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DUTCH CARE FARMERS: COOPERATIE BOER EN ZORG

LINSA Case Study Report: Netherlands

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SUMMARY

Cooperative Boer en Zorg: Care Farmers in the Netherlands (N Care)

The LINSA 'Boer en Zorg' (Farmers and Care) is a cooperative that currently connects over 130 care farmers in the Mid-Eastern part of the Netherlands. Care farms use their animals, plants, gardens, forests and the landscape to create recreational or work related activities for people in need of care. Work on farms delivers evident results, focusing on the capabilities of each individual patient, resulting in an alternative vision of health care and therapy.

Data gathering involved a mix of participatory workshops and more traditional research methods such as interviews with key-informants and experts. An important role has been played by several students who were given an assignment to work on the communication plan as part of a course in Academic Consultancy Training.

The LINSA is shown to operate on the intersection of two existing policy fields: the agricultural sector and the health care sector. These two sectors provide both the opportunities and constraints for innovation. From the agricultural sector, care farming is seen as a typical example of multifunctional agriculture and from the health care sector it is seen as one of the new service providers that have joined the liberalised health care 'market'. The specific support for the care farming sector from these two existing sectors therefore focusses on the separate elements of care farming in isolation.

The results show how the internal dynamics of the LINSA's development and the external pressures provided by the health care policy environment have shaped the development of the cooperative. The increased popularity of the cooperative can be explained by the general popularity of care farming on the one hand, but more important has been the financial regulations of the health care sector that forces care farmers to organise themselves collectively. Since Boer and Zorg was officially recognised under the AWBZ as a health care organisation, the interest of many care farmers to join has increased. The growth in membership put a strain on the organisation and forced to professionalise its operation and governance form. Over the years, the LINSA has experimented with a number of different governance forms before it has organised itself in a formal cooperative.

The constraints of the care farming, and by extension also the Cooperative, has to do with the enduring uncertainty over the financial arrangements care farmers depend on to get paid for their services. The cuts in the Personal Care Budgets and the decentralisation of health care to the municipal level have only contributed to this insecurity. This means that the care farmers will now have to organise themselves at the local level as well and the cooperative must somehow facilitate these new organisational units within its own governance structure again. As a result the tension between collective action and individual entrepreneurship within the cooperative is likely to intensify within the next few years.

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ABBREVIATIONS AND (DUTCH) ACRONYMS

AKIS	Agricultural Knowledge and Innovation System
AWBZ	Algemene Wet Bijzonder Ziektekosten: Exceptional Medical Expenses Act; a public insurance, which covers exceptional medical expenses that are not part of the regular care insurances.
BEZIG	Boeren en Zorg in Gelderland (Farmers and Care in Gelderland)
LINSA	Learning Innovation Network for Sustainable Agriculture
LTO:	Land en Tuinbouw Organisatie (Dutch Farmers Unions)
PGB	Persoonsgebonden Budget: Personal Care Budget that patients can use to buy some of the care they need.
WMO:	Wet Maatschappelijke Ondersteuning (Social Support Act)

1 INTRODUCTION

The LINSA ‘Boer en Zorg’ (Farmers and Care) is a cooperative that currently connects over 130 care farmers in the Mid-Eastern part of the Netherlands. The Cooperative Farmers and Care has its roots in a study club organised by the LTO (a Dutch Farmer Union) in 1996 on the topic of ‘care farming’ for farmers who were interested in broadening their activities beyond agricultural production. Over the years the network consolidated and became more and more formalised: first turning into a regional association (under the name of BEZIG) and later transforming into a cooperative. In this process the working area is now extended to include the provinces of Overijssel, Flevoland and Utrecht.

The official aim of the cooperative is *to “defend the material interests of her members in the broadest terms”*. Its activities include:

- Work on a quality monitoring system of care farms
- Communicate with government and other official institutes
- Promote the exchange of knowledge and experiences
- Support activities in the areas of farming and care
- Offer courses
- Broker between clients with a demand for care and care farms that provide this care
- Manage public relations
- Collect and disseminate information (about rules and laws)

Care farms are ‘innovative community-based service providers’ (Hassink et al., 2010). The green and structured environment combined with the personal attention often have positive results on the personal wellbeing of the clients/ patients working on the care farm. Work on farms delivers concrete results and focusses on those capabilities of a patient that he or she still can perform. Care farms thus provide an alternative to traditional health care facilities and they use their resources such as animals, plants, gardens, forests and the landscape to create recreational or work related activities for people in need of care (Hassink and Van Dijk, 2006).

The cooperative connects a number of these care farmers and functions as a bridge between the health care sector and the agricultural sector. As such, the cooperative can be viewed as a LINSA: a Learning Innovation Network for Sustainable Agriculture which has been defined by Brunori et al. (2013) as, *“a network of producers, customers, experts, NGOs, SMEs, local administrations, as well as official researchers and extensionists, that are mutually engaged with common goals for sustainable agriculture and rural development - cooperating, sharing resources and co-producing new knowledge by creating conditions for communication.”*

In our study we have focussed on two elements that make this LINSA of particular interest. One of the main challenges that care farmers in the Netherlands have been facing is the search for adequate financing in order to provide care services. At the moment a care farmer depends on three types of financial arrangement that pays for

the care the farmers provide for their patients. The first option is the personal care budgets (in Dutch Persoonsgebonden Budget, or PGB) that allows a patient to choose their own care farm, as long as the institute/farm is recognised as a care institution under the AWBZ. The cooperative is recognized as a formal AWBZ institution and its members thus function as subcontractor of the cooperative. The second option are the 'Care in Kind' contracts. One of the main tasks of the cooperative is to buy Care in Kind (Dutch, Zorg in Natura, ZIN) at the regional care offices (zorgkantoren). The cooperative subsequently provides these budgets to its members within this region who will be responsible for managing it for their clients. Finally a significant amount of care farmers also draw on contracts where they function as local subcontractors for other large health care institutions.

The political environment in which care farmers operate has been very volatile and the care farmers are faced with some changes that will influence these payment mechanisms. The first development has to do with the general budget cuts the health care sector is facing because of the current financial crises and the need to cut government budgets. Part of these measures affect the patients who depend on the Personal Care Budgets. Although the PGB will still exist in the future for some clients, the expectation is that this form of financing will decrease. At the same time there is a political discussion (that already has been on-going several years now) to aim for a decentralisation of government tasks in health care from the national level towards the municipal level. When this new WMO (Social Support Act, in Dutch: Wet Maatschappelijke Ondersteuning) will be implemented in 2015 the municipalities will be responsible for facilitating a major part of the day care services provided by care farms. For the care farmers' cooperative this will mean that it might have to negotiate the Care in Kind contracts with each individual municipality instead of the regional care offices. As such the external network of the LINSA is in flux as the care farmers are starting to make contact and interact with these relatively new actors in their network as a prelude to these later negotiations.

The second element that has shaped our research interest, has to do with the internal dynamics of the cooperative. The cooperative has experienced a rapid growth in term of members, turnover clients and geographical coverage and this has put pressure on cohesiveness of the network. The bulk of the work is done by a (small) number of volunteers, and it seems difficult to engage more members to become active and take a more responsible role in the network. One of the symptoms of this problem is the reported communication problems the board has reported in communicating with its regular members.

These two elements are not completely independent of each other. For instance, the financing schemes of the health care sector have been responsible for the large growth of the LINSA. The central focus of our investigations has been to unravel on the one hand the internal dynamics and external pressures on the development process of this particular LINSA.

2 METHODS

A mix of participatory workshops and more traditional research methods, such as interviews with key-informants and experts, an online survey and observations has been used to investigate this LINSA. An important role has been played by several students who were given an assignment to work on the communication plan as part of a course in Academic Consultancy Training. Below we will give a description of the different steps we have undertaken.

A first workshop with the board of the cooperative was done in January 2012. A participatory SWOT analysis was chosen as a means to get some common understanding of the (strategic) position of the cooperative, the problems and opportunities they were facing and framing the possible contribution of the Dutch SOLINSA team to those issues. Due to time constraints the SWOT analysis could not be finished, but the workshop already gave some building blocks to write base a concept research plan on. The research plan contained the following suggestions:

- To map the different source of knowledge present among the members of the cooperative
- Facilitate peer-to-peer learning of practical experiences of different types of care farmers
- Help with the adaptation process that is expected and needed to deal with the on-going efforts of the Dutch government to decentralise Health care regulations from the national to the municipal level
- Develop a long-term vision and formulate a strategy accordingly
- Develop a communication plan
- Organise field visits / facilitate the exchange of health care institutions and their officials with care farmers and the cooperative.

The Symposium ‘Buitengewoon’ in May 2012 that was organised by the cooperative was used to observe some of the members during a number of workshop that were organised. In September 2012, a multidisciplinary group of M.Sc. students was given an assignment to work on the communication plan for the cooperative as part of a course in Academic Consultancy Training. Dirk Roep was one of the supervisors of this student group. The idea of the communication plan was suggested by the cooperative and was already mentioned in the concept research plan. However, after some interviews the group of students decided that the real problem of the cooperative was not so much that it lacked a communication strategy, but that it suffered more from a confusion among the board and the regular members regarding the roles and expectation of the members towards the board. An online survey was carried out among the members that focussed on the information sources the members used, their needs for and their current sources of information and their expectation of the role of the cooperative. The findings were presented to a representation of both the boards and the regular members on an evening in October 2012.

The limited amount of time available to the students made it impossible for them to answer all the relevant issues for the cooperative. However one of their members became so enthusiastic about the whole experience that she decided to make the care farmers LNSA the topic of her Master thesis. At this moment (July 2013), she has finished the data gathering part her research and currently she is analysing the data and writing a final report. Dirk Roep is one of the supervisors of this work.

In the period April to July 2013, several individual care farmers were visited and interviewed and participated in a Q-sort to delve deeper into the different perspectives on sustainable agriculture. The results of their sustainability views will be presented in a separate report.

3 RESULTS OF THE ANALYSIS

3.1 Mechanisms of network development, learning and innovation processes and connections with the formal AKS systems

There is a number of definitions of what a network is, however they often have in common that the term network refers to a form of stable relations between an otherwise independent group of actors. Within the SOLINSA project a ‘voluntaristic view’ of innovation networks has been taken. This ‘voluntaristic view’ implies that actors shape their network in view of achieving their strategic aims and adapting it constantly to the requirements of the different partners. This type of network has been described by Provan and Kenis (2008) as ‘goal-directed networks’ and they can become extremely complex entities. The Cooperative Farmers and Care is a good example of this type of complex network, because it operates on the intersection of some established existing networks and chains in both the agricultural sector and the health care sector (Ferwerda-van Zonneveld et al., 2009).

An overview and discussion of the most important networks the cooperative is involved in, is provided in appendix 1. In this section we will limit our discussion to the most relevant network properties for this particular LNSA: size, cohesion, centralisation and the composition in terms of diversity of the network.

3.1.1 Network growth

Table 1 shows the development of the LNSA since the year 2006. This year is significant because this was the year the association BEZIG obtained its formal AWBZ certificate and became recognised as an official health care institution. The table shows that the organisation has doubled in membership for each three years since. The growth of the LNSA can almost be attributed firstly to the growth of the care farming sector in the Netherlands: more farmers have taken up care farming, but more important was the recognition of BEZIG under the AWBZ: a lot of members have indicated that their prime reason for joining the LNSA has to do with the AWBZ recognition of the LNSA and the possibility it provided them to use the Care in Kind contracts.

Table 1: Overview of cooperative farmers and care

Characteristic	2006	2007	2008	2009	2010	2013
Number of farmers	35	36	40	45	65	130
Number of clients		32	65	100	200	?
Annual turnover (x1000 euro)	25	81	262	570	950	?
Number of employees (fte)		0.2	1.2	1.2	1.2	9.0

adapted from: Hassink et al. in prep.

The growth of the network has put a lot of pressure on the board of the cooperative and the ‘bureau’ of the cooperative that has to arrange the care in kind contracts. The need for professionalization of the organisation led to a crisis in the organisation in 2009 when some of the people involved in the organisation suffered from the increased workload and developed a burn-out. At this point two new care farmers took place in the board and put a lot of their energy and personal effort into the organisation, trying to revitalise it.

3.1.2 Network cohesion

The term cohesion has been defined differently by different authors. Here we will follow Friedkin in defining group as being cohesive when: “*group-level conditions are producing positive membership attitudes and behaviours and the group members' interpersonal interactions are operating to maintain these group-level conditions.*” (Friedkin, 2004, p. 410). At the level of the individual the group cohesion has to do on the one hand with the desire of a person to remain in a group, their identification and/or loyalty to a group and on the other hand their decisions regarding their own membership (for example to sever, weaken, maintain, or strengthen their membership or participation in a group).

Within the cooperative Farmers and Care the most important reason for the loss of cohesion of the network was that the LNSA was viewed mostly as a ‘service provider’ by its members. With the establishment of the LNSA as a formal AWBZ recognized health care institution, the reason for membership for many care formers is derived directly from the service that the cooperative provides to its members in the form of the arrangement of the Care in Kind (ZIN) contracts. Members’ motivation to join is derived mainly from a narrow definition self-interest and not so much in terms of their interest in the other objectives of the organisation. The reported internal communication problems within the organisation can be attributed partly to the growth in size and the loss of cohesion within the network. Another factor that compounds the problem is that the cooperative takes a very decentralised

approach, especially compared to other Dutch regional care farming organisations (like ‘Landzijde’). Boer en Zorg emphasises the importance of individual entrepreneurship of care farmers and therefore it refuses to coordinate the division of new clients among members. New clients are encouraged to contact a care farm directly. This means that the members of the cooperative located in the same region are in fact in competition with one another. So far this has not led to any problems, but with the allocation of funds to the municipal level, some problems might start to occur in the future.

One of the main reasons for the LNSA to choose a cooperative governance structure was the idea that this governance form would strengthen the commitment of its members to the LNSA. Members would become owners of the cooperative, a new role that was thought to increase their sense of belonging and interest in the action of the cooperative. In practice this commitment has not yet materialised yet. Members have indicated in the student survey that they can do more and are willing to do more than they do now.

3.1.3 Network composition

The composition of a network influences many aspects of how it operates. A network with a very diverse group of members is likely to have different attributes than a network with people that have the same background. The literature on networks shows that a multidisciplinary and multi-sectoral innovation network is likely to deal better with complex problems, finds more creative solutions, and is better in communicating with the outside world. However, the downside of these type of networks is that communication within the network is sometimes more difficult because of the use of different discourses and perspectives make it more difficult to reach consensus. Reaching an agreement typically take more time and effort. Homogeneous networks, networks consisting of the same types of people, are in this regard more efficient. For relatively simple tasks the internal communication is easier, however this type of networks can start to suffer from a ‘tunnel vision’ where information coming from outsiders is disqualified as irrelevant. This type of network then has difficulty in communicating with the outside world and has difficulty in operating in a complex environment (Hermans, 2011).

The Cooperative Farmers and Care is a relatively homogenous network in the sense that it only contains one type of actor: care farmers. Care farmers always have been the most important members and the composition has not changed much over time. However, care farmers themselves can be divided into several sub-categories: not all care farmers provide the same type of care, nor are they active within the same type of agricultural sector. Care farms can be divided along three types of dimensions (Hassink et al., 2012):

1. the ratio in income of the agricultural production and health care provided ;
2. the origin of the entrepreneur (a background in farming or in health care) and
3. the relationship with the health care environment: do they operate as independent businesses entities, or are they part of a larger health care institution.

Within the cooperative all these different forms are presented except for care farms that are part of a larger health care institution. The choice has been made to only allow members who are operate as independent care farms, again with the argument of entrepreneurship of care farmers. Within the cooperative there is some discussion about what makes a care farmer a 'real' care farmer. In this discussion the distinction is made between care farmers who only have a relatively small farm (somewhat disparagingly referred to as a "petting-zoos") and depend for their income more on the care they provide. This type of farmers usually have a background in the health care sector, which makes it difficult for them to invest in lands, buildings and stables that often are available in traditional farming families where one of the children takes over the farm. This discussion is rooted in a different perspective on how to deal with the patients on a farm. The idea is that care farming works best when clients are given a real task in the agricultural production process. This increases their self-esteem and makes use of the qualities people can still perform. If a care farm does not perform an agricultural production function as well, the work becomes a form of 'therapy in a green environment' that has nothing to do with traditional farming anymore. How this discussion will end, is at the moment still unclear.

3.1.4 The cooperative within the AKIS

The cooperative operates on the interface of two existing sectors: the health care sector and the agricultural sector. In this section we will focus our discussion mostly on the relations of the cooperative with the Agricultural Knowledge and Innovation System. The innovation systems perspective provides an analytical framework to study techno-logical change in agriculture as a process of actions and interactions among a diverse set of actors engaged in generating, exchanging, and using knowledge (Hall et al., 2003, Spielman et al., 2008). We will look here at the position of the cooperative in relation to the formal Agricultural Knowledge System in the form of the traditional triptych of Research, Education and Extension.

At the national level, the connection of the care farming sector to research institutes, is shaped by the fact that it operates on the intersection of the health care sector and the agricultural sector. Each of these sectors also operates differently in relation to the types of research questions being asked and the matters that are worth investigating. For instance, some typical research projects funded by the Ministry of Health will focus on the general wellbeing of the clients of the care farms and the effectiveness of care farms in treating different kinds of medical or psychological conditions. This type of research project focusses not so much on the cooperative itself, but more on the individual care farms and their clientele. The main aims these particular research projects is to quantify the possible effects of care farming on the patients on the farms. The outcomes of these kinds of projects are expected to give the care farmers an additional argument that should help them in their negotiation process with the municipalities under the new WMO. From the agricultural sector, the care farming sector has is seen as a promising form of multifunctional agriculture. The establishment of the National Support Centre Agriculture and Care was an example of the support given in the early days of care farming. Nowadays, the sector been brought under the umbrella of the new 'top sector' innovation policy. This policy

is broader than just the agricultural sector and it uses Public Private Partnerships to work on innovations. Some of the research projects that have been formulated under the new ‘top sector’ policy for care farming aim to find ‘new product and market combinations’ for care farms.

The role of education within the Cooperative is more pronounced. Individual care farmers often have a link to a school or a college that offers agrarian education and many students are given the opportunity to do an internship on a care farm as part of their educational curriculum. Within the SOLINSA project, the link to the educational program of the Wageningen University has worked quite well. Although in the past some work has been done already by students, one of the main conclusions of the evaluation session was that the opportunity the cooperative can provide students, for instance to do an Academic Consultancy Training, or find a topic for their M.Sc theses, is beneficial to both the university and the cooperative itself and is worth trying the extent this link in the future.

In the 1990s the agricultural extension service was privatised in the Netherlands and this has led to a wide range of agricultural consultants and advisory firms that have taken up the role of extension workers on a commercial basis. At the farm level, there are some contacts of individual care farmers with specific consultants whom they hire for specific services (for instance, help with the implementation of quality certificates). Examples of these kinds of organisations are Orgyd procesadvies, Bureau Landschap (with a direct tie to the chairman of the cooperative), LTO-Advies (part of the farmer union), Buitenkans and LEAS (a consultancy agency with roots in the healthcare system).

3.2 Learning and innovation processes

Learning and innovation are central to the concept of a LINSA. In this section we will first take a look at the innovative ideas behind the concept of care farming and subsequently will investigate some of the dominant learning processes within the cooperative and finally we will look at how the Cooperative functions within the Agricultural Knowledge and Innovation System as a whole.

3.2.1 Care Farming as a System Innovation

The innovation of the health care farms operate on the intersection of two established regimes: the agricultural and the health care sector. Hassink et al. (2013) argue that neither the agricultural domain nor the healthcare domain offers the proper structural embedding for such a hybrid practice and that is in fact a move away from these separate domains and represents the emergence of a new sector. They see care farming thus as a system innovation because it draws on some elements of existing regimes, bypasses other elements and creates new regime elements itself. As such it develops radically new concepts for providing existing products and services. Flinterman et al. (2012) refer to care farming therefore as an ‘intermediary regime’, one that bridges the formerly incompatible regimes of health care and agriculture

which in the process builds new networks, rules and regulations that are specific to this combination of functions.

They explain the development of the health care farming sector in the Netherlands by referring to the Multi-Level Perspective (MLP) of transition theory. The multi-level perspective offers a framework in which system innovations are seen as the result of the interactions between a set of nested systems operating at three different levels: (1) the relatively fast-changing micro level of niches, (2) the stabilising mechanisms of meso-level regimes, and (3) the slow-changing macro level of the socio-technical landscape (Geels, 2002, Geels and Schot, 2007).

At the landscape level developments in both the agricultural sector and the health care sector contributed to the development of care farming. Within the health care sector the trend towards liberalization and socialization of care and empowerment of clients have been important developments that also led to the introduction of new form of new financial arrangements (such as the personal care budget) and the easier access for new types of health care suppliers to obtain an AWBZ accreditation. In the agricultural sector the once dominant Dutch iron triangle that hegemonised the Dutch agricultural policy arena after the World War II became under increasing pressure from the 1970s onwards. Trade liberalisation, increasing pressure from the growing concern for nature conservation and the environmental lobby, and finally the increasing mobility of both city dwellers and farmers and the changing position of the countryside in spatial planning led to a collapse of the iron triangle of the ministry of agriculture officials, sector specialists and members of parliament and broadened the view of role of agriculture away from agricultural production but also to include other functions. Care farming fit very well with these new ideas on multifunctional agriculture and Hassink et al. call care farming a form of 'strong multi-functionality (Hassink et al., 2012): it is an activity that is characterised by an emphasis on social, economic, cultural, moral, and environmental capital and low farming intensity and productivity. The changes in the existing health care and agricultural regimes led to the space for several regional networks of care farmers to operate in. The Cooperative Boer and Zorg is an example of one of the regional networks that sprung up due to these changes in the landscape and regime levels.

3.2.2 Learning processes

Learning, in its classical definition, means a change in behaviour as a result of experience or practice (page 53, (Harkema, 2004). Argyris and Schön (1978) identified different levels of learning. The first level of learning, called single-loop learning, is learning from experiences basically in a fashion described by Kolb (1984) in the OADI cycle (Observe – Assess – Design – Implement): First an experience is made, then observations and reflections on that experience are created, thirdly abstract concept and generalizations are formed and finally these ideas get tested in new situations. This type of learning assumes an iterative feedback between actors and their environment; the actor is changing the environment and these changes in turn are affecting the actor. In double-loop learning not only detection and correction of errors occurs, but the underlying model or schema is questioned and modifies existing norms, procedures, policies and objectives. Finally, deuterion-learning is the third level of learning. It means the ability to carry out single-loop and double-loop

learning and says something about how people and organizations ‘learn to learn’ It takes place at the highest aggregate level, where the way of learning is questioned and adapted.

A second approach to learning that is popular in the innovation literature is the concept of ‘social learning’. Social learning theory takes a more relational approach to learning. It emphasises the importance of information exchange with other people in order to come up with new and innovative ideas (Leeuwis and Pyburn, 2002, Röling and Wagemakers, 1998, Reed et al., 2010). Social learning is characterised by the gradual alignment of frames and the negotiation of meaning between collaborating innovation partners. In this section we will draw on both theories to explain some of the learning that has been taking place within the Cooperative Farmers and Care.

Learning takes place at all levels of the organisation. Individual care farmers learn how to be care farmers. This often involves learning how to manage the part of the care farming equation that they are not familiar with: for people with a background in the health care sector this means learning about certain aspects farming and for the care farmers with a background in the agricultural sector this often means learning how to deal with specific type of medical condition. Within the cooperative a programme has been developed in collaboration with an agricultural education centre (de Groene Welle) and this specific programme is supplemented with courses that are offered by commercial advisors. The courses on offer can be categorized into three broad subjects: 1) health care topics, such as dealing with specific types of patients who suffer from Alzheimers’ disease or autism, but also other types knowledge that involve medication and first aid. The second category is aimed a specific agrarian skills: using a chainsaws, sheep saving, drivers licence tractor. The final category involves the organisational and financial; aspects of running as care farm: how to train interns, and manage volunteers but also a course in setting up a quality management system and a workshop on the financial aspects of the care farm.

At the level of the Cooperative a lot of learning has been taking place in recent years how to organise the Care Kind contracts, how to deal with the regional care offices and how to deal with the internal organisational processes. The cooperative also had to learn how to best navigate the rules and regulations of the health care sector. During the first period after it got recognised under the AWBZ, Boer and Zorg had a limited network in the health care sector. This has led to some problems with members who incurred financial penalties for administrative mistakes. This has led to some distrust both from farmers and the health care organisations as to the quality of the organisation of the cooperative. During the last years some of these problems have been remedied, however it took a lot of time and energy from some members of the board.

The results of these learning processes are reflected in the increased professionalization and standardisation of the internal procedures and mechanisms of the cooperative. The cooperative now requires its members to work with a specific software programme for the administration. New members are required to go follow a specific training to learn how to use the software. Although the outputs of what has been learned is reflected in the different rules and regulations of the cooperative, these learning processes themselves have not been documented systematically. The

organisational know-how is concentrated in a few members of the board and is likely to get lost for the organisation as a whole when they take a step back from the organisation.

Double loop learning can be expected to occur within the different Working Groups that have organized themselves operate on a specific topic within the cooperative. Examples of the topics discussed in these Working Groups are: Transition of the WMO, SROI - Social Return of Investment and Youth Empowerment. Some of the employees of the bureau of the cooperative also play a role in facilitating these Working Groups. Marlou van den Bosch shows (in the preliminary results of) her M.Sc. thesis how this process has worked in the Working Group that deals with the possible consequences of the decentralization of the WMO to the municipal level (the Transition of the WMO group) (Van den Bosch, 2013, in prep.). She has attended both internal working group meetings and meetings where the care farmers interacted with civil servants from some municipalities in one of the Vechtdal region. Although she doesn't use the term learning in her investigation, her data do show the process of negotiation of meaning between the care farmers involved and some of the civil servant from the three municipalities in the Vechtdal region during some of their meetings. Important differences in the frames used between the care farmers and the municipalities deal with the conflict of interest between 'good care' and the costs of care. Municipalities argues for a scale increase of the care farmers in order for them to be able to deliver cheaper care. The care farmers however, see this as a threat to their values small scale operations and argue that the municipalities don't understand the real nature of the care farm. The second issue she identifies has to do with the collaboration process of the care farmers themselves. They have not yet learned how to operate as a united group with a common vision, instead of 25 independent entrepreneurs. They have realized that this potentially harms their negotiation position, and this has been identified as an issue the group has to work on. The final issue she discusses has to do with the on-going uncertainty how the WMO will be implemented in the end and how the municipalities will operate: whether the three municipalities in the Vechtdal region will operate together, or will formulate their policy separately.

3.3 Tasks, roles and emerging quality needs for the knowledge and skills of actors and institutions.

The different roles and emerging quality needs of the actors and the organisations involved in the formation of the cooperative can best be described using the changes in governance structure of the cooperative. In their review of network governance types, Provan and Kenis (2008) make a distinction between two dimensions. The first is the whether the organisations within the network share the responsibility of all governance tasks or is the governance outsourced to a single lead-organisation. The first results in a highly decentralised and dense network while the second leads to strong centralisation of governance tasks. The second dimension that applies to the brokered networks, is the question whether network governance is internally done by the network participants themselves, or externally by a Network Administrative Organisation (NOA). This last type of Administrative Organisation can still be set-up

by the network partners themselves, but it can also be required a mandatory precondition for the formation of the network. We will use these distinctions to describe the evolution in the governance structure of the Farmers and Care cooperative as it evolved over time.

Figure 1: Development of governance over time

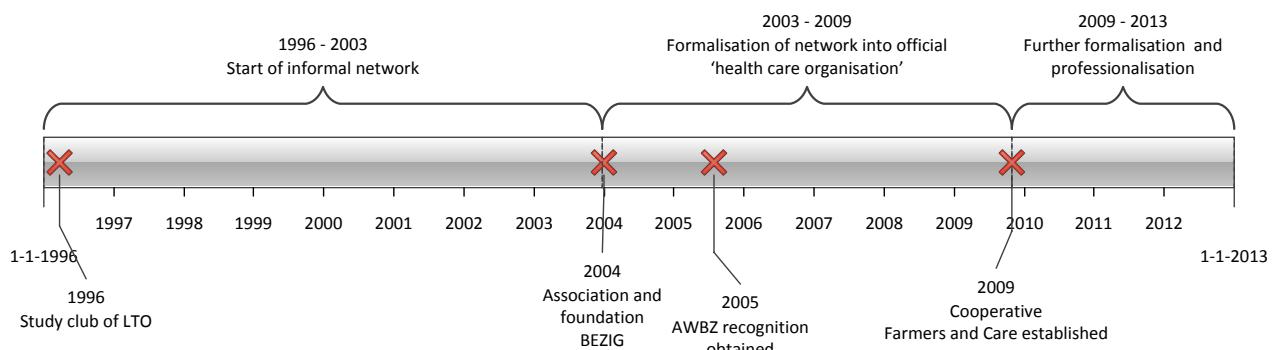


Figure 1 shows the different governance phases that the LINSA has known over time. The first phase (1996–2003) started when a group of local care farmers from the region Gelderse Vallei and Veluwe, met each other in a study club of the LTO (Farmer Union). During this time the group functioned more or less as a Community of Practice (Lave and Wenger, 1991, Oreszczyn et al., 2010) collecting and spreading information about care farming to potential farmers interested in broadening their agricultural production function. During this phase the network governance is shared between all the members of the network and decisions are taken informally.

During the second phase (2004–2006) the network became more consolidated and more formalised with the establishment of a regional association of care farmers. The association was named Boeren en Zorg in Gelderland, or BEZIG for short. Most important aim of the association was to gain the recognition as an official health care institution covered under the AWBZ that would allow the association to make annual budget agreements with health care officials (zorgkantoren) about the care that is provided by the members of the association. During this phase the governance form is dictated by the external health care policy environment. For instance one of the requirements for the official recognition, the association established a separate legal foundation in 2005 alongside the existing association. This legal foundation installed an Board of Supervisors because that was also a legal precondition for the recognition under the AWBZ law. In 2006 a small contract was extended to the BEZIG foundation and a year later this contract was further expanded. During this phase the governance becomes more centralised with a daily board that is responsible for the day to day management of the association. Within the organisation a ‘bureau’ is established that is tasked with the management, negotiation and administrative fulfilments of the Care for Kind contracts.

This second phase sees a quick expansion of the LINSA that puts pressure on this small group of farmers and the bureau. Farmers from outside the province of

Gelderland also became interested in the membership of the association. It's a phase of intensive learning, partly by trial and error about the rules and regulations within the health care sector. The fact that most of the members had an agricultural background and not such an extensive health care sector network (compared to some other regional care farmers networks in the Netherlands), put the BEZIG association at a disadvantage they had to work hard to overcome. With the increase in size, tensions arose between the organisation of the association BEZIG and its foundation with regard to their aims, ownership and management. In 2009 this led to an internal crisis when the workload became too much for some of the board members and some new members came in and took over the work.

The crisis in 2009 led to the desire to further professionalise the organisation. The establishment of the cooperative marked the start of the third, currently still on-going phase of network governance. The new cooperative was established to solve the tension between the association BEZIG and the foundation, but a second important motivation to turn to this new formal governance structure has the expectation that a cooperative model would enhance the commitment of the members because they would no longer be owners, but in the new situation become also the owners of the cooperative.

Over time the governance of this particular LINSA has become more formalised and centralised. During the last years, the internal bureau of the cooperative has also grown. At the moment it has a size of 9 fte (full time equivalents) that fall under a new director, who is also a member of the daily board. The office is for most farmers the direct link to the cooperative and it could be seen as a sort of 'Network Administrative Organisation'. However the strategic decisions within the LINSA are not taken by this administrative office. Formally these are prepared by the board and decided upon during the General Assembly: the members themselves.

3.4 Support measures

There is an important difference between the national level support for the concept of care farming and actual support the cooperative has received. At the national level, one of the most important organisations has been the earlier mentioned National Support Centre Agriculture and Care. One of the early pioneers in care farming 'Omslag' together with the national farmers union (LTO) and a third organisation with a long history in community care (The Rudolph Foundation) initiated the National Support Centre Agriculture and Care in 1999. This support centre was subsidised by the Ministry of agriculture and the Ministry of health, welfare and sports. We have not been able to find any records of the amount of money involved, but it must have been a substantial amount of money (100k). Initially the support point was subsidised for a period of three years (1999 – 2002), but after this period the subsidy was extended for another 4 years (until 2006) at which point it was decided to slowly reduce the subsidy to force the farmers to 'stand on their own financial feet'. The objectives of the support centre 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. At the end of 2008, the national government stopped the subsidy of the Support Centre and a new national Federation for Care Farming was established. This Federation was paid for by the existing regional care farming associations. The Federation still plays an important

role in lobbying on behalf of the care farming sector, securing resources, in stimulating regional cooperation between farmers and giving the new sector a certain legitimacy. Finally, the Federation plays also an important role in the coordination of the research projects being done on care farming and one of its aims is also to translate the results of these scientific investigations for the benefit of the care farmers.

Even though the support of the care farming sector at the national level is viewed by most actors as being sufficient, at the regional/ provincial level that the Care Farmers LINSA mostly operates, the support is, and has been, practically non-existent. In the whole history of the cooperative, there has not been any direct funding support or other financial instruments that have been used to directly support the LINSA. All activities have been funded by the members themselves. At the moment there is one project that focusses on ‘youth empowerment’ in care farms and this project has been made possible by a grant from an independent foundation.

There are several possible explanations of this fact. The first has to do with the difficult position the cooperative has within the care farming sector itself: it is made up of members of several regional associations, but the cooperative itself is not part of the National Federation. As such it is not seen more by the provincial authorities as a facilitating organization of the associations, but not as an organization in its own right. The second possible explanation can be the strong focus the cooperative has on individual entrepreneurship. The cooperative promotes independent care farms and any help from the government is not wanted in this process. The care farmers themselves have indicated that their position within the regional network is relatively weak compared to other actors such as the LTO (farmer union). These organisations do sometimes try to organise seminars or other meetings regarding care –farming, but the LINSA is not asked to set-up the meeting and these meeting therefore do not really address their issues. Or, in other cases, speakers are invited on topics that some people from the LINSA consider themselves to be the experts on. All in all the access of the LINSA to the regional policy network is weak.

3.4.1 Evaluation criteria used for effectiveness and cost-efficiency

The decision to go through with the national support point at the end of 2005, was decided directly in parliament and was the result of successful lobbying and did not seem to be part of an existing policy evaluation cycle. Although the subsidy itself does not seem to have been evaluated, the concept of care farming has. In 2012 a report was published that made a comparison of the effects of day care provided by the care farms (paid for by the government under the AWBZ law) benchmarked against conventional health care institutes using a *societal business case* (Ernst & Young, 2012). Although the report did not evaluate the direct support for the LINSA, its conclusions can be used by the LINSA to argue for a further development and support of their activities.

Evaluation criteria were:

- 1) the direct costs incurred by an average care farm,
- 2) the direct effects on clients of the care provided by care farms;

- 3) the broader societal effects of care provided by care farms;
- 4) a benchmark of the direct and societal costs and effect compared to conventional health care.

All these effects have been calculated in monetary units (euros). One of the main conclusions of the report was that care farms provided more societal relevant benefits compared to conventional health care facilities, especially with regards to care for the elderly. The cost efficiency of care farms themselves varied greatly, but the large care farms seemed to be able to provide the care they gave with the budgets provided by the government for such care. Smaller care farms have more trouble to remain within these budgets and seem to barely make a profit on this part of their activities.

The LINSA itself is involved in the further development of a measuring instrument called Social Return On Investment, SROI. They are developing that now. No results yet, but they expect a lot from it.

3.4.2 Effectiveness (impact) of support

Since the LINSA has not had any kind of direct support it is difficult to evaluate the contribution the support mechanisms have had for the development of the LINSA and their effectiveness in achieving its results. Regarding the support of care farming at the national level, it has been noted that the support for the National Support Center Agriculture and Care has worked very well in putting the care farming sector in the map. However, it has also been noted that the subsidy for this centre also made the care farmers a bit ‘lazy’. After the national subsidy was stopped and the centre had to transform itself into a Federation, it took a couple of years to make this transition properly.

The fact that the care farming sector operates on the intersection of two existing sectors, makes that the support the care farming sector receives is highly influenced by the traditional perspectives within these two sectors. It means that the research projects that are being financed take on one element of the care farming concept (either health care or farming). This can be seen most clearly when we look at the new innovation policy for the ‘top sectors’ in the Netherlands. The aim to find ‘new product-and- market-combinations’ for the care farms, seems to be more driven by the applied research organisations participating in the top sector policy than by the care farmers themselves. Care farmers (and the Cooperative is a good example) pride themselves on having an entrepreneurial perspective. This type of farmers are quite able to look for new market opportunities themselves that does not need to be supported by a research project. The other category of care farmers are into care farming because of idealistic reasons. They focus more on the health care aspect and less on the farming aspect. It is unlikely they these farmers are interested in broadening the activity on their farms because they often have no real farm to speak of (“petting zoos”, or “gardens”). They lack the land, machinery and buildings to really start farming. In of the interviews the cynical remark was made that the budgets were already available from the government, which meant that the care farmers themselves did not have to invest much, which probably made them less critically reviewing the potential worth of these research projects.

4 CONCLUSIONS

The effect of size, and especially the exponential increase of the size of the network in a relatively short time, has defined many of the decisions that LINSA actors have had to take in the last couple of years. The Cooperative Boer en Zorg has grown from a small to medium sized LINSA (compared to some of the other LINSA within the whole SOLINSA project) and this increase in scale also has had its effect on the need of the governance of the LINSA. This has made the governance issue for this LINSA of one of the most important aspects that has continually evolved over time.

The second characteristic of the Cooperative: its innovative approach takes place on the intersection of two existing policy fields: the agricultural sector and the health care sector. These two fields both support the general idea of care farming, but in practice they frame the development of the care farming sector through their own somewhat biased lenses: from the agricultural sector, care farming is seen as a typical example of multifunctional agriculture and from the health care sector it is seen as one of the new service providers that have joined the liberalised health care 'market'. The specific support for the care farming sector from these two existing sectors therefore focusses on the separate elements of care farming.

Thirdly, the LINSA shows that we have to make a distinction between the general support of an innovative idea: care farming and the specific support the cooperative has received. While the general idea of care farming has received, and still is receiving, support at the national level in the form of dedicated research and innovation projects the cooperative itself has not received any support, financial or otherwise. Although the effects of the national support measures can be expected to benefit the Cooperative as well, this support gives more indirect results. It seems what the Cooperative would benefit more directly if it would have received some support with the internal and external network development work and the governance issue it has been struggling with.

Finally, the constraints of the care farming, and by extension also the Cooperative, has to do with the enduring uncertainty over the financial arrangements care farmers depend on to get paid for their services. Already in 2008 a research agenda was published for the care farming sector identified

the realisation of sustainable financing structures as one of the main challenges for the sector as a whole (Blom and Hassink, 2008). Six years later the insecurity over these payment mechanisms has only increased. The cuts in the Personal Care Budgets and the decentralisation of care under the new WMO have only contributed to this insecurity. For the Cooperative Farmers and Care this means that their attachment to individual and independent entrepreneurship will come under pressure. The municipalities responsible for the WMO will want to have single negotiating partner who speaks for all the care farmers in the region. This means that the care farmers will have to start organising themselves locally even more than they are organised now and the cooperative must somehow facilitate these new organisational units within its own governance structure again.

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APPENDIX 1: ORGANISATIONAL CHART OF FARMERS AND CARE COOPERATIVE

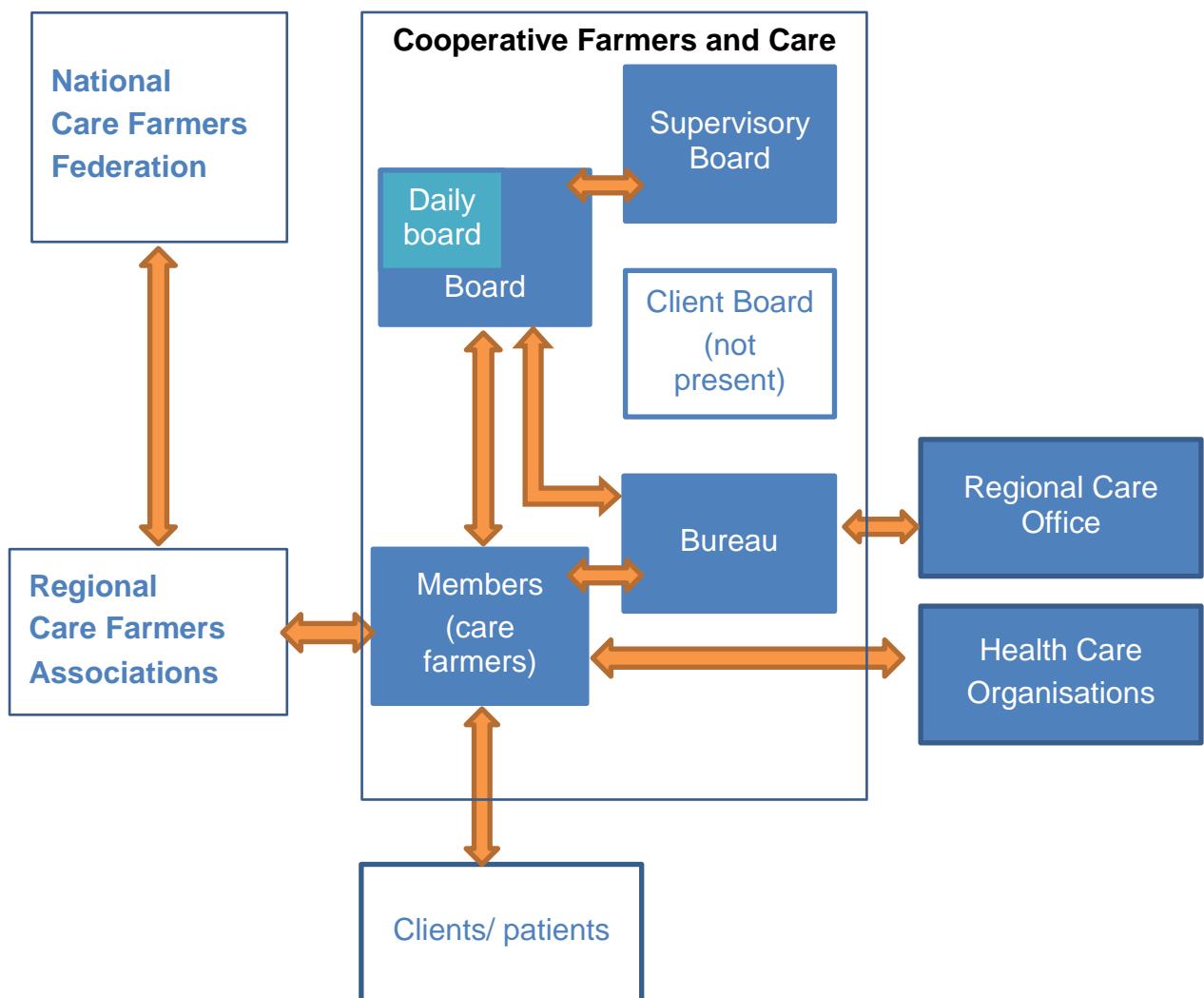


Figure A.1 Organisational scheme of the Cooperative Farmers and Care

The formal governance form of the LINSA is cooperative model:

- The board supervises the day-to-day management of the cooperative and its members
- The general assembly chooses the board from among the members. The General Assembly, or General Members Meeting (GMM) is organised every six months. Although this meeting is considered to be rather important, members are not very pleased with the way the meeting is organised, at least according to the interviews the student group undertook. Some of their respondents argued that the cooperative grew too fast in the last couple of

years and it is difficult for the board to handle the management of so many new members. During the GMM, everybody would like to discuss his or her own problems making the GMM too inefficient.

- The Supervisory board acts an independent external group that is mandated by law for institutions covered under the AWBZ. It supervises the functioning of the board and assures that the cooperative maintains its quality needed for the AWBZ recognition.
- Another requirement from the health authorities is the establishment of a board of clients. This has not been installed yet, although some preparatory work has been done to install one.
- The bureau of the cooperative is responsible for some of the internal organisational aspects of the cooperative: it plays a role in the coordination of Working Groups, but its most important role is regarding the negotiations of the Care in Kind contract with the various Regional Care Offices. To deal with the increasing work load, the bureau has increased significantly in size. The director of the bureau is also a member of the daily board.
- The members of the cooperative are the individual care farmers. In order to be eligible for membership a care farmers must have a number of quality certificates that testify to the quality of the care he or she provides. Secondly only care farmers who are also a member of one of the regional Care Farmers Associations can become a member of the cooperative.
- The regional care farmers associations provide the link to the national Care Farmers Federation. At the national level the Federation for Care Farmers places an important role and one of the problems of the cooperative is that it does not have a formal connection to the Federation. This makes that decision and opportunities at the national level are not directly communicated to the board of the cooperative, but the board members depend on the boards of the regional associations to inform them, but this does not always happen.

A care farmer depends on three sources of funds for the care he or she provides. The first is the Personal Care Budgets that their clients have and can hire their services directly. The second option is to work as a subcontractor for a larger health care institution. For many of the members of the cooperative this a model that they (also) operate under. The final option, and one of the main motives for many of the farmers to actually join the cooperative, is the Care in Kind contracts that cooperative can negotiate with the Regional Care Offices under the AWBZ law.

At the moment the care farmers do have contact with the municipalities for practical matters such as zoning regulations and local permits the municipality is responsible for. However under the new WMO (to be implanted in 2015), the municipalities will take over the role of the Regional Care Offices and become much more important for the individual care farmers to deal with.

APPENDIX II: POSTER



SOLINSA

Support of Learning and Innovation
Networks for Sustainable Agriculture

Agricultural Knowledge Systems In Transition:
Towards a more effective and efficient support of Learning
and Innovation Networks for Sustainable Agriculture

solinsa.net

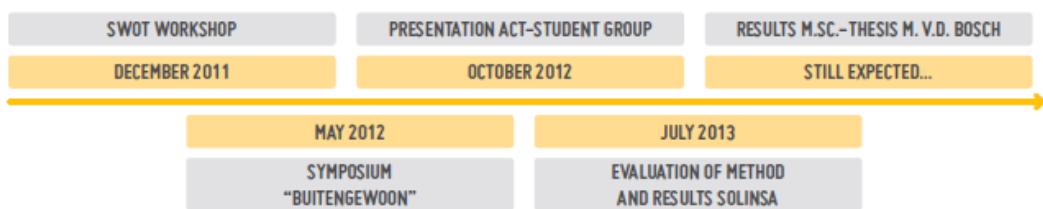
COOPERATIVE FARMERS AND CARE MID-EASTERN PART OF THE NETHERLANDS



01. THE LNSA

- A. Aim:** defend the interests of her members, for instance by negotiating 'care contracts'
- B. Membership:** ±130 professional care farmers
- C. Organisation:** as a formal cooperative

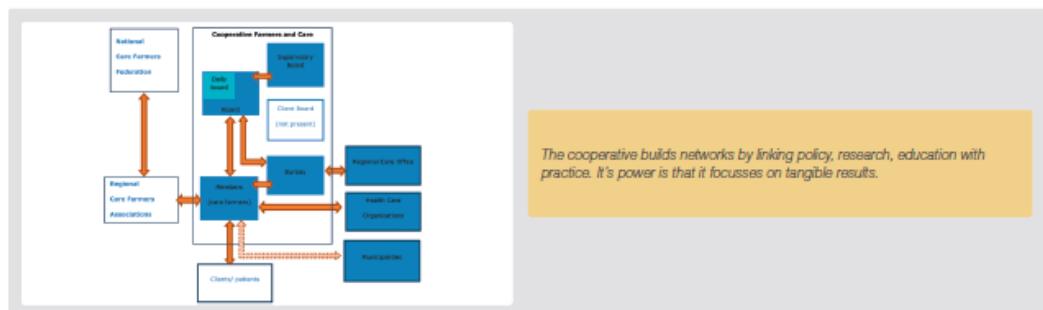
02. INTERACTIONS WITH THE SOLINSA PROJECT TEAM OVER THREE YEARS



03. HOW TO SUPPORT A LNSA ?

- Find the appropriate level to provide support
national vs regional, but also board vs working groups
- From AKIS perspective: use (lots of) students!
- Help to develop and maintain links to regional authorities

04. QUOTATION AND PICTURE



WAGENINGEN UNIVERSITY
WAGENINGEN UR

