms that personal commitment and trust make collaboration work in any type of structure. In addition, in cases of newcomers, not only are commitment and trust between the initiator or employee of the care organization and farmers crucial, but commitment on the part of top-level management is also crucial. Because the use of farmers in the care sector is so new, it creates an a-priori lack of legitimacy. This makes collaboration with established care organizations more complex and challenging than collaboration processes between more equal and related organizations that have been described in previous studies. This is a major reason why in this study real commitment and support of top-level management were crucial for success.

The support of top-level management is related to the culture of the organization and the derived objectives and vision of the management. Managers of care organizations can adopt different interpretations of policy language and act on the basis of different meanings attributed to policy objects. For three organizations, the collaboration with farmers linked with the policy objectives to deinstitutionalize and socialize their

care facilities. The managers of care organizations that implemented the care farm services all indicated the importance of innovative projects to their organization in meeting the changing demands from users and regulations. The managers of the youth care organization in Limburg and the youth inspection agency in Overijssel focused on quality care and on implementing quality and risk protocols. In their view, this was important as farmers had no professional background in providing care. This is in line with the findings of Buchbinder and Eisikovits (2008) and Makaros (2011) that conflicting ideologies make collaboration difficult and with Noble (1999), who argues that managing the implementation process generally requires a strategic consensus and the presence of a driving force in the organization.

The cases examined show the importance of linking an innovation to the broader care and agricultural regime. In the care sector, the liberalization and socialization of care and the empowerment of clients are important supportive developments (Beemer et al., 2007). In the agricultural domain, farmers face worsening economic perspectives due to intensified competition, decreasing prices of agricultural products and animal diseases, and changing demands in society. This has stimulated the development of new social, economic, and environmental activities, as well as associate regime elements under the framework of multifunctional agriculture (Meerburg et al. 2009). These developments were a major reason for policymakers from both the care and agricultural domains to support care-farming initiatives. The successful initiatives were actively supported by powerful regime actors and fund providers, like the provinces, the ministry, and the health insurance companies. These regime partners need to stretch the boundaries of existing regulations to match collaboration with farmers to existing regulations in the care sector.

A limitation of this study is the limited number of cases and the restriction to care-farming initiatives. Only one initiative that was not successful was found. The support of the policymakers from the agricultural domain contributed to the success of the agricultural-oriented initiatives. It is not clear if other types of community-oriented services experience the same kind of support. In addition, the social and care sectors face serious budget cuts and increasing demands for participation

of service users in the local community. This puts extra pressure on collaboration processes. Future research should incorporate the impact of these developments on collaboration processes and include a larger number of cases incorporating other types of community-oriented services involving other sectors.

The study has provided insight into how the interplay between agency and structural factors affects collaboration and implementation of novel services in care organizations. Specific roles and tasks for initiators and directors of care organizations and strategies to deal with obstacles were identified. Moreover, the organizational and wider-context structural factors defining the space for collaboration and implementation were identified. This study has several implications for practitioners and policymakers in the social and health care sectors. The cases show the variety of obstacles boundary spanners may encounter in the collaboration process with external partners and the competencies of boundary spanners, as well as the actions and kind of support that are important for a successful collaboration. Policymakers should investigate motives for collaboration before giving support to initiatives. They should only support initiatives that are adopted by the management of care organizations and that are in line with their objectives. Once identified, collaborating partners should be given the freedom, support, and confidence to accomplish the task, which would prevent frustration among initiators and increase the efficient use of financial resources.

Conclusions and implications

How the care farming sector developed

In this study, I have examined how the new sector of care farming emerged much more quickly than one might have expected beforehand. Most care farms were initiated by farming couples. They faced the challenge of having to enter the care sector, establishing themselves as caregivers and gaining access to care budgets. Literature on multifunctional agriculture shows that starting new non-farming businesses is challenging for farmers and many of them feel not capable or comfortable leaving the farm and crossing the boundary between agriculture and another sector (Seuneke et al. 2013). Most farms are family owned and managed, and have been passed on from parents to their sons and daughters over generations, which means that the cycle of family life, culture, logics and routines plays an important role in the development of on-farm multi-functionality (Gasson et al. 1988; Jervell 2011). After years of parental production-oriented thought and action, successors are likely to face challenges when they try to push the farm towards a stronger degree of multi-functionality (Wilson 2008). In addition, traditional farming organizations are not well prepared to help farmers in this boundary-crossing task (Clark 2009). This will especially be a constraint when it comes to realizing radically new types of activities, like care farming, where farmers have to connect to the care sector, a sector with which most farmers are not familiar. Yet, the most pressing challenges shown in this study and identified in meetings with the main stakeholders in the care farming sector were bridging the gap between the agricultural and care sector and becoming embedded in the care sector, developing sustainable financing structures, and developing professional organizations and legitimacy (Blom and Hassink 2008).

In light of these challenges, it is remarkable to see that the care farming sector in the Netherlands has developed so rapidly. Although care farms initiated by the care sector faced fewer boundary-crossing challenges, they had to work hard to establish themselves firmly. The aim of my study was to find out how it was possible that this new sector could

develop so quickly. In this first section, I will give a first, rough account, using the Multi-Level Perspective from transition studies as the main explanatory framework. I will then successively discuss some issues that can use a more specific explanation, drawing on other concepts from a variety of studies. In doing so, and in line with the scientific objectives set in the Introduction, I will articulate the implied enrichment of the MLP.

Overview of the development of the care farming sector in the Netherlands

Let me start with a brief outline of how the sector developed, using the basic concepts from transition theory's multi-level perspective (see Introduction) as a canvas. The story is one of different types of care farms developing over time, starting with pioneering activities by entrepreneurial farmers and health care professionals in niche experiments, the creation of supportive regime structures by the care farming sector and regime changes that affected the development of the sector. In the first chapter, where I tried to gain a better understanding of the interaction between agency on the one hand, and existing and developing regime elements at local, regional and national level on the other, I identified two phases in the development of the sector.

In the pioneering phase, financing structures, cognitive and sociopolitical legitimacy and support structures were lacking. In that situation, two different groups of initiators established care farm, the first of which were initiatives that started as early as the 1970s and 1980s. They were committed and idealistic pioneers, mainly with a background in the care sector, inspired by the societal changes that started in the 1960s. Although they faced a lack of legitimacy and mismatch with incumbent financing structures, their living-working communities developed into professional organizations with their own 'AWBZ accreditation' to ensure funding from the health sector's AWBZ funds. They required exceptional entrepreneurialism to succeed.

The second group consisted of farmer families, who started care services on existing family farms from the end of the 20th century. In most cases, farmers' spouses, often with a background in the care sector, took the lead. They were committed to starting their own business on the farm and

used their network and experience. Most of these farms developed into professional care farms, with a focus on providing care or combining professional care with professional agriculture. They are examples of what Wilson (2008) calls ‘strong multi-functionality’. These initiators required commitment and entrepreneurial behavior to succeed. This development coincided with the changing focus in agricultural policy towards stimulating entrepreneurship and support for multifunctional agriculture (Veerman, 2006).

After this pioneering period, support of ministries and activities of the National Support Centre of Agriculture and Care stimulated the legitimacy of the care farming sector (chapter 1). This development and changes in the care regime, made it much easier for care farmers to get started. A range of new care farmers benefitted from the broad availability of personal budgets for clients (Dutch acronym: ‘PGBs’), enabling care farms to make direct contracts with people in different client groups (chapters 1, 3, 4). PGBs became available to different client groups after 2003, under pressure from the client movement. Another important regime change in the care sector, brought about by the liberalization that came with neo-liberal reforms (Bevir 2010; Pollitt 2003), meant there were more opportunities to acquire an AWBZ accreditation since 2002, which were exploited by the care farming sector. At least as interesting is the fact that they also were taken up by regional organizations of care farms with an AWBZ accreditation, establishing themselves in the 2000s (chapter 5), forming a new regime element that had direct access to budgets of health insurance companies. In addition, various care organizations became interested in working together with groups of farmers at regional level, thanks to the increased legitimacy of care farms and successful examples of inter-sectoral collaboration (chapter 6). This is another new and supportive regime element.

These changes stimulated new types of initiators entering the sector (chapters 1, 3, 4). First, there were (former) employees of the care sector who were dissatisfied with the bureaucratization of the care sector and the limited time they could spend with their clients, so they decided to start their own care farm. Another group contained inspired people involved in multifunctional farming as advisors or researchers. Generally

speaking, the latter two types of initiators generally developed care farm with a focus on providing care. The broad availability of PGB's was an important change in the care regime, contributing to the development and diversity of the care farm sector.

The support structures opened up the sector to a new type of care farming families (chapters 3 and 4): those who lacked the entrepreneurial skills required in the pioneering phase. They were supported by regional organizations of care farms or care institutions motivated to work together with farmers. In most cases, the care activities were limited and the focus remained on agricultural production. As their focus remains on agricultural production, these care farms are examples of so-called 'weak multi-functionality' (Wilson, 2008). Their challenges to connect to the care sector were solved by support organizations, so that less commitment and entrepreneurship were needed than during the pioneering phase to establish a care farm. These supportive regime elements stimulated the establishment of care farms that were thus able to maintain their agricultural identity.

Changes in the care regime, like the introduction of PGB's, and opening up to new suppliers, new regime elements, like the regional organizations of care farms, had created a fertile ground for fast growth. In addition, strategic behavior of stakeholders in the care farming sector made this growth actually happen, creating a very diverse sector with different client groups, different types of initiators (with different backgrounds, objectives and competences) and different types of care farms, ranging from weak multi-functionality (focus on agricultural production) to strong multi-functionality (focus on care). Since 2003, the later entrants faced less problems and generally speaking needed fewer entrepreneurial skills due to increased legitimacy and the widespread availability of PGB's. They could rely on support from different organizations at regional and national level and benefitted from the new regime elements and changes in the existing regime of the care sector. Some of the farmers who opted in favor of weak forms of multi-functionality were not well-prepared for their new role. The established support structures in turn formed new regime elements that were important for the subsequent development of the care farming sector and

made it possible for less committed and skilled initiators to start a care farm (chapters 3, 4).

In the final two chapters, I focussed on the different types of support structures that developed. My main research question was how these new support structures could develop and what kinds of actions were needed. In chapter five, I focussed on the regional organizations of care farms and selected two contrasting examples: BEZIG and Landzijde. BEZIG is a cooperative initiative of existing care farmers with limited central coordination. Landzijde is the initiative of an individual entrepreneur with a strong central coordination. I described and analysed how the strategies of these two different regional care farming organizations are translated into entrepreneurial behaviour, organizational identity and legitimacy, and help provide access to care budgets. I found that entrepreneurial behaviour was important reaching the objectives and successfully developing regional organizations. Developing a positive identity and legitimacy required entrepreneurial agency and institutional work (chapter 5). Institutional legitimacy was acquired by meeting all the formal requirements of the health insurance companies. Hiring professional employees with knowledge of the procedures in the care sector was an important element in this respect. Innovative legitimacy was obtained by developing innovative services that met client needs and by framing the organization as a flat and dedicated organization with a focus on the requirements of the customers and the development of innovative services.

In chapter six, I focussed on collaboration initiatives between care organizations and groups of farmers at the regional level. I compared initiatives by different actors, for different client groups, and in different regions. I described the processes of collaboration and implementation of care farm services in the care organization and identified factors that affect the success of the collaboration, with the aim of gaining a better understanding of the kind of actions needed to establish a successful collaboration. I found that committed and strategically operating initiators, who could connect the care farm initiatives with the objectives of the care organization, were likely to be more successful. Support from the top management of the care organization was also necessary for success. I

found that care organizations adopted different kinds of logic. One care organization focused on quality protocols, which inhibited a successful collaboration with farmers. Successful collaboration between farmers and care organizations developed where care organizations felt the need to develop innovative services in response to changing user demands. Support from the top management level for this collaboration was crucial to the success of the care farms.

Transition theory and MLP

As we have just seen, the multi-level perspective appeared helpful in understanding how the regime changes came about. It helped to show how, first, pressures on the dominant regimes in the agricultural and care sectors resulted in regime changes and, second, how these changes led to opportunities for care farming initiatives. In addition, new supportive regime elements were created by actors of the care farming sector. Finally, support from the players in the agricultural and care regimes was also important. A detailed analysis of the care farming sector makes it possible to analyze interactions between landscape pressures, regime adjustment and niche initiatives from two different domains, agriculture and health care, resulting in so-called transition pathways. As Geels and Schot (2010: 78 ff) have shown on the basis of historical case studies, there are different possible transition pathways, representing different forms of complex interplay between a dominant regime, competing niches and changes at landscape level that may yield a transition.

Pressures on regimes in the agricultural and care sectors

At landscape level liberalization, deinstitutionalization and societization of care, empowerment and participation of clients and a focus on the patient's possibilities rather than limitations were important developments in the care sector (Nygren et al. 2005; Antonovsky 1987; Fienig et al. 2011). While the system as a whole changed only incrementally, this created an interest among some more innovative actors for novel practices, meeting these challenges. In the agricultural sector, important

developments were increasing concerns about the environment, food safety, animal welfare and falling prices that undermined conventional agriculture (Meerburg et al. 2009; Vereijken 2002). This triggered a search for alternative sources of income for farmers; multifunctional agriculture being the collective term used to describe a range of combinations of primary production with other activities.

Regime changes

The pressure on the dominant regimes in the care and agricultural sectors stimulated interest in new directions and experiments, like care farming. In turbulent times, alternative voices may be heard (Sundin and Tillmar 2008) and there is room for innovative responses drawing on existing and new institutional logics (Skelcher and Smith 2015). Existing regimes in the care sector opened under external pressure and offered opportunities to care farmers. Personal budgets became available under pressure from client organizations, while the neo-liberal paradigm opened the care sector for new suppliers. Against the background of the quest for alternative, multifunctional business models, the Ministry for Agriculture supported the care farming sector. Thus, a de-alignment/re-alignment pathway was initiated (see introduction and Geels and Schot 2010), in which the de-alignment of the agricultural and care regimes, especially since around 1980, was followed by a re-alignment in the past twenty five years.

Creation of new regime elements

Further re-alignment resulted from new regime elements. New organizations were established, like the national support center and regional organizations of care farms, which, together with the provisions they created, strategically form new regime elements, using the opportunities that were generated by changes in the care regime. The national support center, initiated by the Ministries of Welfare and Sports and Agriculture in 1999, managed to position care farming within the framework of the care sector, which resulted in a dispensation for care-bound sales tax exemption of individual farmers. It created elements of a new (niche) regime. An infrastructure for the exchange of knowledge

between farmers and organizations in the agricultural and care sector was established through the support organizations for care farmers at the national and regional level.

This led to further regime elements contributing to the legitimacy of care farming and connecting the agricultural and health care sectors. A clear example was the development of a quality system for care farms initiated by the national support center, which was accepted by most farmers and increased the legitimacy of care farms. Regional organizations of care farms were transformed into professional organizations, in line with the guidelines of health insurance companies. They hired professionals with sufficient knowledge of the care sector and obtained an AWBZ accreditation, which gave them direct access to care sector budgets care sector. They were recognized as being innovative by health insurance companies, as was shown in chapter 5. Thus, what we have seen here is not merely re-alignment of either of the regimes, but also a form of interconnection of hitherto separate sectors. This inter-system pathway, leading to a change of the functional differentiation between pathways, is more radical than the re-alignment or re-configuration (adjustments in the basic architecture) of a single regime (Geels and Schot 2010).

Support from regime actors

The development of the care farming sector was supported at a national level by the Ministries of Agriculture and Health care (financing the National Support Centre of Care Farms and specific projects stimulating the professionalization of the sector), at a regional level by various provinces (budgets for investments in care farms and for the establishment of regional organizations of care farms). Influential organizations, like ZLTO and LTO Noord and people like agricultural deputies in various provinces, actively supported care farming initiatives. They were especially important in the pioneering phase (chapter 1, 2) to enable the move from de-alignment to re-alignment. This study has shown how that move may occur. As legitimacy increased, an increasing number of care organizations became interested in working together collaborate with care farmers at a local and regional level (chapters 4 and 6). This support was

provided because care farming could bring new opportunities for dealing with the perceived need in the care sector to promote societization and diversification of care, and the desire on the part of the agricultural ministry to help create business opportunities for farmers and preserve the rural landscape. This shows how the care farming sector benefitted from multi-regime dynamics, because, in analogy with Raven and Verbong (2007), care farming (being a niche innovation) is linked as a solution to the health care and the agricultural regime.

Drawing on the MLP, we have thus seen how the existing regime structures actions, and how actors are not only affected by but also change the structural context. Examples are the national support center and the regional organizations of care farms, which both developed a strong structure at a national and regional level that supported farmers in developing care farms. Both organizations affected the direction in which the sector developed. The handbook and quality system developed by the support center showed new care farmers how to develop their care business. Due to the support from regional organizations, a new group of care farmers entered the sector who did not have the ambition to develop the care business themselves. Initially, new organizations like the Support Centre made use of opportunities in the care regime, e.g. the access to personal budgets and dispensation for care-bound sales tax exemption. The Support Centre and the regional support structures (new regime elements) became embedded in the care regime.

In later phases, care farm organizations were allowed to develop their own quality standards, and care organizations working together with farmers were allowed to stretch existing regulations to make collaboration with farmers possible. This shows how niche players became embedded and influenced the dominant care regime and how and what kind of agency was crucial in the re-alignment process, bringing together elements of both agricultural and care regimes.

To conclude, the multi-level perspective was helpful in understanding the development of the care farming sector. It explains how pressure on the care and agricultural regimes resulted in regime changes that were beneficial to care farmers, like the introduction and broadening of PGBs, and how it offered opportunities for strategic operating actors to

create new supportive regime elements and generate support from influential regime actors. It shows how existing regimes and actions shaped each other. Important findings of my study are i) that strategic behavior of different types of agency at a local, regional and national level was important to the development of the care farming sector, especially in the pioneering phase and ii) that a ‘flywheel’ of mutually reinforcing actions at a local, regional and national level and corresponding beneficial changes in existing regimes was created, which stimulated the development of the new sector.

Further research into other inter-system pathways is important, adding to transition theory (Geels and Schot 2010: 78) and providing more insight into one recurring sort of transitions, the re-combination of regimes beyond earlier functional differentiations (other examples include, for instance, integral water management, transcending the differentiation between water management and spatial planning, and the emergence of regimes around firms that become prosumers rather than consumers of energy).

A governance perspective on the emergence of care farming as a novel sector

If we switch perspective from a transition dynamics towards a transition governance perspective, it is important to take a closer look at the role of agency and see the development of these transition patterns as a combination of mutually reinforcing developments and actions (Grin et al. 2011). Pressure on the care and agricultural regimes created opportunities for new initiatives like care farming that were in line with the objectives of both regimes. Strategically operating and committed actors in the care farming sector at a local, regional and national level, and supporters from the agricultural and care sector used the increased opportunities and increased legitimacy to create new regime elements that helped existing care farmers and new entrants.

This was only partly a matter of co-incidence. Most developments were actively aligned to each other by key actors with a capacity to

influence the regime and novel practices, respectively - what Grin (2010) has called dual track governance. Interestingly, it was pioneering entrepreneurs who created the conditions where such 'translations' (Smith 2007; Smith and Raven 2012) could take place. Initially, these were mostly ad hoc, but over time more arrangements emerged. The initiation of the support center was the outcome of national meetings organized by committed pioneers, LTO and a youth care organization that recognized the need for such an organization to embed care farming in society and policy, stimulate the exchange of knowledge, information and experience, create networks at a national and regional level, and develop guidelines. Regional organizations of care farms developed into professional organizations when the care sector was liberalized and new entrants could obtain an AWBZ accreditation.

This 'dual track governance' induced a 'flywheel' of mutual reinforcement between changes at various levels connections are brought about by regime elements tailored to societization and agents at the regime level supporting this development, and the agents involved in innovative practices sharing this vision (Grin 2012). It meant that agents who are engaged in regime changes and innovative practices recognize the ways in which their efforts may be fruitfully related to each other as well as to exogenous developments. It is interesting that from my study gives a detailed description of how policy and institutional actors and innovative practices at a local, regional and national level interact and strategically use beneficial exogenous developments. What this study has added is that it discusses 'dual track governance' through actors from two different sectors, who managed to present care farming as a solution to both the care and the agricultural regimes. Their challenge thus becomes a 'three body' problem; simultaneously, this also offers them more opportunities to meet that challenge. One case in point is Landzijde receiving support from the province for preserving the landscape, from the health insurance company and from the city of Amsterdam for their innovative approach to supporting vulnerable citizens (Chapter 5). Other cases were discussed in chapter six, where the collaboration between care organizations and farmers was linked to objectives of care organizations and support from provinces and health insurance companies

My analysis also reveals an inter-system pathway that interconnects hitherto separate sectors and may be seen as a separate pathway, to be added to transition theory. When we look at agency, we see how this has been focused on a re-alignment of the agricultural and care regimes in the past twenty five years of formerly de-aligned regimes. However, if we really want to understand agency, we need to move beyond existing MLP-based theory.

Further developing the Multi-Level Perspective

My study showed that MLP does not have sufficient conceptual tools to understand agency and has examined multi-system transitions to a limited extent only. Therefore, it can only provide a general understanding of the development of the care farming sector. My findings confirm arguments that we need to take a close look at agency (e.g. Smith et al. 2005; Genus and Coles 2008), that interactions between agency at niche level and regime level are not well understood (Smith 2007; Elzen et al. 2012) and we need to know more about interactions across system boundaries (Raven and Verbong 2009), which is why I have enriched the MLP with other elements to better understand agency and interactions across system boundaries.

Better understanding agency in MLP using entrepreneurship, institutional entrepreneurship and social movement theory

Exploring literature that contributed to better understanding agency in transitions, I found that different types of literature were important to enrich and better understand agency in multi-level dynamics. Entrepreneurship literature was helpful in understanding the necessary behavior of care farm initiators to be successful, especially in the pioneering phase, when adequate financing and support structures, and legitimacy were lacking. These pioneers required exceptional entrepreneurial behavior to be successful (Chapter 4). Initiators developed a variety of successful types of care farms, including living-working communities, care farms specialized in youth or elderly care, and care

farms hosting different types of client groups. The examples described in chapter 4 confirmed that entrepreneurship involved opportunity identification and exploitation, developing development of ideas into valuable business propositions and pulling resources together (Anderson and Jack 2000; Shane and Venkatamaran 2000). Opportunities were discovered and actively created by entrepreneurial efforts (Short et al. 2010). In line with earlier studies (Cope and Watts 2000; Elfring and Hulsink 2003). I found that important components of the entrepreneurial process were strategy-making and networking. Especially in the pioneering phase, networking to enlist the support of influential people was important to overcome resistance among established actors in the care sector.

Insights into institutional entrepreneurship were helpful in understanding the tasks and success of initiatives at a regional level since 2000. An important insight from institutional entrepreneurship (Garud et al. 2007), illustrated in the Landzijde case in Chapter 5, is the importance of combining entrepreneurial tasks, like opportunity identification and exploitation, and institutional tasks directed at institutionalizing new practices, to the success of an initiative. The director of Landzijde developed new valuable business propositions and pulled resources together. He was a leader with a clear vision and a good story, willing to learn and innovate. Due to his broader interest beyond his own topics and relational competences, he was able to link his organization to the objectives of stakeholders in the environment (e.g. Streetcornerwork, the health insurance company and the City of Amsterdam) and to develop mutual understanding, trust and respect. This resulted in a long-term inter-sectoral collaboration with different types of organizations. Thanks to his strategic actions (e.g. development of innovative services solving the problems of the city of Amsterdam and offering professional care at a lower cost rate than other organizations), he managed to develop a strong position in the health care and reintegration field. At the same time, institutional actions were crucial. He had to establish a professional organization that met the standards of health insurance companies if he was to acquire their support. Institutional entrepreneurship provided additional insight into the challenges involved in creating new institutions

or transforming existing ones, and changing particular institutional arrangements, as is the case with the establishment of regional organizations of care farms (Maguire et al. 2004; Levy and Scully 2007). Thus aspects of institutional entrepreneurship, like framing, persuading and political skills (Rao 1998; Strang and Meyer 1993; DiMaggio 1988), are helpful in understanding the success of Landzijde. Entrepreneurial behavior is the key in creating a trustful and appealing identity, establishing innovative and institutional legitimacy and providing access to budgets of the institutionalized care sector. My study showed that, in order to be successful at regional level entrepreneurs need to combine entrepreneurial behavior with institutional work, resulting in to an innovative and at the same time professional identity. In addition, institutional entrepreneurs have to reconnect different sectors, a specific challenge in case of inter-system pathways.

Social movement theory was helpful in understanding how collective action came about since the second part of the 1990s. It shows the importance of creating an appealing identity and appropriate structure to unite isolated initiative into a powerful movement. Initially, foundation Omslag, an organization of idealists, united organizations in the late 20th century (Chapter 1) and created a strong identity of counterculture that was critical about mainstream agriculture and mainstream care. This gave a voice to the pioneering care farmers. The Support Centre, which was set up in 1999, generated a lot of publicity and strengthened links with the health care sector. The Support Centre successfully framed care farms as innovative services that contributed to policy objectives like normalization and socialization of clients. Collective action was also important with regard to creating new structures (like regional organizations of care farms and the national federation of care farms) that stimulated the development of the care farming sector.

Better understanding interactions across system boundaries

A second issue in transition theory and MLP is the lack of attention they give to interactions across system boundaries. The specific context of this innovation, developing between and on top of two established sectors, addressed some additional challenges that need to be better understood to

gain a good understanding of the development of the care farming sector, and can contribute to MLP. I needed additional concepts, from differing theoretical fields, to understand how small niche experiments could develop into a successful sector by crossing system boundaries and linking two different sectors. Based on the results presented in the different chapters, I identified four challenges that needed additional explanation: connecting sectors, overcoming a lack of legitimacy, becoming embedded and dealing with different types of logic. I will now discuss the main challenges and new insights from my study and how they contribute to MLP.

Understanding Challenge 1: two different sectors

The first challenge is the boundary-spanning challenge of connecting two different sectors. It may seem remarkable that so many actors were able to link the agricultural and care sectors, given that many farmers feel unable or uncomfortable leaving the farm and crossing the boundaries of agriculture. Seuneke et al. (2013) have pointed to this dilemma, arguing that it takes time to learn to cross the boundaries of agriculture and develop another identity. Generally speaking, farms are family owned, managed and passed through from parents to their children. Therefore, the cycle of family life, culture, logics and routines plays an important role in the development of on farm multi-functionality (Gasson et al. 1988; Jervell 2011). After years of parental production-oriented practices, successors are likely to face challenges when they attempt to push the farm towards greater of multi-functionality (Wilson 2008).

A new insight from this study is that the care farming sector benefited from a number of actors who were crucial in and well-equipped for connecting the agricultural and care sectors and niche activities with existing regimes, because they were embedded in the agricultural and care sector. They are trained, socialized and embedded in two cultural worlds, with a hybrid professional identity and two sets of values and practices (Keshet 2013; Hassink et al. (2016). They are capable of maneuvering among the constraints of institutional structures, while using these structures as a platform for launching new practices and values. That is to

say, they could exercise dual embedded agency, a term recently proposed by Keshet (2013).

In line with Seuneke et al. (2013), I found that women were important in the boundary-crossing process, as they felt less embedded in agriculture and often were, at least in part, embedded in the health care sector. In many cases, farmers' spouses are dually embedded, as many of them have a background in health care. In most cases, they took the lead in developing the care activities on existing farms, as described in chapter four. Due to their background, they felt comfortable and able to connect to the health care sector. They benefitted from their contacts with care institutions where they had worked and, in many cases, the first clients came from their previous workplace. Due to their background, they were supported by care institutions. These spouses are the first generation who, by their education, introduced new thinking, a new culture, a new logic and new rules to the farm and integrated them with the existing agricultural thinking and approach.

In chapter 6, I described some successful examples of inter-sectoral collaboration between care organizations and groups of farmers at a regional level, where the initiatives benefitted from the embeddedness of the initiator in the agricultural and the care sectors. A good example is the initiator of the youth care farm program in Overijssel, who had both an agricultural background and a background in youth care. This was helpful when the youth care farm project had to be embedded in the youth care sector.

Understanding Challenge 2: lack of legitimacy of newcomers in transitions

The second challenge is gaining legitimacy, as I showed in chapters 1, 2, 4 and 5. A key question is how newcomers like care farming initiatives deal with the lack of and manage to acquire legitimacy. My study showed how initiatives at a local, regional and national level contributed to the increased cognitive and sociopolitical legitimacy of care farming. It became clear that, especially in the initial stages, overcoming the legitimacy problem was an important challenge for agents active in the developing care farming sector. As newcomers in the care sector, they

generally speaking faced a lack of legitimacy. They had no solid records and stakeholders did not know whether or not they were trustworthy (Aldrich and Fiol 1994; De Clercq and Voronov 2009a). An important insight into this is that legitimacy is socially constructed, in that it reflects congruence between the activities of newcomers and the shared beliefs of incumbents (Vaara et al. 2006). Being recognized as legitimate by incumbents is a crucial factor in whether or not newcomer will be able to succeed (Aldrich and Fiol 1994).

Another finding of my study is that newcomers, if they are to succeed, have to develop both institutional and innovative legitimacy. Institutional legitimacy is gained when newcomers comply with particular field-specific assumptions about how participants in that field are expected to operate. Innovative legitimacy is gained when newcomers challenge an area's existing order and bring something new to the sector (De Clercq and Voronov 2009a). While this confirms what De Clercq and Voronov (2009a) have found, I added a detailed demonstration of *how* care farm organizations managed to develop both institutional legitimacy (by meeting the formal requirements of the health care sector) as well as innovative legitimacy (by developing a flat and dedicated organization with a focus on clients) and the role of institutional entrepreneurship in this legitimation process (Chapter 5). This is in line, on the one hand, with the institutional character of the care sector, with its quality control and procedures, and on the other hand with the desire to innovate and stimulate entrepreneurship. Consequently, my study shows how newcomers can solve the lack of legitimacy by cleverly combining entrepreneurial and institutional-entrepreneurial work. Legitimacy, while recognized as an important topic in transitions (Hendriks and Grin 2007; Grin 2010, 2012), has so far been under-researched. My study indicates that the distinction between generating institutional and innovative forms of legitimacy is important to understand the fate of system innovations.

I found that the support of influential actors, with sympathy for the care farming initiatives, was important when pioneers who lacked legitimacy encountered obstacles and when access to budgets was a problem. Examples of this are the support given to pioneers from the director of a bank and a deputy from the province or an advisor of the city

of Amsterdam (Chapter 2). In the pioneering phase, this support was usually due to the entrepreneurial behavior of these pioneers. From the interviews with the ‘supporters from the existing regimes’ in chapters 5 and 6, I learned the importance of a good story, courage and commitment on the part of the initiators. This generated a kind of resonance and resulted in respect, enthusiasm and support. The actions by the initiator and the successive support by the influential regime actors contributed to initiator’s legitimacy.

Understanding Challenge 3: becoming embedded in the care sector and finding established care organizations that adopt new logics

A major challenge facing care farming initiatives is the need to become embedded in the care sector (Blom and Hassink 2008). The level of embeddedness is determined by the nature, depth and extent of an individual’s ties into the environment (Uzzi 1997; Dacin et al. 1999). Newcomers in the care sector, like care farm initiatives, benefit from being embedded in the care sector, because it provides them with intimate knowledge, contacts, sources of advice, resources, information, support and legitimacy (Anderson and Jack 2002; Elfring and Hulsink 2003). In chapters 4 and 5, I showed the importance of developing a network in the care sector to gain support and create new markets, helping newcomers to recognize business opportunities and potential (Anderson and Jack 2002; Andersen 2013). My study has made it clear that it is not just embeddedness as such that helps newcomers realize business opportunities, but that connecting to established actors who are open to change is also crucially important.

It has often been assumed that embedded actors take established logics for granted and are generally speaking not motivated or able to stimulate field changes (DiMaggio and Powell 1983). This is called the ‘paradox of embedded agency’. This especially applies to central, embedded actors who benefit from their current hegemony and are heavily exposed to normative processes (DiMaggio and Powell 1983; Greenwood and Suddaby 2006). However, it may be possible to escape or avoid the paradox. Central organizations do sometimes act as institutional entrepreneurs (Phillips and Zuckerman 2001; Sherer and Lee 2002). They

may be motivated to consider change when they experience contradictions (Seo and Creed 2002). Different types of contradictions have been identified: between the level of performance and alternative opportunities, inability of a field to adapt to exogenous changes, inconsistencies between deeply held values and divergence of interests (Benson 1977; Clemens and Cook 1999).

My study provides insight into the motivations of care organizations to depart from established logics and collaborate with care farmers. In chapter 6, I showed that important motivations were changes in policy objectives promoting the deinstitutionalization and societization of care, belief that care farm services would be a better solution for some clients than conventional care services, dissatisfaction with the dominant culture, like the increase in bureaucracy and lack of entrepreneurship in the organization. To understand how this may occur, this study combines findings of Fligstein (2001a; 2001b) that crisis or landscape pressures on dominant regimes stimulate the creation of alternative logics, and of Rao and Giorgi (2006) that new logics can be imported by outsiders using pre-existing logics from within the system or importing a logic from a different domain. I have found that care farming entrepreneurs blended the pre-existing logic of the care sector, that nature is a healing environment, with the demand from client organizations for diversification in care services and from policy-makers for less bureaucracy and more entrepreneurship. My study (chapter 6) suggests that motivations and dominant logics are more important than network position when it comes to considering change.

Understanding Challenge 4: dealing with different logics

This takes me to the next challenge: initiators had to deal with conflicting logics, implicit in the care regime as well as in the agricultural regime. Logics are socially constructed, historical patterns of practices, beliefs, values and rules (Rao and Giorgi 2006). Different types of logics were adopted by regime partners to respond to pressures on the regime. These logics varied in the extent to which they promoted, or inhibited, the development of care farming. Within the care sector, two partly conflicting logics were expressed. The first logic is meeting the challenges

of deinstitutionalization and societization of care services. In this logic, inter-sectoral collaboration with farmers is a logical step. The other logic is the focus on quality control, guidelines and accountability (another pressure affecting the care regime). Organizations adopting this logic were less open to working together with farmers, as they had less control over the quality of the care services on the farms. They adopted a risk-avoiding strategy. Clear examples are the view of one of the youth care organizations that farmers cannot provide quality care, and the youth inspection in another province insisting that youth care services on farms should be embedded in youth care organizations to meet quality standards (see chapter 6). The example of the youth care farms in Overijssel in chapter 6 showed how, by clever maneuvering on the part of the project leader, demands from the youth inspection for quality control could be combined with the development of youth care farms on family farms.

Also, within the agricultural sector I found different logics. The first one sees diversification as an entrepreneurial activity that leads to innovative services and new sources of income. Some care farmers described in chapter 4 adopted this logic and developed extensive care services that to large extent changed the character of the farm. Some agricultural organizations adopted the logic that the care farm should essentially remain a productive farm. In chapter 4, I described examples in which employees of the agricultural union or agricultural banks did not support care farm initiatives in which care made up a bigger share of the turnover than primary production.

Previous studies have linked adoption of new logics to exogenous developments (Powell 1991). This study contributes to these studies, as well as to MLP theory, with the insight that the emergence of different, conflicting logics is to be expected when regimes are under pressure; it may be one crucial feature of de-aligning regimes. Some actors stick to the conventional logics, while others adopt new logics that are in line with changing demands in society. I observed these conflicting logics in both sectors.

Second, although my cases studies have shown how (potentially) conflicting logics may frustrate innovations and experiments, and hamper the potential of the care farming sector, especially in the pioneering phase

(chapter 6), this does not necessarily have to occur. As shown in chapter 4, cleverly operating initiators may find a way around these challenges (e.g. by moving to more supportive organizations). In regimes that are under pressure, embedded actors can adopt different types of logics (Fligstein 2001a). We knew already from earlier studies that institutional entrepreneurs may identify political opportunities and infuse new beliefs and values, and import logics from a different domain (Davis and Mc Adam, 2000; Rao and Giorgi 2006). However, this study has provided insight into *how* new types of logic became more accepted over time, not only through efforts by institutional entrepreneurs, but as a joint effort involving different types of actors: entrepreneurs, institutional entrepreneurs and policy-makers.

Summarising new insights

To conclude, my study used insights into entrepreneurship, institutional entrepreneurship and social movement theory to better understand agency in MLP. The transition across system boundaries posed additional challenges: separated sectors, a lack of legitimacy, a lack of embeddedness and having to deal with different logics. Actors who used their dual identity, actors combining entrepreneurial and institutional behavior and actors connecting with embedded actors with corresponding logics were important in overcoming these challenges. Figure 1 provides an illustration of the achievements of these developments.

Entrepreneurial and institutional orientations and activities affected the development of the care farming sector and inter-system pathway of re-alignment of the care and agricultural regimes. This entrepreneurial-institutional duality resembles the challenges facing institutional entrepreneurs having to conform to and at the same time transform existing structures and logics reflecting the importance of establishing institutional and innovative legitimacy. Table 1 provides an overview of the more entrepreneurial and institutional actions and logics affecting care farming. I have shown that the care sector is a heterogeneous field with varying degree of openness to alternative logics. New entrants, like care farming initiatives, should look for partners in the

care sector that are open to change and have a good understanding of their motivation to be open to change in order to meet their expectations.

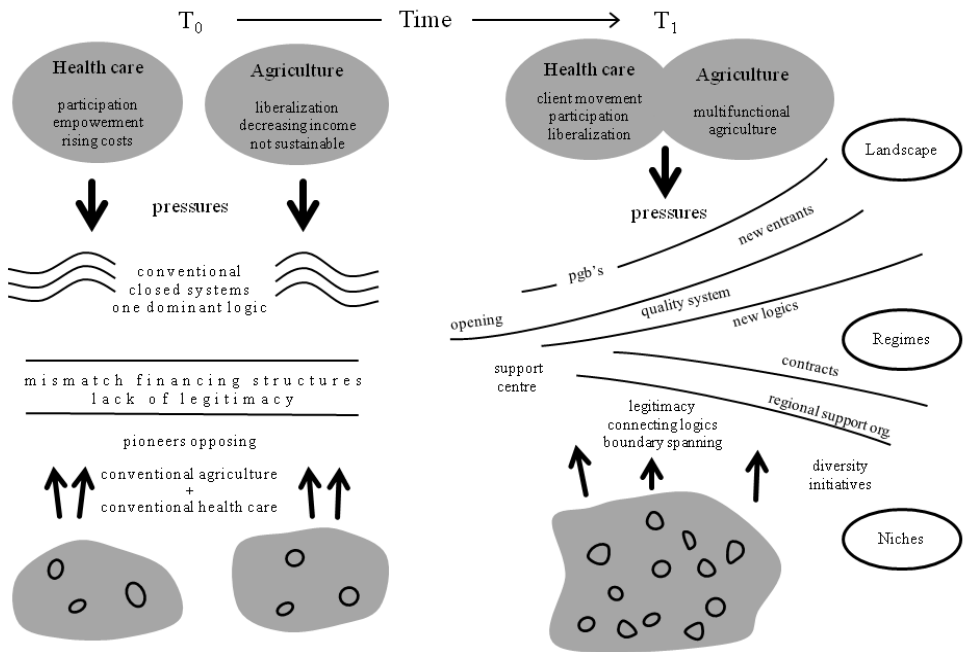


Fig. 1. Illustration of the reinforcing actions and pressures at different levels and the achievements of strategically operating actors in solving challenges associated with innovations developing across system boundaries.

Table 1. Overview of dominant logics affecting the health care regime and the more ‘entrepreneurial’ and ‘institutional’ activities of institutional entrepreneurs leading to legitimacy and access to budgets of the care sector.

	Entrepreneurial orientation	Institutional orientation
Logics care regime	Innovation, liberalization	Quality and accountability of care services
Focus established care organizations	Societization of care Meeting demands clients Entrepreneurship	Quality assurance Risk prevention
Activities by institutional entrepreneur to be successful	Opportunity identification and exploitation	Building a professional organization meeting the regulations of care sector
	Framing	
	Securing resources	
	Overcoming barriers like network disconnection	
Result	Innovative legitimacy	Institutional legitimacy

Outlook: future prospects of care farming

Based on my analysis of the development of the care farming sector, let me sketch some future prospects for care farming. Challenges to innovations like care farming can be bureaucratization, a diminishing concern for innovation and new needs (Fazzi, 2010) and having to overcome path dependency and system memory (Wilson, 2008). Entrepreneurs with strong a motivation and a sense of urgency may

overcome these challenges and realize further innovation. This was clearly expressed in the experiences of innovative entrepreneurs at a local and regional level, where some of the initiators not only had to deal with lack of legitimacy in the other sector, but in their own sector as well. The commitment and competence of those initiators is important not to stick to business as usual, but to create innovative services that meet changing societal demands.

I described care farming as a dynamic and innovative sector responding pro-actively to changes in the environment. In the pioneering phase, care farms were framed as a counter- culture opposing conventional care and agriculture. Later, care farming became a major example of multifunctional farming and, nowadays, it is a sector with a diverse identity with examples of weak and strong multi-functionality. Most care farms were initiated by farmers and their spouses. Over the last decade, an increasing number of care farms was initiated by the care sector. Care farms vary in the degree of intersectoral collaboration with formal care organizations, in the ratio between agriculture and care and in the background of the initiator. Especially around the more care-oriented farms, new networks developed and a wide range of clients has been incorporated. Care farming also has developed into a sector with professional support organizations at a regional and national level, initiated by the farmers themselves. Entrepreneurial behaviour at a national, regional and local level stimulated this continuous process of innovation and prevented stagnation. The care farming sector in the Netherlands could develop as quickly as it has because of, first and foremost, its degree of professionalization and organization, and its diversity. In recent decades, the care farming sector has invested in health care-oriented professional training, in adaptations in the farming system, in quality systems and professional regional and national organizations. It managed to increase its legitimacy, which resulted in new entrants, mainly with a background in health care, which in turn stimulated the embeddedness of care farms in the health care sector. It contributed to mutual learning, professionalization and innovations, and changed the identity of care farming. Care farms are now acknowledged as community-oriented entrepreneurial services that contribute to the

societization of care and empowerment and participation of clients (Hassink et al. 2010).

This seems to be a good starting point to meet future challenges, like budget cuts and health care system reform, with its focus on participation. The main reform affecting care farms is the transformation of the AWBZ into the Social Support Act. Under the new Social Support Act framework, which for day care came into force in 2015, municipalities are now responsible for day care provided by most care farms. An important social aim of the new Act is to promote the social and life skills and participation of people with disabilities. Policy-makers favour the use of community networks and voluntary labour and an entrepreneurial attitude, to reduce costs and provide services that stimulate the participation of clients in society (www.rijksoverheid.nl). Care farms are in a good position to contribute to these objectives. In addition, care farms, due to their small scale and ownership, generally speaking are much more flexible in adjusting their strategy and services than the more bureaucratized care organisations.

The regional organizations of care farms play an important role in negotiating processes with municipalities for a continued access to care budgets. A good illustration of the pro-active, flexible and entrepreneurial orientation is the increasing number of care farmers starting with additional social and health care services, for instance providing reintegration and learning trajectories, community services and treatment in collaboration with schools, reintegration organizations and therapists (Wageningen-UR 2014). Existing collaborations, legitimacy and the diversification in services, financing structures and user groups make the sector less vulnerable to changes in the environment. The sector is supported by the federation of care farms, regional organizations of care farms and research organizations that managed to obtain financial support from the Ministries of Health Care and Economic affairs and Agriculture, to assist care farmers in identifying new perspectives in addition to day care activities, and to determine the impact of care farms for different user groups (www.zonmw.nl; De Jong et al. 2013). The further successful development of care farming depends on the continuation of the cooperation of actors at a local, regional and national level and effective

connections of care farmers with municipalities, health care and related sectors at a local level. Acknowledging the specific qualities and impact of care farms remains important. Care farmers can stand out by their personal and committed attitude, the useful and diverse activities they provide in an attractive environment, their openness to a wide range of user groups and services and local embeddedness, and their contribution to a more active participation of clients in society.

Lessons for other multifunctional sectors

My study offers various lessons for the emergence of new sectors developing on top of and based on the synergy between two other sectors. In this section, I focus on other branches of multifunctional farming. Farmers who are interested in establishing other multifunctional activities are likely to encounter similar challenges as the care farmers, including insufficient competences to innovate, connecting with and operating in the non-farming environment, having a lack of concrete knowledge on how to organize the innovation process (Mechher and Pelloni 2006; Pyysiainen et al. 2006; Seuneke et al. 2013), especially in an inter-sectoral setting many other multifunctional farmers are facing (Batterink et al. 2010). Traditional farming institutions, with their expertise and network in the agricultural sector, are not well-prepared for the boundary-crossing tasks facing multifunctional farming (Clark 2009). In the multi-functionality of agriculture discourse care farming can be considered an interesting alternative for the agro-industrial model with its dominant liberalization and globalization logic (Mölders 2013). Successful pioneers, innovators and farmers opting for care farms with strong multi-functionality are committed entrepreneurs that contribute to rural development. They developed a new identity, established new (urban-rural) networks, generated substantial sources of income and employment by making new business models for providing care services. We consider them not only examples of the multifunctional model of agriculture, but also of a new entrepreneurial model of agriculture. (Chapter 4).

The development of the care farming sector was a process of mutually reinforcing activities of strategic boundary-spanning agencies at

a local, regional and national level, and changes in the structure of the care sector, favoring the legitimacy and development of the care farming sector. Dominant agricultural and care regimes were under pressure and care farming was seen as a problem-solver for both of these domains. Care farming could develop into a successful example of multifunctional agriculture, because entrepreneurs were able to connect their change projects to the activities and interests of relevant actors in the dominant regimes and actors at a local, regional and national level.

The involvement and active support of professionals of the care sector and of policy-makers (outsiders of the care farm sector) who recognized the added value of care farms, and the establishment of national and regional organizations, were important to the development and legitimacy of the sector. Investments in support structures and professionalization were only possible thanks to the presence of committed change agents with a clear vision and with sufficient financial resources that were generated by embedding care farms in the financial regulations of the care sector. Care farms could benefit from the financial regulations under the framework of the AWBZ.

Insights from the care farm sector suggests that the strategic actions of committed boundary-spanning actors and the involvement of supporters from other sectors are important to a successful development. Activities at a local, regional and national level should reinforce each other and create a flywheel of mutually reinforcing processes of actors at a local, regional and national level, and supportive structures. To make this happen, initiators at a local level should engage in entrepreneurial behavior; at a regional level, institutional entrepreneurs should take the lead to initiate support structures that are backed by the ministries concerned. Niche actors should develop support organizations to help individual farmers, develop legitimacy and support, and different types of actors should develop joint actions. These coordinated actions should contribute to the institutional and innovative legitimacy of the multifunctional sector by offering professional services that meet the requirements of the other sector, and by providing innovative solutions to problems that are manifest. To identify opportunities in the other sector, multifunctional initiatives should become embedded in that other sector.

These issues should be discussed with representatives of the other sector(s) who recognize the potential benefits of collaboration.

Based on my results of the care farming sector, I can draw several lessons that may be relevant to the development of other multifunctional activities by farmers. In line with the initial situation of the care farm sector, insufficient access to budgets, limited collaboration between initiatives at regional and national level, a lack of professional support and a lack of embeddedness in the other sectors are major problems for other branches of multifunctional farming (De Jong et al. 2013). I will now illustrate some lessons for different examples of multifunctional activities by farmers. A striking example is the farm education sector, which suffers from a lack of revenue on most of the farms, with an average annual turnover per farm of approximately € 5000 (Oostindie et al. 2011). This restricts professionalization at farm level and the establishment of professional support organizations. In most parts of the Netherlands, farm education is not embedded in programs of the nature and environmental education organizations provided to primary schools. Most educational farms do not see educational activities as professional activities (van der Meulen 2014) Child care on farms, another branch in multifunctional farming, benefitted from the interest among parents with sufficient financial resources in the specific qualities of child care on the farm. Professional child care farms have an annual turnover of more than € 300,000 (van der Meulen 2014). This stimulated collaboration between initiatives and the establishment of a franchise formula, to meet the strict quality guidelines in child care (www.agrarischekinderopvang.nl).

Urban agriculture is an interesting example of multifunctional farming. Although it is not a branch that generates a lot of revenue, it has developed into a movement where, similar to what happened in care farming, a flywheel of mutually reinforcing processes of actors stimulates the development of a new sector. Like care farming, urban agriculture is an expression of changing values in society (Veen 2015). The development of urban agriculture is a good example of how actions at a local, regional and national level reinforce each other and how opportunities are identified to provide solutions to other sectors. Urban agriculture is seen as an interesting development, as it involves urban citizens in local food

production and it can contribute to social objectives like social cohesion (Bronsveld 2014). The number and diversity of urban agriculture initiatives is increasing rapidly. It attracts many and diverse urban citizens by meeting various objectives of the urbanizing society, like food production, recreation, education, social cohesion and care (e.g. Dekking 2015). In various cities, organizations of urban agriculture have established supportive organizations. A few dedicated researchers, policy-makers and entrepreneurs initiated a national network of cities experimenting with urban agriculture. This resulted in an agenda for urban agriculture, signed by an increasing number of cities, encouraging local authorities to implement measures to stimulate urban agriculture. Policy-makers were important in linking urban agriculture to policy objectives. Some entrepreneurs took the lead in organizing an annual national urban agriculture event that attracts a lot of attention. At the moment, linking urban agriculture with educational, health care and social services and quantifying the economic and social impact of urban agriculture is given full attention in different projects (www.stedennetwerkstadslandbouw.nl).

One of the challenges facing urban agriculture is how to connect different sectors (Jansma and Veen 2013). Urban agriculture benefits from the mental shift in society towards a revaluation of productive green urban spaces, as an example of the participatory society and alternative food networks (Veen 2015). It illustrates how multifunctional initiatives should know the logics and motivations of actors in the other sector to try something new and know how to connect to established actors that are motivated to collaborate to meet three key demands for socio-technical innovations (Hekkert et al. 2007): resources, knowledge and legitimacy. It is attractive to stimulate twofold embedded initiators to participate in initiatives, as they have the intimate knowledge required, may have better access to sectoral resources and may be in a better position to legitimize innovation. Important actions are the development of a joint agenda and objectives, linking the services and products to the objectives and problems in the other sector, the development of quality standards to meet the formal requirements of the other sector, involvement of ‘supporters’ from the other sector and developing good relations and projects with organizations in the other sector. Establishing professional support

organizations is important in all these tasks. Successful multifunctional agricultural practices are important for the development of the agricultural sector, rural areas and their connection to our urbanizing society.

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Summary

Understanding Care Farming as a swiftly developing sector in The Netherlands

Background

Care farming or social farming, a swiftly developing sector across Europe, is an innovative practice in which agricultural production is combined with health and social services. It is an innovation at the crossroads of agriculture and health care, with the agricultural sector actively involved in providing care to different client groups. This study focuses on the Netherlands, where the number of care farms has increased from 75 in 1998 to more than 1100 in 2014. Many care farms were initiated by farmers and their spouses, while a smaller number was initiated by (former) employees of the care sector who had an interest in starting their own care farm, independent of the established care organizations. Care farms are successful examples of multifunctional agriculture and societization of care. I selected the Netherlands for this study because it is one of the leading countries in terms of the absolute number of care farms and because of my involvement in this developing sector, which allowed me to obtain a good picture of its development. In comparison to other countries, care farming has developed into a sector with an extensive support structure and diversity of initiatives, making makes the Netherlands an interesting case to study.

It is surprising that the care farming sector was able to develop so quickly. Research into multifunctional agriculture shows that it is challenging for farmers to diversify and initiate new non-agricultural activities. Many farmers feel unable to establish inter-sectoral collaboration. Previous generations of farmers focused on the intensification and enlargement of agricultural production. It is a huge challenge for many farmers to take the other road of diversification and collaboration with other sectors. The first care farmers were newcomers to the care sector, pioneers and innovators who faced challenges like a lack

of cognitive and socio-political legitimacy and a mismatch with financing structures in the health care sector.

The aim of this study is to understand how the care farming sector was able to develop so quickly in the Netherlands. It is an important question, because care farming initiatives can contribute significantly to the development of rural areas and farming communities. This question has a broader societal impact as, for many innovations, the issue is how to create value by combining two different sectors, as is the case for care farming. The biggest challenges in developing the new sector are bridging the gap between two worlds that have become disconnected, the development of legitimacy, setting up professional organizations and a sustainable financing structure for care farm services.

I use transition theory and the multi-level perspective (MLP) in particular as a theoretical framework to understand challenges and developments of the care farming sector. MLP is a widely used framework to understand the development and challenges of system innovations like care farming. In the MLP perspective, system innovation is conceptualized as a resultant of changes at three levels influencing each other: niche innovations, regimes and landscapes. A niche innovation, like care farming, is an innovation at the micro level that lacks support from structures and regulations within the existing regime. The regime refers to dominant practices and shared rules, resources and routines, which typically reproduce themselves. In this way, they can be an obstacle to systematic changes. The landscape level forms a broad exogenous environment that lies beyond the immediate influence of regime and niche actors. Changing opinions in society (landscape level) can lead to pressures on existing regimes. MLP can be helpful in understanding interactions between actors and existing and new structures in the care and agricultural sectors.

While MLP has been widely and successfully used as a framework for understanding transitions, there are some aspects that are not well understood or that require more attention. It has been argued that more attention should be given to agency. In addition, it has been acknowledged that not enough attention has been paid to interactions across system boundaries and multi-regime interactions. A scientific aim

of this research is to enrich MLP by increasing our understanding of the role of agency and specific challenges associated with innovations connecting different domains. I enrich agency by connecting MLP with entrepreneurship, institutional entrepreneurship and collective action. My research question is whether these concepts are useful to better understand agency. In addition, I focus on strategies of actors to deal with challenges associated with innovations that connect different domains.

Methodology and development of the care farming sector

This is an exploratory research in which I study and analyze different types of initiatives. The exploratory character requires an interactive approach where broad theoretical notions are related to empirical findings. I chose a qualitative approach in which I focus on different types of cases. I was in the position to study the development of the sector very closely for the last 15 years. The advantage is that I have a good overview of the relevant actors and initiatives in the development of the sector. I have used information from different actors (from the agricultural and care sector) and different sources to optimize the reliability of the findings. This study is composed of different chapters.

In the first chapter, I describe the development of the care farming sector and the most important initiatives at a local, regional and national level. The support of the ministries of healthcare and agriculture was important as it led to the initiation of the National Support Centre of Agriculture and Care in 1999. The Support Centre initiated a website, database of care farms and a quality system. Their activities increased familiarity with care farming and acceptance on the part of the care sector. MLP was helpful in understanding the interactions between actors and existing structures and how changes at landscape level like the liberalization of the care sector and the increasing influence of the client movement led to changes in the care regime, which was helpful in the development of the care farming sector, which was stimulated by the introduction of personal budgets (pgb's) for clients and the possibilities for regional organizations of care farmers to obtain an AWBZ accreditation. Due to these developments, care farms became less

dependent on the support of care organizations to finance the care farm services and new types of care farms developed with new types of client groups. Social movement theory was helpful in understanding how care farmers collaborated and what strategies they used to acquire support. Initially the care farm sector presented itself as a counter movement. Its legitimacy increased by different strategic actions like the development of a quality system for care farms and collaboration with conventional care organizations, Care farmers framed themselves as good examples of the desired societization of the care sector and of multifunctional agriculture.

In the second chapter, I describe and analyze the development of a successful example of three different types of initiatives: a) an individual care farm initiative, b) a regional organization of care farms and c) a collaboration between a care organization and a group of farmers at a regional level. The analysis of these initiatives resulted in a number of hypotheses: i) entrepreneurial behavior is needed to develop a care farm successfully, ii) institutional entrepreneurship is needed to develop a regional organization of care farms successfully. Initiators combine entrepreneurial behavior with institutional tasks like the development of a professional organization and iii) implementation in the care organization is the main challenge for a successful collaboration between a group of farmers and a care organization.

In chapter three, I develop a typology for care farms. The dimensions I used are based on organizational theory: degree of collaboration with care organizations, ratio between agriculture and care and the background of the initiator (locus of entrepreneurship). Collaboration is a strategy for dealing with uncertainty. The ratio between agriculture and care is an indicator of the degree of multi-functionality. Background (agriculture, care or neither) influences strategy and the degree of multi-functionality the initiator chooses. The typology is useful to characterize different types of care farms. Most care farms were developed by farmers or their spouses.

In chapter four, I selected successful and less successful examples of different types of care farms. Among them are both pioneers who lacked cognitive and socio-political legitimacy, a mismatch with financing structures and supporting organizations, and later entrants when care

farming was generally accepted. For these later entrants, financing the care farm services was less of a problem, due to the introduction of personal budgets for clients (pgb's) and the accreditation of regional organizations of care farms who supported starting care farmers. In the first period, commitment and entrepreneurial behavior were crucial to success. At later periods, farmers who did not have the ambition to organize all aspects of the care business themselves started a care farm due to the support of regional organizations of care farmers or the support of care organizations interested in collaborating with farmers. The pioneers developed to care farms with extensive care activities (strong multi-functionality). At later phases, an increasing number of care farms developed with limited care activities (weak multi-functionality). Care farm initiatives with weak multi-functionality failed more often than initiatives with strong multi-functionality, due to unrealistic expectations and a limited commitment on the part of the initiators.

In the final two chapters, I focus on regional collaboration and regional support structures for care farmers, mainly to analyze the requirements for these collaborations to be successful.

In chapter five, I focus on two different types of regional organizations of care farms, both with an AWBZ accreditation, which enabled them to organize the financing of the care farm services on care farms that were member of the organization. I describe how two different strategies designed to establish regional organizations of care farms unfold and are translated into entrepreneurial behavior, organizational identity and legitimacy, and help provide access to budgets of the care sector. In the first case, an entrepreneur took the initiative for the regional organization. He invited farmers to join his initiative. His philosophy is that farmers focus on agricultural production and providing services to the clients, while the regional organization takes care of all other tasks. He was very successful in gaining institutional and innovative legitimacy in and extracting a variety of financial resources from the care sector and municipalities, from which farmers benefited. The organization was considered innovative and trustworthy, thanks to the entrepreneurial behavior of the initiator, who continuously identified and created opportunities and transformed them into new business propositions. He set

up a professional organization and hired employees with expertise of (the procedures of) the care sector and a focus on clients instead of on farmers, which was important to gain institutional legitimacy. The other regional organization encountered more challenges and problems in the starting phase. The organization started as a collaboration between existing care farmers. The philosophy was that central coordination should remain limited and that care farmers should be stimulated to develop their own entrepreneurship. Challenges in the starting phase were a lack of entrepreneurial behavior on the part of the organization (care farmers focused on their individual farms) and limited knowledge of procedures in the care sector. In the second phase, the organization became more successful, after some dedicated care farmers decided to invest in the organization and take the lead. Entrepreneurial behavior and strategically aligning the healthcare and agricultural sectors, and building both institutional and innovative legitimacy in the care sector was crucial to the successful development of regional organizations of care farms.

In the last chapter, I focus on regional collaboration between care organizations and groups of farmers at regional level. Some initiatives were taken by employees of the care sector, others by employees of agricultural organizations. They established a collaboration between a care organization and farmers, where the farmers could start care activities without having to invest a lot of time and energy. In this collaboration process, commitment, knowledge and boundary spanning behavior (the ability to connect separated sectors) were important elements for success. Support from the top management of the care organization was a precondition for a successful collaboration and implementation of the care farm services in the care organization. Care organizations adopted different types of logics. Motivations of care organizations to collaborate with farmers were a desire for more entrepreneurship and new services that match changing demands from clients. In one case, the collaboration failed because the care organization adopted a different logic, with a focus on quality protocols. The manager was hesitant about collaboration, as she could not control the quality of the care services on farms. Moreover, she did not recognize the added value of farms to her clients.

MLP as a framework to understand the development of the care farming sector

I use MLP as a framework to understand the development of the care farming sector in the Netherlands. MLP is a useful framework for understanding why regime changes took place. It provides insight into how pressures at a landscape level and from niches on the dominant regimes resulted in regime changes, offering opportunities to the care farming sector, and how new regime elements were created. Pressures at a landscape level on the care regime were the increasing liberalization, societization of care with a focus on participation and the potential of clients. Pressures on the agricultural regime were environmental concern, food safety, animal welfare and decreasing income. All this resulted in support for the care farming sector from the ministries of healthcare and agriculture. With financial support from both ministries, the National Support Centre for Agriculture and Care was set up. Pressures on dominant regimes resulted in regime changes. The increasing pressure from client movements resulted in the introduction and broadening of the pgb's, which increased the independence of clients and enabled farmers to enter into direct contracts with clients without being dependent on accredited care organizations. The liberalization of the care sector made it possible for regional organizations of care farmers to obtain an AWBZ accreditation and enter into contracts with health insurance companies to fund the care services.

The National Support Centre, the regional organizations of care farmers and the collaboration between care organizations and groups of farmers are examples of new regime elements that stimulated the development of the care farming sector. The introduction of the quality system for care farmers and the development of regional organizations of care farmers into professional organizations increased the cognitive and socio-political legitimacy of the care farming sector, which was supported by important regime players from the care and the agricultural sector because care farming was seen as one of the ways to solve problems in the care sector and in the agricultural sector. In MLP terminology, the development of the care farming sector is an example of how structure

and agency influence each other and work in the same direction, and of how new supportive structures develop that make the environment more benign for the development of the care farming sector. The activities of the actors involved in regime changes and actors in the care farming sector connected to each other and connected to exogenous developments at a landscape level, like the societization of care and liberalization. This development can be described as a flywheel of mutual reinforcing actions at a local, regional and national level. It is a clear example of what is called “dual track governance”: the actions of different actors are related to and reinforce each other. Agents recognize the ways in which their efforts may be fruitfully related to each other as well as to exogenous developments. A new contribution of this study is that this “dual track governance” involves activities of regime actors from two distinct sectors, presenting the niche innovation of care farming as a solution for two different sectors. The care farming sector has developed from a limited number of isolated initiatives in the 1990’s to a sector with professional organizations at a regional and national level, a diversity of different types of care farms and legitimacy in the care sector and in society. I expect that the investments in professionalism and diversity in client groups and types of care farms, and the support structures that have been developed provide a good starting point for meeting future challenges.

Scientific contribution: enrichment of MLP

One of the aims of this study is to enrich MLP. Although MLP appeared to be a useful framework for understanding the developments of the care farming sector, additional concepts were needed to deepen our insight. Various studies indicated that agency was not well described and understood in MLP and more insight is needed into the role of agency in MLP and the specific challenges connected to interactions across system boundaries.

Better understanding of agency

My first contribution is in better understanding agency; the role of different proactive actors and the behavior that made them successful. Entrepreneurship literature is helpful in understanding why initiators of care farms were successful, especially in the pioneering phase. The pioneers and innovators required a proactive attitude: discovering and creating opportunities and developing them into innovative care services (valuable business propositions). These services met the opportunities of care farmers and the huge demand from society for these innovative services. Especially in the pioneering phase, strategic behavior and an effective network that can be used to reach their objectives were important success factors. Insights from institutional entrepreneurship are helpful in understanding how regional organizations of care farmers could develop successfully. Initiators combined entrepreneurial behavior (leading to innovative legitimacy) with institutional tasks, like the development of a professional organization that is accepted in the care sector (leading to institutional legitimacy). Social movement theory is helpful in understanding how collective action was organized. Pioneers united themselves into an organization with a strong identity of a counterculture that was critical of mainstream agriculture and mainstream care. This movement developed into a broader organization that looked for a connection with changes in both the care and the agricultural sectors. This study showed how niche and regime influenced each other. Niche actors made use of possibilities that occurred due to changes at a regime level and stimulated further changes at that regime level.

Insights into specific challenges of innovations across system boundaries

The specific context of this innovation, developing between and on top of two established sectors, addresses some additional challenges that need to be better understood to gain a solid understanding of the development of the care farming sector. The way actors dealt with those challenges resulted in new insights that enrich MLP.

The challenge of connecting two different sector led to the insight that some actors were well-equipped to fulfill a ‘boundary spanning’ task. Many successful initiatives were taken by persons with a background in

both health care and agriculture. Many farmer's spouses had an education and working experience in health care. Their hybrid identity and network was very helpful in bridging the agricultural and care sectors.

A second challenge is the lack of cognitive and socio-political legitimacy on the part of newcomers in an established sector such as the care sector. Newcomers had to be innovative and at the same time meet the requirements and expectations of the care sector.

A third challenge is becoming embedded in the care sector and finding established partners in the care sector that are open to innovation and collaboration. This study gives insight into the motivations of care organizations for collaborating with farmers.

The final challenge is dealing with conflicting logics implicit in the care regime as well as in the agricultural regime. Established organizations respond differently to pressure on the regime: some stuck to more institutional logics, like formal quality protocols and accountability, while others adopted a new and more entrepreneurial logic, like meeting the challenges of societization of care services. In the latter case, collaboration with farmers is a logical step. In the agricultural sector, some established actors stuck to the logic that agricultural production rather than providing care services had to remain the leading activity. For niche actors, it is important to identify regime actors who adopted a logic that favors collaboration.

Concluding

I conclude that this study provides a description of the development of the care farming sector and provides insight into how this sector could develop so fast, and the role that different actors, pressures at landscape level and changes at regime level played in this process. This study provides insight into how entrepreneurial and institutional orientations of actors influenced developments in the care farming sector, reflecting the duality of challenges facing institutional entrepreneurs and the care farming sector to be innovative and trustful by meeting all the relevant requirements and expectations simultaneously. This study contributes to

transition literature, and specifically the multi-level perspective, by i) developing a better understanding of agency and ii) increasing insight into specific challenges associated with innovations across system boundaries. This study is not only important to the care farming sector, but also provides valuable insights into other innovations developing between existing sectors, for instance other branches of multifunctional agriculture. Care farming is not only an example of multifunctional agriculture, but also of a new entrepreneurial model of agriculture. It is important to the development of agriculture and rural areas and connecting rural and urban areas and provides agricultural entrepreneurs with an interesting alternative to the traditional agro-industrial model of agriculture.



Samenvatting

Verbinden van Landbouw en Zorg Hoe kon de zorglandbouw sector zich zo snel ontwikkelen in Nederland

Achtergrond

Zorglandbouw is een nieuwe snel groeiende sector in Europa. Het is een innovatie die zich op de grens van de zorg- en de agrarische sector bevindt en waarbij zorg en landbouw met elkaar worden verbonden zodat agrarische productie wordt gecombineerd met het leveren van zorgdiensten. Deze studie richt zich op Nederland waar het aantal zorgboerderijen tussen 1998 en 2014 is toegenomen van 75 tot meer dan 1100. Veel zorgboerderijen zijn gestart door boeren en/of hun vrouwen. Een kleiner aantal is opgericht door medewerkers uit de zorg die los van bestaande instellingen zorg in een landelijke omgeving willen organiseren. Het zijn succesvolle voorbeelden van multifunctionele landbouw en vermaatschappelijking van de zorg. De keus voor dit onderzoek is gevallen op Nederland omdat dit een voorloper is op gebied van zorglandbouw en omdat in Nederland een goed beeld verkregen kon worden van de ontwikkeling van deze nieuwe sector door mijn jarenlange betrokkenheid bij de sector. Het heeft zich in vergelijking met andere landen ontwikkeld tot een sector met een uitgebreide ondersteuningsstructuur en een diversiteit aan initiatieven. Dit maakt het een interessante casus.

Het is verrassend dat zorglandbouw zich zo snel kon ontwikkelen. Onderzoek binnen de multifunctionele landbouw laat namelijk zien dat het voor boeren lastig is om een nieuwe bedrijfstak te starten omdat ze zich niet bekwaam achten om samenwerking met andere sectoren tot stand te brengen. Voorgaande generaties boeren richtten zich op schaalvergroting en intensivering. Het is nu een grote uitdaging voor veel boeren om een andere weg – diversificatie en samenwerking met andere sectoren- in te slaan.

Met name de pioniers hadden last van een gebrek aan legitimiteit door de zorgsector en hadden geen goede toegang tot financieringsstromen uit de zorg.

Het doel van dit onderzoek is beter begrijpen hoe de zorglandbouwsector zich heeft kunnen ontwikkelen in Nederland. Het onderzoek is van belang omdat zorglandbouw initiatieven kunnen bijdragen aan de ontwikkeling van de landbouw en van rurale gebieden. De vraag is van breder maatschappelijk belang omdat het bij veel innovaties gaat om creëren van waarde door het combineren van twee bestaande sectoren net als bij zorglandbouw.

De grootste uitdagingen bij het ontwikkelen van de nieuwe sector zijn het overbruggen van de kloof tussen twee werelden die uit elkaar zijn gegroeid, het ontwikkelen van legitimiteit, professionele organisaties een duurzame financieringsstructuur voor de zorgdiensten die op zorgboerderijen worden geleverd.

Ik gebruik transitie theorie en het meerlagen perspectief (MLP) in bijzonder als theoretisch kader om de ontwikkeling van de zorglandbouw sector te begrijpen. MLP is een veelgebruikt kader om uitdagingen en ontwikkelingen van systeem innovaties zoals het combineren van landbouw en zorg en de uitdagingen en dynamiek die daarmee samenhangen te begrijpen. In het MLP perspectief wordt systeem innovatie geconceptualiseerd als een resultante van veranderingen op drie niveau's die elkaar beïnvloeden: niche innovaties, regimes en landschap. Een niche innovatie zoals zorglandbouw is een vernieuwende ontwikkeling op micro niveau die niet wordt gesteund door structuren en regels van het gangbare regime. Het regime bestaat uit de gangbare praktijken, regels en routines die bestaan en de gewoonte hebben om zich te reproduceren. Zij kunnen systeem veranderingen in de weg staan omdat ze het bestaande reproduceren. Het landschapsniveau heeft betrekking op de exogene context, buiten de directe invloed van niche en regime actoren. Veranderende opvattingen in de samenleving (landschapsniveau) kunnen leiden tot druk op bestaande regimes. MLP kan behulpzaam zijn om interacties tussen actoren en bestaande en nieuwe structuren in de zorg- en landbouwsector te begrijpen.

MLP is een veel gebruikt wetenschappelijk kader om transities te begrijpen, maar sommige aspecten hebben meer aandacht nodig. Zo is er onvoldoende duidelijkheid over de aard en het gedrag van actoren en is er tot dusver weinig aandacht geweest voor domein overschrijdende innovaties. Een wetenschappelijk doel van dit onderzoek is het MLP gedachtengoed te verrijken door de rol van agency beter te gaan begrijpen en meer te leren over de specifieke uitdagingen bij domein overschrijdende innovaties. Ik verrijk agency door MLP te verbinden met inzichten op gebied van ondernemerschap, institutioneel ondernemerschap en collectieve actie. Mijn onderzoeksvraag is of deze begrippen bruikbaar zijn om agency beter te begrijpen. Verder richt ik me specifiek op de vraag hoe actoren omgaan met specifieke uitdagingen die samenhangen met de domein overschrijdende innovatie.

Aanpak van het onderzoek en beschrijving van de ontwikkeling van de sector

Dit onderzoek is verkennend van aard waarbij ik verschillende soorten initiatieven bestudeer en analyseer. Het explorerende karakter vraagt om een interactieve benadering waarbij brede theoretische noties steeds worden gerelateerd aan empirie. Het gaat in deze studie om een kwalitatieve aanpak waarbij verschillende soorten casussen centraal staan. Ik was in de positie om de ontwikkeling van de sector de laatste 15 jaar van dichtbij te volgen. Dit heeft als voordeel dat ik een goed overzicht heb van de actoren en initiatieven die van belang zijn (geweest) voor de ontwikkeling van de sector. Ik heb verschillende informanten (uit de landbouw- en uit de zorgsector) en informatiebronnen (interviews, jaarverslagen) gebruikt om de betrouwbaarheid van de uitkomsten zo groot mogelijk te maken. De studie is opgebouwd uit verschillende hoofdstukken waarbij ik eerst inga op de ontwikkeling van de sector en daarna inzoom op drie typen initiatieven: individuele zorgboerderijen, regionale organisaties van zorgboerderijen en samenwerking tussen een zorginstelling en groepen van boeren op regionaal niveau.

In het eerste hoofdstuk beschrijf ik de ontwikkeling van de zorglandbouw sector en de belangrijkste initiatieven op lokaal, regionaal

en landelijke niveau. Belangrijk voor de ontwikkeling van de sector was de steun van de ministeries van VWS en Landbouw wat leidde tot het oprichten van het Steunpunt Landbouw en Zorg in 1999. Het Steunpunt zorgde voor een website, database van zorgboerderijen en een kwaliteitssysteem. Haar activiteiten vergrootte de bekendheid van het fenomeen zorglandbouw en acceptatie door de zorgsector. MLP was behulpzaam om de interactie tussen actoren en bestaande structuren te begrijpen en hoe veranderingen op landschapsniveau zoals de liberalisering in de zorgsector en de toenemende invloed van de cliëntenbeweging leidde tot veranderingen in het zorgregime wat behulpzaam was voor de ontwikkeling van zorglandbouw initiatieven. De ontwikkeling van de sector werd sterk gestimuleerd door het beschikbaar komen van persoonsgebonden budgetten (pgb's) en de mogelijkheid van regionale organisaties van zorgboeren om een ABWZ erkenning te verkrijgen. Hierdoor werden zorgboerderijen minder afhankelijk van de medewerking van zorginstellingen om de zorg gefinancierd te krijgen, ontstonden er nieuwe typen zorgboerderijen en kwamen er nieuwe doelgroepen op de boerderij. Theorie over sociale bewegingen was verder behulpzaam om te begrijpen hoe zorgboeren gezamenlijk gingen optrekken en welke strategieën werden gebruikt om steun te verwerven. De sector profileerde zich eerst als een tegenbeweging. De legitimiteit van de zorglandbouwsector nam onder andere toe door het ontwikkelen van kwaliteitskeurmerk en samenwerking met de reguliere zorg. Zorgboeren profileerden zich steeds meer als een goed voorbeeld van de gewenste vermaatschappelijking van de zorg en een goed voorbeeld van multifunctionele landbouw.

In het tweede hoofdstuk beschrijf en analyseer ik van drie verschillende typen initiatieven een succesvol voorbeeld: a) een succesvol initiatief voor een individuele zorgboerderij, b) een succesvol initiatief voor een regionale organisatie van zorgboeren en c) een succesvol initiatief voor samenwerking tussen een zorginstelling en een groep boeren in de regio. De analyse van de drie initiatieven leidt tot de hypothesen dat i) ondernemerschap (ondernemend gedrag zoals kansen zien en benutten) nodig is om op een succesvolle manier een zorgboerderij te ontwikkelen, ii) institutioneel ondernemerschap nodig is

voor een succesvolle ontwikkeling van een regionale organisatie van zorgboeren. Initiatiefnemers moeten in dit geval ook een professionele organisatie ontwikkelen en iii) voor de ontwikkeling van een succesvolle samenwerking tussen een zorginstelling en een groep boeren implementatie in de zorginstelling de grootste uitdaging is.

In hoofdstuk drie ontwikkel ik een typologie voor zorgboerderijen waarbij de dimensies zijn gebaseerd op organisatie theorie: mate van samenwerking met zorginstellingen; de verhouding tussen landbouw en zorg en de achtergrond van de initiatiefnemer. Samenwerking is een uiting van strategie om met onzekerheid om te gaan. De verhouding tussen landbouw en zorg geeft de mate van multifunctionaliteit weer (zwak of sterk). De achtergrond (achtergrond in de zorg, in de landbouw of geen van beide) heeft invloed op de strategie en mate van multifunctionaliteit die een initiatiefnemer nastreeft. De typologie is bruikbaar om de verschillende typen zorgboerderijen te karakteriseren. De meeste typen zorgboerderijen werden ontwikkeld door boeren en/of hun vrouwen.

In hoofdstuk vier selecteer ik succesvolle en minder succesvolle voorbeelden van de verschillende typen zorgboerderijen. Hier zitten pioniers bij die last hadden van gebrek aan legitimiteit en het ontbreken van goede financieringsstructuur en ondersteunde organisaties en zorgboerderijen die in een latere fase ontstonden, toen zorglandbouw meer bekend en erkend was. In deze latere fase was de financiering voor de zorgdiensten op de boerderij geen probleem meer (onder andere door de brede beschikbaarheid van persoonsgebonden budgetten) en waren er op regionaal niveau organisaties ontstaan die zorgboeren konden ondersteunen bij het opzetten van de zorgboerderij en het regelen van de financiering voor het verlenen van de zorgdiensten. In de beginfase waren commitment en ondernemend gedrag een voorwaarde om succesvol te zijn. In de latere fase startten ook boeren met een zorgboerderij die niet zelf alles wilden regelen. Dit kon door de steun van regionale organisaties van zorgboeren of door zorginstellingen die met boeren wilden samenwerken. De zorgboerderijen uit de pioniersfase ontwikkelden zich tot zorgboerderijen met een volwaardige zorgtak. In de latere fase ontstonden meer zorgboerderijen waarbij de zorgtak beperkt bleef. Er

kwamen toen ook meer boeren die minder goed voorbereid een zorgtak starten en soms later ontdekten dat het toch niet goed bij hen paste.

In de laatste twee hoofdstukken richt ik me op de regionale samenwerkingsverbanden en ondersteuningsstructuren voor zorgboerderijen die zijn ontstaan. Mijn belangrijkste vraag is wat er nodig was om deze succesvol te laten zijn.

In hoofdstuk vijf spits ik me toe op twee verschillende typen van regionale organisaties van zorgboeren die beiden een AWBZ erkenning kregen en zo door hun contracten met zorgkantoren voor de deelnemende zorgboeren de financiering voor de zorgdiensten op de boerderij konden verzorgen. Ik vergelijk hoe twee verschillende strategieën zich ontvouwen bij het realiseren van regionale organisaties van zorgboeren en hoe deze zich vertalen in ondernemerschap, identiteit en legitimiteit van de organisatie en wat dit betekent voor de toegang tot budgetten uit de zorgsector. Bij het eerste voorbeeld nam een ondernemer het initiatief voor de regionale organisatie en nodigde boeren uit aan te haken. De insteek was dat de organisatie zoveel mogelijk voor de boeren zou regelen. Hij was heel succesvol bij het tot stand brengen van contracten met het zorgkantoor en gemeenten en het ontwikkelen van legitimiteit in de zorgsector. De organisatie werd gezien als innovatief en als betrouwbaar. Dit kwam door het ondernemende gedrag waarbij de initiatiefnemer steeds nieuwe kansen zag en benutte om de organisatie verder uit te breiden en nieuwe diensten te ontwikkelen waar behoefte aan bestond. Belangrijk was verder dat er professionele medewerkers werden aangetrokken die de procedures en taal van de zorgsector goed kennen en de focus op de cliënten in plaats van de boeren. De andere regionale organisatie had een moeizamer start. De organisatie ontstond uit een samenwerking van al bestaande zorgboerderijen. De filosofie was hier dat de zorgboeren zoveel mogelijk zelf zouden regelen. Knelpunten in de beginfase bij deze coöperatieve organisatie waren gebrek aan ondernemerschap (zorgboeren waren met name met hun eigen bedrijf bezig) en te weinig kennis binnen de organisatie van procedures in de zorgsector. Nadat een paar leden er de schouders onderzetteren ging het beter lopen en ontstond er een meer professionele organisatie. Ondernemend gedrag, het strategisch verbinden van de landbouw- en de

zorgsector en het ontwikkelen van innovatieve en institutionele legitimiteit bleken cruciaal voor een succesvolle ontwikkeling van regionale organisaties van zorgboeren.

In het laatste hoofdstuk richt ik me op initiatieven voor samenwerking tussen zorginstellingen en groepen boeren in verschillende regio's. Sommige initiatieven werden genomen door medewerkers uit de zorgsector, andere door medewerkers uit de agrarische sector. Zij regelden de samenwerking tussen een zorginstelling en groepen boeren en zorgden ervoor dat boeren zonder veel eigen initiatief konden starten met zorgdiensten op hun bedrijf. Ook hier waren commitment, kennis en strategisch "boundary spanning" opereren (het kunnen verbinden van gescheiden werelden) van groot belang voor succes. Steun van het top management van de zorginstelling was een voorwaarde voor een duurzame samenwerking tussen de instelling en boeren. Uit de voorbeelden bleek dat zorginstellingen verschillende soorten logica hanteren. Motivaties van instellingen om met boeren samen te werken waren de wens tot meer ondernemerschap en nieuwe diensten die aansluiten bij de veranderende vragen van cliënten. Bij één voorbeeld liep de samenwerking al snel stuk omdat de instelling, die veel nadruk legde op kwaliteitsprotocollen, vond dat ze te weinig directe invloed kon uitoefenen op de kwaliteit van de zorg op de boerderij en de manager zich niet kon voorstellen dat boerderijen iets konden betekenen voor cliënten.

Gebruik van MLP als kader om de ontwikkeling van de zorglandbouwsector te begrijpen

Ik gebruik MLP als kader om de ontwikkeling van de sector te begrijpen. MLP is een bruikbaar kader om te begrijpen waarom regime veranderingen optraden. Het geeft inzicht in hoe druk vanuit het landschapsniveau en vanuit niches op dominante regimes leidde tot regime veranderingen die kansen boden voor de zorglandbouw sector en hoe nieuwe regime elementen tot stand kwamen. Het regime in de zorgsector stond onder druk door de wens tot meer marktwerking, vermaatschappelijking van de zorg en focus op participatie en mogelijkheden van cliënten. Het regime in de agrarische sector stond

onder druk door de zorgen over het milieu, voedselveiligheid en dierenwelzijn en afnemende inkomsten. Dit leidde tot steun van de ministeries van VWS en Landbouw voor de zorglandbouwsector omdat zorglandbouw werd gezien als een interessant voorbeeld van vermaatschappelijking van de zorg en een mogelijkheid voor boeren om andere inkomsten te genereren. Met financiële steun van beide ministeries werd het Steunpunt Landbouw en Zorg in het leven geroepen. De druk leidde tot regime veranderingen. Door druk van de cliëntenbeweging werd het persoonsgebonden budget ingevoerd om zo cliënten meer eigen regie te geven. Hierdoor konden boeren direct contracten afsluiten met cliënten zonder dat ze afhankelijk waren van bestaande zorginstellingen. De liberalisering in de zorgsector zorgde ervoor dat zorgboeren en regionale organisaties van zorgboeren een AWBZ erkenning konden verwerven en contracten voor financiering van de zorg op zorgboerderijen konden afsluiten met zorgkantoren.

Het Steunpunt Landbouw en Zorg, de regionale organisaties van zorgboeren en de samenwerking tussen zorginstellingen en groepen van boeren zijn voorbeelden van nieuwe regime elementen die de ontwikkeling van de sector verder stimuleerden. Het kwaliteitssysteem van de zorglandbouwsector en de ontwikkeling van regionale organisaties van zorgboeren tot professionele organisaties versterkten de legitimiteit van de zorglandbouwsector. De zorglandbouw sector werd ondersteund door belangrijke regime partijen uit de zorg- en de landbouw sector omdat men zorglandbouw zag als één van de manieren om problemen in de zorgsector en de landbouwsector het hoofd te bieden.

In MLP termen is de ontwikkeling van de zorglandbouwsector een voorbeeld van hoe structuren en actoren elkaar beïnvloeden en dezelfde kant op werken en er nieuwe ondersteunende structuren ontstaan waardoor de context steeds gunstiger wordt voor de ontwikkeling van de sector. De activiteiten van actoren betrokken bij regime veranderingen en actoren die binnen de zorglandbouw actief zijn sluiten bij elkaar aan en bij exogene ontwikkelingen zoals de vermaatschappelijking van de zorg en meer marktwerking. De ontwikkeling van de sector is een vliegwiel van elkaar versterkende veranderingen en activiteiten van actoren op lokaal, regionaal en landelijk niveau. Het is een mooi voorbeeld van wordt

genoemd “dual track governance”: acties die op elkaar zijn afgestemd en elkaar versterken. Het nieuwe van deze studie is dat het in dit geval bij “dual track governance” gaat om activiteiten van regime actoren uit twee verschillende sectoren die de niche innovatie zorglandbouw presenteren als een oplossing voor twee verschillende sectoren.

De sector heeft zich vanaf de jaren 90 in de vorige eeuw ontwikkeld van een beperkt aantal losstaande pioniers tot een sector met professionele organisaties op regionaal en landelijk niveau, een grote diversiteit aan zorgboerderijen en legitimiteit in de zorgsector en de samenleving. De verwachting is dat de investeringen van de sector in professionele ondersteuningsstructuren en kwaliteitsborging, de inbedding in de zorgsector, de legitimiteit en de diversiteit in doelgroepen en typen zorg en ondersteuning die worden geboden een goede uitgangspositie zijn om (toekomstige) uitdagingen het hoofd te bieden.

Wetenschappelijke bijdrage: verrijking van MLP

Één van de doelen van deze studie is om een bijdrage te leveren aan de verrijking van MLP. MLP bleek weliswaar een bruikbaar kader om de ontwikkeling van de zorglandbouw sector te begrijpen maar er waren aanvullende concepten nodig om het inzicht te verdiepen. In verschillende studies is aangegeven dat agency binnen MLP niet goed is beschreven en dat er meer inzicht moet komen in de rol van actoren (agency) binnen MLP en dat er meer aandacht nodig is voor de specifieke uitdagingen die samenhangen met het verbinden van verschillende sectoren, zoals bij domein overschrijdende innovaties.

Inzicht in agency

Een eerste bijdrage van deze studie is dat het meer inzicht geeft in agency: de rol van verschillende proactieve actoren en hun benodigde activiteiten om innovatief en succesvol te zijn.

De ondernemerschapsliteratuur is behulpzaam om te begrijpen waarom initiatiefnemers van zorgboerderijen met name in de pioniersfase succesvol waren. Bij ondernemerschap gaat het om een actieve houding

waarbij ideeën over nieuwe zorgconcepten en –diensten worden gerealiseerd. Concepten en diensten die aansluiten bij de mogelijkheden die zorgboeren kunnen realiseren en de grote vraag van de maatschappij naar deze diensten. Met name in de pioniersfase zijn strategisch handelen en een netwerk dat kan worden ingezet om doelen te bereiken belangrijk voor succes.

Literatuur op gebied van institutioneel ondernemerschap is behulpzaam om te begrijpen hoe regionale organisaties van zorgboeren zich succesvol konden ontwikkelen. Initiatiefnemers combineerden ondernemerschap op micro niveau en meer institutionele taken op meso-niveau zoals het ontwikkelen van een professionele organisatie die geaccepteerd wordt in de zorgsector.

Theorie over sociale bewegingen is behulpzaam om te begrijpen hoe collectieve actie tot stand kwam. De pioniers verenigden zich in een tegenbeweging die opkwam voor een andere vorm van landbouw en andere vorm van zorg. De beweging ontwikkelde zich tot een brede organisatie die aansluiting zocht bij veranderingen in beide sectoren. Deze studie maakt ook concreet hoe niche en regimes elkaar beïnvloeden. Niche actoren maakten handig gebruik van de mogelijkheden die ontstonden door veranderingen op regime niveau en stimuleerden de verdere veranderingen op regime niveau.

Inzicht in specifieke uitdagingen van sector overschrijdende innovatie

De specifieke context van de innovatie waarbij twee bestaande sectoren worden verbonden bracht een aantal uitdagingen met zich mee. De manier waarop actoren succesvol met deze uitdagingen omgingen leidde tot aanvullende inzichten die MLP verder verrijken.

De uitdaging van het verbinden van twee gescheiden sectoren leidde tot het inzicht dat een aantal actoren specifiek waren toegerust om deze “boundary spanning” taak te vervullen. Bij veel succesvolle initiatieven hadden de initiatiefnemers een achtergrond in de zorg en in de landbouw. Een karakteristiek voorbeeld zijn zorgboerinnen waarvan er velen een zorgopleiding hadden gevolgd en in de zorg hadden gewerkt. Deze

hybride identiteit was heel behulpzaam om de brug tussen de landbouw en de zorg te kunnen slaan.

Een tweede uitdaging is het gebrek aan legitimiteit voor nieuwkomers in een gevestigde sector als de zorgsector. De nieuwkomers moesten én innovatief zijn én tegelijkertijd voldoen aan de regels en verwachtingen van de zorgsector.

Een derde uitdaging is voldoende ingebed raken in de zorgsector en gevestigde partijen in de zorg vinden die openstaan voor vernieuwing. Deze studie geeft inzicht in motivaties van zorginstellingen om met (zorg)boeren samen te willen werken.

Dit brengt me bij de volgende uitdaging dat niche actoren (pionierende zorgboeren) die vernieuwing willen realiseren binnen sectoren die onder druk staan te maken krijgen met regime actoren die verschillende logica's hanteren. Logica's die aansluiten bij veranderingen waar niche actoren voor staan zoals de vermaatschappelijking van de zorg (innovatieve, ondernemende oriëntatie) en een andere identiteit van de landbouw maar ook logica's die vasthouden aan andere waarden als afrekenbaarheid en kwaliteitsborging (institutionele oriëntatie in de zorg) of dat de focus van een landbouwbedrijf agrarisch moet blijven (logica uit de landbouw). Voor niche actoren is het van belang met regime actoren samen te werken die vergelijkbare logica's hanteren.

Concluderend

Concluderend kan ik stellen dat deze studie een beschrijving geeft van de ontwikkeling van de zorglandbouw sector. Verder geeft het een goed inzicht hoe de zorglandbouw sector zich zo snel kon ontwikkelen en welke rol verschillende actoren en de druk op landschapsniveau en veranderingen op regime niveau daarin hebben gespeeld. De studie geeft inzicht in hoe ondernemende en institutionele oriëntaties van actoren de ontwikkeling van de zorglandbouw hebben beïnvloed. Dit reflecteert de dualiteit van uitdaging van institutionele ondernemers en van de zorglandbouw sector om én vernieuwend te zijn én betrouwbaar te zijn door te voldoen aan regels en verwachtingen. Daarnaast levert de studie

een bijdrage aan transitieliteratuur en specifiek het meerlagen perspectief door i) een beter begrip te ontwikkelen van agency in de vorm van innovatief en ondernemend gedrag van actoren en ii) meer inzicht te geven in specifieke uitdagingen die samenhangen met sector overschrijdende innovatie. Deze studie is niet alleen van belang voor de zorglandbouw sector maar levert ook waardevolle inzichten voor andere innovaties die ontstaan tussen twee bestaande sectoren zoals dat het geval is bij andere vormen van multifunctionele landbouw. Zorglandbouw is niet alleen een voorbeeld van multifunctionele landbouw, het is ook een voorbeeld van ondernemerschap in de landbouw. Het levert een belangrijke bijdrage aan de agrarische en de rurale ontwikkeling en het verbinden van het rurale gebied met de stad. Het biedt agrarische ondernemers een interessant alternatief voor het agro-industriële model.

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