

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

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ABSTRACT For agricultural and rural development in Europe, multifunctionality 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.

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

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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 produced and sold is widened. The term *multifunctionality* 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 render 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 multifunctionality, characterized by strong social, economic, cultural, moral, and environmental capital and low farming intensity and productivity (Wilson 2008). Such multifunctionality 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 multifunctionality 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 (Cairl 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.

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, Peacock, and Pretty 2008). Farmers use the farm context and agricultural activities to improve the quality of life and inclusion of vulnerable groups in society.

Hassink, Hulsink, and Grin (2012) 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, van Erp, and Hassink 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).

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 (Pfeffer and Salancik 1978). Transition studies suggest that these activities are espe-

cially 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 isomorphism (Di Maggio and Powell 1983; Scott 2001) emphasizes general beliefs and rules that add a prescriptive and obligatory dimension to social life. 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, van der Ploeg, and Wiskerke 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).

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, Tsui, and Hinings 1993). 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, Payne, and Ketchen 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, Newport, and Rasheed 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, Thomas, and Snow 1993). Configurational research contends that some configurations fit better than others within any given context and thus are more successful (Short et al. 2008).

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.

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.

Structure

To select key dimensions for the analysis of care farms, we studied existing literature and interviewed representatives of regional organiza-

tions 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.

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).

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, constrain, 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.

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).

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 pro-

duction 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.

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.

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 interobserver 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 semistructured 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 semistructured 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.

Results

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. 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.

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.

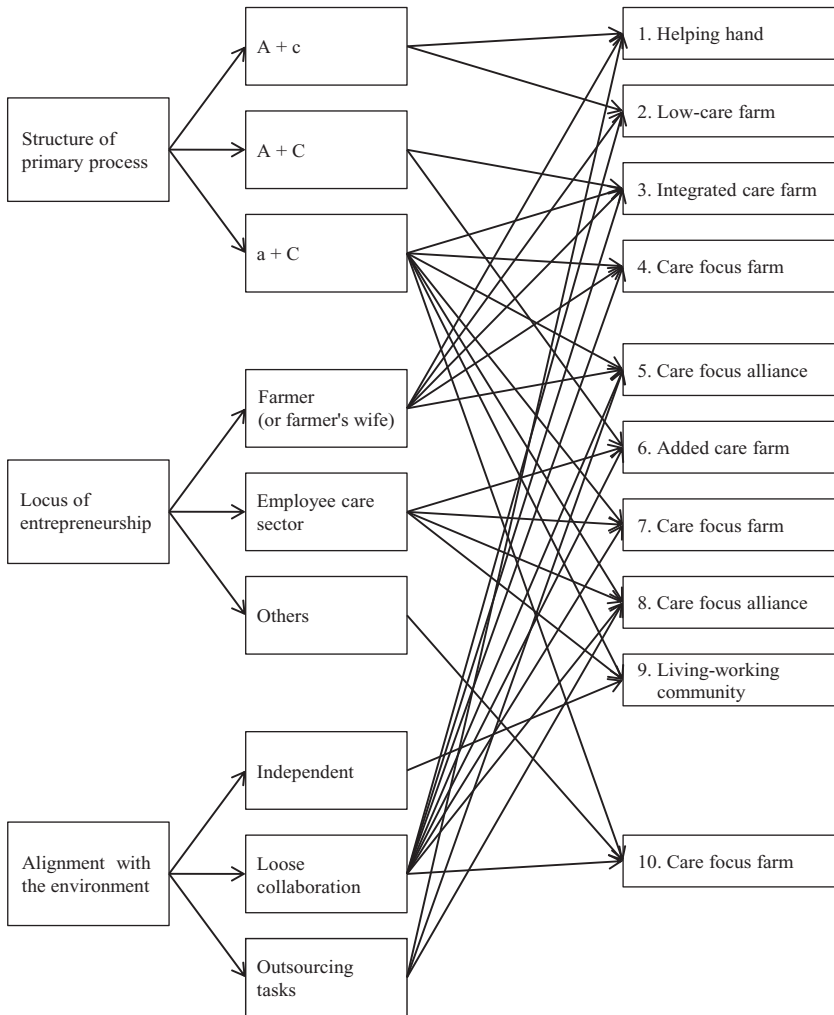


Figure 1. Typology of Care Farms and the Existing Types of Care Farms (A + c = Contribution Agricultural to Total Income > 75%; A + C = Contribution Agriculture and Contribution Care to Total Income Both > 25%; a + C = Contribution Agriculture to Total Income < 25%).

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 activi-

ties 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.

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.

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.

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).

Discussion

This study adds to existing literature on multifunctional agriculture in its discussion of the diversity of care farms, a novel sector of multifunctionality that, in spite of its rapid growth, has hitherto received very little

Table 1. Overview of the Characteristics of the Six Major Types of Care Farms.

	Initiated by Farmer's Family on Existing Farm					Initiative by Former Employees of the Care Sector		Initiative by Other Persons
	1. Helping Hand Alliance	2. Low-Care Farm	3. Integrated Care Farm	4. Independent Care Focus Farm (Farmer)	7. Independent Care Focus Farm (Former Employee)	10. Independent Care Focus Farm (Other)		
Starting year	2000-2011	2000-2011	1998-2011	2000-2011	2003-2011	2003-2011	2003-2011	
Focus of care farm	Agricultural production	Agricultural production	Agricultural production and care	Care	Care	Care	Care	
Organization type	Family farm	Family farm	Family farm	Family farm	Family farm	New family farm	Variable, often foundation	
Motivation of initiator and care farmer	Labor, 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	Better care, own enterprise	Solidarity, equality, example for society	
Number of clients/day	1-3	1-6	7-15	>7	>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	Initiator (I) +A	I + A	
Contribution to agricultural production	+	+/-	+/-	+/-	+/-	+/-	+/-	
Adaptations in farm characteristics	-	-	+	++	++	++	++	
Profit formula	Single revenue model (agriculture), clients contribute to agricultural production, investments and costs low, subcontractant	Multiple revenue model (care is limited), investments and costs; low, financing mechanisms: PCB and subcontractant	Multiple revenue model, investments and costs; considerable, financing mechanisms: PCB and subcontractant	Single revenue model: care, investments and costs; considerable, financing mechanisms: diverse	Single revenue model: care, investments and costs; high (buying a farm), financing mechanisms: diverse	Single revenue model: care, investments and costs; high (buying a farm), financing mechanisms: diverse	Single revenue model: care, investments and costs; high (buying a farm), financing mechanisms: diverse, attracting funds	

- = not at all; +/- = limited; + = to some extent; ++ = considerable; F = farmer; W = farmer family; A = additional personnel.

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 multifunctionality 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 multifunctionality 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 develop-

ing 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.

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 multifunctionality, 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.

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