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Civil society as a government steering mechanism: a comparison between sport associations and patient organizations in the Netherlands

Authors:
M. Waardenburg MA
Utrecht University
School of Governance
Contact: M.Waardenburg@uu.nl

H. van de Bovenkamp Ph.D.
Erasmus University Rotterdam
Institute of Health Policy & Management
Contact: vandebovenkamp@bmg.eur.nl

ABSTRACT

Civil society organizations (CSOs) increasingly become involved in government interventions as a response to the liquefaction of modern social life. In this article we present qualitative data from a comparative case-study into two civil society sectors in the Netherlands. We argue that under the label of 'active citizenship' government manufactures civil society: its involvement with CSOs has meaningful consequences for the activities of these organizations, their organizational structure, and their organizational ideology. Our findings suggest that four different mechanisms are employed simultaneously to steer CSOs' development towards government appointed goals and structures: finances, accountability procedures, demands for partnerships and symbolic language. We conclude by making an argument for further research in order to be able to capture the complexities of the use of these different mechanisms and the consequences they have for the ability of CSOs to bring about positive social effects.

INTRODUCTION

The dominant narrative in governance literature is that government is losing its hierarchical position and cannot just authoratively steer public policy. As a result new modes of public governance arise which focus much more on network governance in which civil society organizations play an important role (Stoker, 1998). Part of this policy has also been a focus on the involvement of citizens and their organizations. In the last two decades many Western welfare states have granted their citizens more choice and more influence in the provision of public services (Clarke, Newman et al. 2007). This does not only apply to the individual level, where citizens can influence their own service provision but also to the collective level of civil society organizations. The activities of these civil society organizations are expected to bring many positive results: it would revitalize the social by increasing social capital and social trust, improve public services, and make them more democratic (Trappenburg 2008, Van de Bovenkamp 2010). However, increasing the role of these organizations also stems from more instrumental objectives such as shifting responsibilities from the state to its citizens and their organizations thereby cutting back costs (Van Oorschot, 2006). Moreover, as we will show in this paper, civil society can also be used by the government to accomplish other policy goals. So the involvement of civil society can be seen as a way to give citizens more control and at the same time as a way for government to steer public policy within network arrangements. As of yet not much is known about how this steering takes place. This paper aims to contribute to the knowledge about this subject gap by addressing the following research question: *How does the Dutch government influence civil society organizations, which mechanisms does it use for this and what are the consequences for these organizations?*

We present a comparative analysis of two voluntary sectors in the Netherlands: sport associations and patient organizations. The Dutch case is an interesting one to study in this regards since we can observe a changing government attitude towards social welfare provisions and the role of civil society organizations therein since the late nineteen eighties. It has been argued that a fundamental shift from a collective solidarity model towards one of personal responsibility is highly visible, through the introduction of neoliberal elements and cutbacks in the degree of social spending by the state (Van Oorschot, 2006). Moreover, active citizenship has become a major issue and a driving force for policy choices (Verhoeven & Ham, 2010). Central feature is the redistribution of power from the state to citizens through an active involvement of civil society organizations (CSOs) in many policy areas. Sport and patient organizations were chosen because of the risen attention they both receive from government as possible partners in public governance from the nineteen eighties/nineties onward and because they represent different policy sectors enabling us to gain insight into possible different approaches of government steering.

In this paper we will first present an overview of the literature on the role of civil society organizations and their relationship with government. Thereafter we will describe the methods used to study our cases. In the results sections we will first present the case of government policy directed at sport associations and the consequences thereof before moving to the case of patient organizations. In the following section where we compare

these cases we will show which similar and different mechanisms government uses for steering the activities of the two types of CSOs.

PUBLIC GOVERNANCE OF SOCIETAL SECTORS

This section presents a general overview of the literature on what can be called the public governance of societal sectors. We start with literature on the role in and contribution of CSOs to society. Next, we argue that the literature offers helpful typologies for describing different types of relations between government and CSOs, but that it lacks in understanding underlying mechanisms that create, sustain and change those relations.

Much of the literature on CSOs, or more broadly on the third sector, focuses on different types of CSOs (Gordon & Babchuk, 1959; Warriner & Prather, 1965; Smith & Freedman, 1972) or on the roles such organizations play in society (Edwards, 2004; Putnam, 2000; Salamon & Anheier, 1997; Van de Donk, 2001). The contribution of CSO's to society is much acclaimed, since they are said to contribute to a healthy democracy (Putnam, 2000; Zijderveld, 1999). Self-organization as a dominant feature of these organizations is highly valued; it functions as a way to express social identity, increase self-esteem and helps people to increase their social capital (Bekkers, 2005; Edwards, 2004; Putnam, 2000). Social capital increases trust and citizen participation in communities, which helps in resolving collective problems, keeping transaction costs low and coping more effectively with individual traumas, illness or losses. In other words, 'civic connections help make us healthy, wealthy, and wise.' (Putnam, 2000: 287). Civil society organizations play an important role in bringing these positive effects about, creating spaces where social capital can be fostered and links between citizens can be created (Putnam 2000). These CSO's can be inward looking bringing together and reinforcing certain identities of particular groups (where so-called bonding social capital is created) and more outward looking bringing together people together across social cleavages (here bridging social capital is created). Both can create positive effects but it is argued that CSO's bringing together people across social cleavages are preferable for a democracy and a sense of citizenship for all (Skocpol, 2003).

So we can conclude that CSO's can play an important role in society. Governments seem to have recognized this fact and show a keen interest in these organizations. The relationship between the two has therefore become a subject of attention of scholars as well. This has led to several typologies - which in this paper are not used to simply describe the relationship between government and CSOs but to facilitate in analyzing mechanisms used to steer CSOs' activities by government. For instance, Young (2000) argues that relations between government and the nonprofit sector are multilayered. He conceptualizes these relationships as supplementary, complementary, or adversarial. Mandell and Keast (2008) have later built on this framework adding active collaboration as a fourth type. Both typologies favor the role of government in that the typologies describe the way CSOs relate to government; they deny the way government relates to CSOs as a relevant aspect of the inter-organizational interaction style.

Najam's (2000) four-C framework is probably the first conceptual scheme that describes both directions of the relationship. He looks at relationships between NGOs and governments through a lens that focuses on the strategic institutional interests of both

parties, focusing on goals (ends) and strategies (means) to obtain these goals. In so doing the framework gives more room for autonomy in articulating and actualizing certain goals or interests by both actors involved. Najam distinguishes between four possible NGO-government relationships, which are closely related to the previously mentioned typology of Mandell and Keast: cooperation, confrontation, complementarity, and co-optation. The difference with this other typology is that Najam focuses more on the multiple interests behind these strategies. With cooperation there is a convergence of preferred ends and means. In a situation of confrontation both ends and means differ between government and CSOs. Complementarity occurs when both actors share similar goals but use different strategies to obtain these goals. Co-optation is likely when strategies are similar but the goals are different. The problem with co-optation according to Najam is that these relations are likely to be unstable because the ends are in conflict with one another: 'one or both parties will attempt to change the goals of the other' (2000: 389). This shows that this relationship between government and CSO's can also become a means to accomplish certain ends and government can use CSO's to steer public policy, thereby blurring the line between the public sector and civil society. It is this relationship we want to dig into further.

While these typologies suggest equality between government and CSOs, other literature sheds more light on an unequal balance in their relationship. The blurring of the line between the public sector and civil society has been described as a process of instrumentalization. In *Powers of Freedom* Nikolas Rose (1999, 173) suggests that 'it is through the political objectification and instrumentalization of […] community and its 'culture' that government is to be re-invented'. The instrumentalization of CSOs is part of this government through community. It is aimed at activating the realm of civil society for the public interest. Such involvement comes with strings attached. For CSOs it means that they have to meet demands for accountability and transparency, for some it means they have to compete with others in a situation of contracting or limited short-term grants (Irvine et al., 2009; Hood, 1999; Phillips & Levasseur, 2008). When accountability measures become too tight, it might result in direct financial and human resource costs for CSOs, stifling innovation and eroding trust between CSOs and government (Phillips & Levasseur, 2008). Along this line Tonkens and Verhoeven (2010) argue that too much of civil society activation for public interests might eventually frustrate citizens and CSOs and drift them away from the public interest. On the other hand, the relationship also opens up opportunities for CSOs to influence government policy directions. In analyzing the governance of societal sectors it is vital to better understand how both government and CSOs try to influence each other's policy directions.

METHODS

In the following we present two cases from the Netherlands where voluntary organizations are involved in public governance and policy implementation: sport policy and health care policy. These cases were selected because government's attention for both as a policy field in which civil society organizations can fulfill a major role to accomplish certain policy goals has risen steadily since the nineteen eighties onward. Both are seen as being able to play an important role in solving 'wicked problems' (decreasing healthcare cost and improving the quality of health care in case of patient

organizations and to improve public health and social integration in case of sport associations). In both sectors voluntary organizations started as mutual support organizations. Changes in the way government directs policy on these organizations occur in both cases (Van de Bovenkamp & Trappenburg, 2010; Boessenkool et al., 2011). This made these sectors relevant cases for a cross-case analysis to see which and how underlying mechanisms influence such changes. Data on the influence of government on sport and patient organizations were gathered through analysis of policy documents and existing empirical research. In this analysis we focused on the ideas government had about the role these organizations should perform, why they should play this role and which measures were taken to steer them into this direction, In addition interviews were conducted with key actors in both cases (sport associations: n=15; patient organizations: n=9). . Respondents were asked what they thought was the main focus of government policy regarding the specific sector and how government tried to realize its policy goals for and together with organizations in that sector. We further talked about the activities of CSOs and how they related to government policy

RESULTS

In this section we will present our two case studies. Firstly, by offering some background information on the role of the CSO in question. Thereafter we will focus on government policy directed at the organizational structure of these organizations, their activities and their ideology. We will also describe the responses of the CSOs to these policies and the consequences thereof.

Institutional landscape of sport associations

Sport in the Netherlands is characterized by a dominant voluntary sports structure. 39% of citizens is a member of or participates in sports club related activities (Hover, 2010). This totals to 4.8 million officially registered club members (NOC*NSF, 2010). For years in a row the average number of members is on the increase, while the number of VSCs is decreasing. Due to a general rise in sports participation (for instance in unorganized sports activities, school sport activities and/or commercial sports activities), the total market share of voluntary sports clubs is decreasing. Still, the voluntary structure is wide ranging, with around 67 clubs per municipality, sporting facilities for all children and adults within reasonable distance and an average annual membership fee of 341 Euro (Tiessen-Raaphorst, 2010).

The voluntary structure started to develop from the bottom up during the late nineteenth century and beginning of the twentieth century. Citizens started to organize their sports activities in voluntary sports clubs (VSC), which remain to date the main structure of sports delivery. Many of these clubs have a religious background. Due to the pillarization (*Verzuiling)* of Dutch society – a typical description for twentieth century Dutch society pointing at the peaceful coexistence of strong social segregated socio-political groups, mainly Protestants, Catholics and to a lesser extent socialists - in the first half of the twentieth century almost all cities, towns and villages had sports clubs of catholic, protestant and working class backgrounds in every popular sports discipline. This results to date in a widespread presence of large and small VSCs in every village, town and city and almost every urban neighborhood. In total a little over 25.000 clubs are registered

with the national sport umbrella organization NOC*NSF[1]. Most VSCs are member of one of 74 with NOC*NSF registered umbrella organizations (e.g. soccer federation, hockey federation). Next to NOC*NSF there are also several umbrella organizations with a religious or cultural denomination, but with far less registered clubs as their members.
All national sport umbrella organizations are organized on the principles of voluntary association, where members can decide on strategic decisions through an (bi-)annual membership meeting. All local sport clubs and national umbrella organizations have a voluntary board and work with volunteers. 23% of members in VSCs volunteer, which makes voluntary involvement in the organization an essential characteristic of VSCs. 54% of VSCs work exclusively with volunteers. Their income comes primarily from member fees (58%), canteen profits (13%) and sponsorship (11%). Government grants account for 4% of their income (Van Kalmthout et al., 2009).

Government influence on voluntary sport organizations
In the last two decades Dutch government has increasingly involved the voluntary sport structure in the implementation of several of its policies. This instrumental use of VSCs has had its influence on both voluntary sport clubs and national sport umbrella organizations. In the following of this paragraph we will discuss influences on activities, organizational structure, and the ideology.

Activities
In 1996 the Dutch ministry of Health, Welfare and Sport (VWS) published a policy document titled *What sport sets in motion*. Although it was not the first policy document on sport by national government, it did set a new standard in national government's involvement in sport policy development (Waardenburg, 2011). Other than arranging sufficient sport facilities and stimulating general recreation, there was little involvement from national government in sport policy development before that time. The reason for this renewed government involvement was that sport was now seen as 'adding extra value to society', especially in areas of public health and social integration (VWS, 1996, p. 63). It became an instrument to steer society in the desired direction, instead of being only a matter of accessory useful for spending leisure time. The question why this changed so suddenly is beyond the scope of this article, but a strong lobby of sport organizations and Members of Parliament, as well as the appointment of an Olympic medalist as the state secretary of sport probably added to this sudden change in direction (Van Bottenburg, 2011).

Government policy on sport started to steer activities of VSCs and sport federations in a different direction. One of the observations made by national government was that sport organizations are inwardly oriented, which was seen as a problem (VWS, 1996, 2006, 2011). Activities of VSCs were greatly valued for society as a whole, but the orientation of many sport federations and VSCs did not go beyond their member base. This meant that specific social groups were much less catered for in sport, like immigrants, disabled persons and elderly. A modernization of the range of local sports activities was suggested so that clubs could serve as a broad meeting place (VWS, 2005). The voluntary sport sector was also challenged to look for solutions outside the

[1] NOC*NSF is the result of a merger in 1993 between the former Netherlands Olympic Committee (NOC) and the Netherlands Sports Federation (NSF).

traditional branch of sport clubs, and work together with commercial sports providers, schools, community and other organizations.

One of the largest sport policy programs in the history of national government involvement in sport in terms of finance – titled *Participation among immigrant youth through sport* (VWS, 2006) - aimed for an increase of club membership among immigrant youth, because sport participation was seen as an important instrument for social integration. Voluntary sport clubs were selected by their respective umbrella organizations to realize a growth of fifteen percent in general sport participation among immigrant youth. To realize this it was, according to national government necessary to raise the quality and accessibility of VSCs, adapt the mode of supply of sport activities according to the needs of immigrant youth and make strong VSCs part of the chain approach in preventive youth policy. The program aimed for 500 clubs in eleven municipalities to participate. The target was exceeded; 538 clubs participated in the program (Hoekman et al., 2011). In the beginning of the program all parties involved developed new activities to target immigrant youth. However, in practice it turned out that a majority of VSCs did not specifically target for immigrant youth. Most sport clubs felt it was unnecessary restrictive and unfit for local demographics and social dynamics of most neighborhoods (Hoekman, 2011). As a result the name of the program changed to *Participation among youth through sport*, thereby dropping the immigrant status of the program.

> 'At a certain point that switch had been made. That had to do with the practice of voluntary sport clubs. It is not about getting in immigrant youth from disadvantaged neighborhoods, but about getting in all youth from those neighborhoods.' (interview senior policy advisor VWS)

Participating VSCs were not cut in their finances. Here, VWS followed organizational practices of VSCs and NSOs and did not hold tightly to its own policy goals. This suggests that not only government influences voluntary sport organizations, but that government's policy, however modest, is itself being influenced by these sport organizations.

Further, VSCs were stimulated to take up other social tasks, like providing child day care or homework guidance (VWS, 2001). A 2006 grant to experiment with such tasks performed by VSCs – typically called the 'Field lab' subsidy - awarded fifteen sport clubs large amounts of money. The more successful parts of their field lab project are now on an overview – called the 'sports menu' – which clubs have to copy if they want to apply for current VWS funds. Another criterion that steers away from traditional activities performed by VSCs is that the sport activities should be organized in the local neighborhood, where difficult to reach target groups can be found. This means that VSCs should leave their sport accommodation and organize activities elsewhere (e.g. on playgrounds, in schools, in care organizations). In larger municipalities this is occurring more and more frequently. The number of 899 applicants for government's new policy program (VWS, 2012; www.sportindebuurt.nl), for example, shows that clubs are willing to accommodate this policy choice.

However, government grants are not the only incentive for many sport organizations. The director of the Dutch Table Tennis Federation (NTTB) states:

> "it is mostly about 'hooking on', searching for policy issues that are of interest to us. […] I don't think one should change a policy in accordance with what the grants provider thinks is good. I think one should follow their own direction and then look at which affined starting points there are with NOC*NSF or VWS. If they start a large project on topic X, in which we do not play a role, where we deliberately have to search to get a piece of the pie…well, that's just not how you should do it, then you secure grants that will not help you as a sport." (interview director NTTB)

In the above quote alignment between the content of policy programs of the sport organizations and government is suggested as a driver for cooperation with government. However, sport organizations have developed new activities that were before not part of their policy idiom. National government provided umbrella sport organizations and local sport clubs with strategic resources for these organizations to start with such activities. Money is the obvious candidate here. But involvement of other ministries, such as the Ministry of Education, Culture and Science (OCW) provided contacts and created easier points of entry in the education sector for sports organizations (OCW, 2005, 2007).

Organizational structure

In the 1996 policy document (VWS, 1996) the organization of sport was identified as the major theme for government intervention. According to the text measures were needed to boost quality and to help ensure that supply and demand were better coordinated. One of the recommendations made was that attention should be paid to the internal organization of sport organizations.

> "In light of these bottlenecks, it must be noticed that it is very important to equip sports providers in such a way that they can cope with new demands that they are expected to meet. That asks for an important impulse on the local level, because otherwise the earlier sketched wish for strengthening the societal value of sport will be nipped in the bud." (VWS, 1999)

Since then national, as well as local governments have taken several initiatives to professionalize VSCs. Questions about the capability of VSCs to realize product innovation, providing greater service and being more customer-oriented led the government to believe it was necessary for VSCs to appoint professionals. The appointment of 'club coordinators', later reformulated as 'club managers' was first introduced in 1996 (VWS, 1996). Grants were provided by national government to VSCs to compensate wage costs of professional club managers. While it took a while before the first pilot projects started, the idea of stimulating a more professional staff at VSCs gradually evolved and returned in different forms in every succinct policy paper by VWS. From 2006 national government provided grants to appoint so-called *combinatiefunctionarissen*; paid functionaries that were partly in service of a VSC and partly of a primary or secondary school to organize after-school sport activities. In 2009 39% of VSCs work with one or more paid professionals. On average there are 2,5 paid professionals in every VSC (Van Kalmthout & de Jong, 2010). The contribution of these professionals is valued by actors at policy level. In its current policy document VWS targets for a total of 2900 fte's for *combinatiefunctionarissen* in sport (VWS, 2012).

Apparently it is believed that volunteers in VSCs do not have sufficient knowledge to fully realize sports' perceived spill-over effects. The consequences of the introduction of these paid professionals at club level are still debated (see Boessenkool et. al, 2011, Janssens, 2011). Most prominent in this debate is the question if professionals diminish the power to obtain social capital through self-organization in VSCs, or add to such powers. What is clear however is that in many cases the appointment of a paid professional leads to pressures on the VSC's budget. Personnel costs for VSCs now level up to 19% of the total expenditure (van Kalmthout et al., 2009). Another problematic aspect is that many paid professionals in VSCs are hired on a part time basis. If the club level offers too few possibilities for jobs between 24 to 32 hours, many professionals start to look for their way 'up' to national sport organizations, municipalities or schools (Boessenkool & Waardenburg, 2011). For VSCs this leads to a less efficient deployment of the paid professional, because time and again they need to look for a new candidate for the job.

Another interference was that government asked for more cohesion between the contents of policy programs from government and the sport sector. To this end, clearer arrangements between NOC*NSF and other umbrella organizations (VWS, 2003) were asked for. This was one of the driving forces for the start of a coherent long term policy strategy - the 'Sportagenda' - on the part of NOC*NSF and its members. It also triggered the establishment of the Dutch Sport Alliance (NSA), which basically can be judged as a merger between three umbrella organizations with a religious denomination.

It was further the view on the part of national government that in the local organization of sport many chances were lost because there was little contact between VSCs and other organizations in the communities that attracted relevant social groups. In several policy documents VWS (1999, 2004, 2011) determined the formation of local partnerships as a prime criterion for spending public funds on sport participation projects. This has its consequences for the ideology of sport organizations, which we discuss in the next section.

Ideology

National government legitimizes its funding on sport because of its perceived spill-over effects for society. Participation in sport, it is believed, contributes among others to social wellbeing, better health conditions, more social capital and a better integrated society. To fully use these perceived powers of sport government tries to influence sport organization's ideology by trying to make them more socially aware, or outward oriented. The bedrock of VSCs, bringing people with similar interests together on a voluntary basis to practice and organize sport, is seen as a vice and a virtue. Bringing people together on a voluntary basis, is the characteristic that makes VSCs, as well as other CSOs such essential organizations for high levels of trust and community involvement in a society. However, the rather limited goal of organizing and practicing sport together with other members of similar backgrounds (bonding capital) is valued as too little a contribution to society. Strong VSCs are believed to be those clubs that organize good qualitative activities for both their own members as well as other target groups in the neighborhood – generating bonding and bridging social capital. The changes in organizational structure and activities mentioned above were steered by this ideological view on voluntary sport organizations. Government tries to realize this change in ideology through cooperation

with sport umbrella organizations in the policy formulation phase and providing strategic resources to steer their policy choices.

VWS tried to influence policy choices made during policy development by the sport sector itself. For instance, VWS was invited in the latest policy formulation cycle of NOC*NSF to help formulate the broader framework in which more detailed policy choices for the new agenda could be made. This policy network consisted of representatives of the following organizations: NOC*NSF, the ministry of Health, Welfare and Sport, hockey federation, swimming federation, soccer federation, leisure cycling federation, tennis federation, rowing federation, a marketing consultancy organization, a local sport support organization, and the Netherlands Institute for Sports and Movement. The network was a working group initiated by NOC*NSF to develop the grass roots sport policy part of the Sportagenda. NOC*NSF asked VWS to join the strategic steering group that would monitor the development of the Sportagenda. VWS denied the request, instead agreed to join the working group. According to a senior representative of VWS the involvement of VWS in the development of the Sportagenda was a unique situation:

> "When I just started to work at the sports department … I called one of the managers of NOC*NSF to get to know each other and to figure out how we could cooperate. That I did this was quite exceptional. Really, doing things together wasn't so normal back then." (interview senior employee VWS).

During the different network sessions each time the same representative of the ministry was present. As the only state representative (national, as well as local) in this network she is the one who officially voices government's perspective.

From interviews with nine out of twelve participants in the policy network it is concluded that the representative of VWS had a significant contribution to the network sessions. She was able to put forward several of government's target groups or focus areas, such as the socially isolated (NOC*NSF, 2012). Positive framing of the contribution sport organizations could play in society was an important strategy to convince other network participants with her arguments. This eventually resulted in some policy choices by the sport sector, that were more in line with government's interests (interview adjunct director KNZB).

In several policy programs (VWS, 1999, 2004, 2007) cooperation between sport organizations and other local organizations, such as schools and community organizations, became the basis for awarding grants. Many VSCs participated in these policy programs, suggesting that they were willing to commit themselves to cooperate with other (public) organizations. This has had a positive effect on their orientation towards larger social issues (Boessenkool et al., 2011).

Because of their inward orientation and the perception that volunteers lacked the knowledge for setting up successful partnerships and realize sports' perceived spill-over effects, government also stimulated the appointment of paid professionals (already mentioned above) at around ten percent of VSCs. Here the distinction between influences on the organizational structure and on the ideology becomes blurry. The appointment did not only affect the structure of organizations, but it also accelerated the process of becoming a more socially aware organization. To compensate rising costs many VSCs try

to initiate new activities that increase their income. Success on that area asks for an external orientation by professionals, aimed at commercial activities or societal projects to secure grants (Boessenkool, et. al, 2011). Those are things that lie further away from the traditional primary process of VSCs. The appointment of a paid professional thus results in more complex tasks for a VSC and a shift in orientation towards a more general public, thereby causing a self-reinforcing mechanism

Also, the positive framing of perceived spill-over effects for society has become part of policy language used by sport organizations themselves. This is most apparent with policy documents issued by NOC*NSF (NOC*NSF, 2008, 2012), but it is also explicated in numerous policy documents from individual clubs or disciplinary specific national sport organizations (e.g. KNHB, 2010; KNKF, 2008; KNVB, 2009). Thus, sport organizations have taken up the challenge that national government placed them for. What Coalter (2007) has called plus-sport ideology, emphasizing the instrumental meaning of sport for broader society, has by now been internalized by many sport organizations themselves.

Institutional landscape of patient organizations

Patients in the Netherlands have organized themselves at different levels, mostly from the 1980s onwards. There are hundreds of disease specific organizations such as the Prostate Cancer Foundation and the Dutch Diabetes association. These organizations are sometimes organized in disease umbrella organizations. For instance the Prostate Cancer Foundation is part of the National Federation of Cancer patient organizations. There are also regional and national umbrella organizations, such as the National Patient and Consumer Federation, representing the interests of patients in general. Disease specific or disease specific umbrella organizations are the members of these general umbrella organizations whereas disease specific organizations have individual patients as their members or contributors.

About half a million people have joined a disease-specific patient organization (Oudenampsen et al 2008). More than half of the disease specific organizations work with volunteers only. Professional workers support the work of the others and the umbrella organizations mostly work with professional employees (ibid.). Most of the patient organizations are associations, giving members the possibility to influence the course of their organizations. The remainder of the organizations are foundations, which gives these organizations in theory more room to decide on their own course. Patient organizations rely on several financial sources for funding. Firstly there are membership contributions, on average 27% of funding of the disease specific organizations. In addition they are quite heavily subsidized by the Dutch government. Disease specific organizations rely on 46% of their budget on this source. In addition some of them receive some funding from pharmaceutical companies (consisting on average of 8% of the budget of these organizations (Rijn van Alkemade 2005), which is a much debated financial source (Trappenburg 2008, Bouma 2006). The National Patient and Consumer Federation relies for the most part on government subsidies (NPCF 2012)

Patient organizations were founded by patients themselves often in association with or with support of health care professionals (Trappenburg 2008). The main aim of these organizations at the time was to provide peer support and information to patients

and their family members. In the beginning interest representation in health care decision making was not considered to be an important task of patient organizations, with the exception of a number of more radical organizations in mental health care. As we will show below patient organizations became a subject of government interest soon after their foundation.

Government influence on patient organizations

Activities

Quite fast after their foundation, patient organizations became subject of government interest with the publication of the white paper *Patient Policy* in 1981 (VWS 1981). This shows a seemingly natural tendency to use these organizations for government policy ends. In this policy paper the ministry of health argued that it was important for users of care to have a say in healthcare related decision-making. Patient organizations could fulfill an important role in representing patients in all kinds of decision-making bodies and throughout the years government policy has continuously and increasingly emphasized the importance of this.

Firstly, government claimed to value the activities where most patient organizations were originally set up for: providing peer support and information (VWS 1995a). However, continuously the importance of patient organizations performing interest representation activities has been emphasized. The participation of patients is according to the policy documents important for democratic reasons, they should have the right to participate since they are the ones affected by the decisions made, but is also claimed to be important to increase the quality of decisions. Therefore their participation was very much framed in positive terms, using language that is hard to disagree with. The original lack of patient organizations performing these interest representation activities was critically assessed (VWS 1981). At the end of the 1980s it was observed that many patient organizations had become active in councils and committees, though not enough (VWS 1988).

> Given the fact that participation in consultation and advisory structures can be a good means to hear the opinion of users, our policy will be directed at further promotion thereof (VWS 1988 p.29)

To increase these participation efforts the government opened up seats for patient representatives in official advisory councils and encouraged and emphasized the importance of their participation on all kinds of levels (ibid). For instance it emphasized the importance of contacts with healthcare providers and insurers (VWS 1992, VWS 1995), patient organizations should be considered the 'third party' in health care besides these two. Interestingly, because of the important role of government in healthcare it was also stated that patient organizations should critically follow government policy as well (VWS 1995a). The 'third party' discourse dominates the policy documents to this day, patient organizations should be an equal party in health care (VWS 2000, VWS 2007). Participation activities emphasized and supported by government includes decision making in medical research (VWS 1988). To accomplish this, patients were given the opportunity to participate in advisory boards and in decision making of the organization dividing the government research budget for this sector (Klop et al. 2004, Van de Bovenkamp et al 2008). Medical guideline development was also identified as an area

where patients should participate; it was felt these guidelines could benefit from the experiential knowledge patient representatives could bring to the table (VWS 1995b).

> I think patient and consumer organizations should make a creative and active contribution to enhance efficiency on meso and micro level. On the basis of their experiential knowledge they should become part of the guideline movement. This means that they should want to and dare to carry joint responsibility for the content and application of guidelines of NHG, CBO [organizations responsible for developing medical guidelines], scientific organizations and other, as far as these guidelines are important from a patient perspective (VWS 1995b, p.20).

Since this period an increasing number of patient organizations are indeed participating in guideline development processes. With the introduction of a system of regulated competition in Dutch healthcare in 2006 (insurers and providers should compete for patients and insured (who are now called healthcare consumers)) the role of patient organizations was emphasized once more. They are depicted by government as a countervailing power to insurers and providers and responsible for making sure that patient preferences are central in the provision of care (VWS 1998, 2000, 2007). Patient organizations now indeed consult with and try to work together with insurers and providers in several ways (Van de Bovenkamp et al 2008, 2010). Involving patient organizations in decision making remains on the government agenda; in the government plans concerning a national Quality Institute for health care that will be set up, making sure that client organizations will be able to play a role is one of the key policy goals (VWS 2012).

We can conclude that government increasingly emphasized the importance of participation by patient organizations in many decision making processes. Funding these organizations has been an important steering mechanism, in the words of a civil servant of the ministry:

> Money is of course a very important steering mechanism and you see that in case of strengthening patient organizations as well (…) and then you are looking for ways to set incentives through this money, to stimulate them to do what you want them to do as it were. (civil servant ministry)

The importance of participation has been framed in the policy documents in terms of democratic decision making and increasing the quality of decisions (using the experiential knowledge of patients). Patient organizations have taken up this role. Providing information and peer support is still important for them, but interest representation has been added as an important activity to this list and is taking up much of their time. They participate in scientific research, medical guideline development, insurer policy, quality improvement projects in healthcare institutions and in local, regional and national policy making (Trappenburg 2008, Van de Bovenkamp et al. 2010, Oudenampsen et al 2008). In fact patient organizations have been given so many opportunities to participate that they are presented with a problem of overload; they have difficulty coping with the demand. Moreover, they experience many difficulties in

actually influencing the decision making processes (Van de Bovenkamp et al. 2010). Nonetheless many patient organizations express the wish for ever more participation possibilities and see increased government funding as a means to accomplish this. Recent government plans are directed at cutting back subsidies though. This does not mean that expectations of these organizations are lessened, they still should play a strong role in the health care field, professionalization and working together should be ways to do so with less money (VWS 2011), more on this below.

Organizational structure

In order to perform the third party role depicted by government, the patient movement needed to be restructured. It was concluded in the policy documents that disease specific organizations were either not able to participate or not interested in participation. Moreover, it was identified that patient organizations only sporadically worked together. For instance there were no regional organizations that catered for the general interests of patients. Regional authorities were therefore asked to finance patient organizations in order to create such regional organizations. In the first half of the 1980s these regional platforms were indeed created with the aid of government funding (VWS 1988). After their creation government went on to influence these organizations, for example to ensure that disease specific organizations could influence the policy of these umbrella organizations in order to do justice to the diversity of patients these regional organizations had to represent.

In its Patient Policy paper (VWS 1981) the need for a national umbrella organization was also identified and again financial support was seen as a means to support this development. Ensuring a place for this organization in advisory councils would further enable it to play its designated role. In 1983 such a national platform (Landelijk Patienten en Consumenten Platform) was founded and started to employ interest representation activities according to government wishes (Trappenburg 2008).

In the subsequent period government emphasized the importance of patient organizations working together time and again (VWS 1988, VWS 1992, VWS 1998, VWS 2001, VWS 2004, VWS 2007). According to the ministry it was important that there was one powerful organization which could count on broad support, present a united front thereby strengthening the position of patients in the healthcare field. Through subsidies and evaluations of cooperation possibilities government stimulated patient organizations to comply with this wish. Several instances of mergers as a result of this pressure can be seen throughout the years (VWS 1995, Trappenburg 2008). There are however still several national umbrella organizations. The national patient and consumer federation, the largest one also sees a problem with this and interestingly feels that the government is responsible for changing the situation: 'I think that you should make sure as government, as the financer, that there is coherence' (respondent patient organization). According to the latest policy documents there is still room for improvement in this regard as well (VWS 2011)

> We think that unification should happen on a level where organizations, together have enough critical mass to make a professional contribution to governments, insurers, providers and other societal organizations. We see more and better

> cooperation to unite forces as a necessary pre condition to contribute client experiences effectively. (VWS 2011 p.3).

Interestingly this emphasis on working together is also stated to ' make organizations less dependent on government' (VWS 2011 p.6). This seems to be a goal though only if this strong patient movement is performing the role governments wants it to play and is also likely to be related to the proposed cut-backs in the funding of patient organizations. Even though many patient organizations still emphasize their uniqueness, they increasingly recognize the need to work together. As we will show below this is not so much because of their original activities, peer support and providing information, but because of the increased demand for interest representation activities. For this it is important to work together they feel since it strengthens their position (Sattoe 2009, Oudenampsen et al 2008). Working together also gives them the opportunity to professionalize their interest representation work, not all patient organizations have the financial means to hire paid staff but working together they do (Van de Bovenkamp et al 2008).

Ideology

We have seen above that stimulating the participation of patient organizations in formal decision making structures has been an important aim of government policy as was structuring the movement in such a way that it could perform this task. Interestingly it not only pushed patient organizations to perform these activities it also has taken policy measures to influence what the input of these organizations in these processes should be, thereby influencing its ideology.

From the beginning of its policy directed at patient organizations government aimed at a patient movement which was critical of the medical profession (Trappenburg 2008). Health care professionals and their organizations have always had a strong position in health care and patient organizations were to be supported to counter this position (VWS 1981, 1988). However, originally the ties between patient organizations and health care professionals were quite close, many of them were even set up in collaboration with or supported by health care professionals. According to government this was problematic since health care workers and patients had ' structural intrinsically conflicting interests' and these ties led to a less than critical attitude among these organizations (VWS 1981). There were however some organizations at the time with a more critical stance towards the profession, they included the association Child and Hospital, client organizations in mental health care and by general consumer organizations(ibid.). The national platform that was founded in 1983 consisted of these critical organizations and therefore had the much desired critical attitude.

Another policy focus which has influenced the ideology of patient organizations has been the constant government pressure on patient organizations to professionalize and to improve their expertise (VWS 1983, 1992, 2000, 2001, 2004, 2007). This professionalization is accompanied by a shift in focus since different knowledge and expertise is considered important than previously. This meant that they should work with highly qualified volunteers or hire professionals to do the work for them. The experiential knowledge of average members of a patient organization is apparently not enough to perform this role well. Government in consultation with the national umbrella

organizations NPCF announced and education program to improve the expertise of patient organizations. Many patient organizations are trying to professionalize and emphasize the need to have patient representatives with a lot of skills (van de Bovenkamp et al. 2010). They therefore educate their volunteers and hire professionals who are not patients themselves but do know about policy making and interest representation (Van de Bovenkamp et a. 2010 trappenburg 2008, Nederland et al. 2004). Despite all this it is still emphasized by Dutch government that this professionalization process is not finished and therefore subsidies are linked to increased professionalization (VWS 2011). As was said generally patient organizations try to conform to these rules and try to participate in formal decision making structures. According to a respondent of a patient organization this can lead to goal replacement with negative consequences:
And these organizations let themselves get carried away for a little bit of money. And then it is all wonderful and you can act like an adult who sits at the table with the big boys and you have quite a large number who think this is mighty interesting; to sit at the table with whoever, the secretary of state (…) I think most of those organizations absolutely lose sight of what it was originally about and what is important if you have the bad luck to get some rotten disease (representative patient organization).

Conclusions and discussion

We have seen that government in both sectors has had substantial influence on CSOs' activities, organizational structure and ideology. In this part of the paper we will reflect on the consequences of this and the mechanisms used to steer CSO's.

Although there are also differences in its attempts to influence CSO's we can see in both cases that government used CSO's as part of a good citizenship policy which is aimed at solving wicked problems. The good citizen is an active citizen although different activities are expected from the different organizations. We can discern several trends in government influence of CSO's in our two cases. Both types of organizations have shifted activities. For patient organizations this meant a shift towards patient participation in decision making and policy development. For VSCs it meant organizing activities for other publics than their own members. It was felt that more professional knowledge in the organizations is needed to deliver quality and fulfill the desired role effectively. In voluntary sport organizations this is less substantive than in patient organizations, although government did initiate the appointment of paid professionals there as well. For both, these shifts in organizational structure and activities are tied to a desired shift in ideology. For patient organizations this came down to an increased critical attitude towards other policy actors, while VSCs had to stop navel-gazing and become more socially aware. Both ideological shifts were tied to notions of 'active citizenship'. Be it as a participating citizen that plays an active role in democratic decision making, in living a healthy lifestyle, or in being integrated in society at large. In the sport case the term 'active citizenship' seems to take on a literal meaning. Governments intervene in the development of VSCs, because they can contribute to an active and healthy life style and to other wicked problems, such as integration. Living a healthy and active lifestyle are increasingly seen by government as the responsibilities of individuals. CSOs can facilitate this active citizenship. The constructing of active citizenship takes on a different meaning in patient organizations. There it is about participating in the decision making

arena and exercising influence and control over professional health care organizations and government. This has been part of a long term reform of the health care system where a system of regulated competition has been introduced. Steering by the health care market needs active health care consumers (as patients are now called), to make it into a success.

Interestingly we see that in both cases CSOs have been very responsive to all the government demands. They perform the activities government wants them to play, reorganize themselves when needed and even adjust their ideological basis if this were to fit government demands. The role of government is becoming stronger in both cases. CSOs are increasingly seen as steering mechanisms for public governance. The co-optation by government seems to be inescapable.

Although we can see instances where both parties have strategic interests and are trying to influence each other (Najam 2000), the cases show that government plays a dominant role. Indeed, the data brought forward in this paper seem to suggest that the 'sector' of CSOs can be manufactured. This government interference can be seen as stimulating active citizenship but within government appointed goals and within the structures created by government (Marinetto 2003). The precise impact of this shift on the power to develop social capital and trust has yet to be determined. On the basis of our paper we can form some preliminary thoughts about this though. Skocpol (2003) argues that the professionalization of citizen organizations diminishes their potential to create social capital. In case of patient organizations we can see that on the one hand government interference has made them more outward looking, patient representatives now find themselves at the table with many other groups, doctors, insurers, government agencies and so on. At the same time however the emphasis on representing patient interests professionally means that not all members can become active volunteers anymore. You need a lot of skills to be able to participate, making this an example of a participatory venue most suited for the highly educated (Bovens & Wille 2011). Interestingly in case of sport associations government interference has made these organizations, which were historically very inward oriented, more outward looking, creating places from different social backgrounds to meet each other, which could actually foster both bonding and bridging social capital. So government interference may not have negative effects on social capital in principle. But it appears to be clear that 'the social' – the way citizens behave in community and contribute to society - is under thread of becoming increasingly (defined by the) public (realm) – the way citizens *should* behave in community and contribute to society.

We identify four mechanisms used by government to realize desired changes among CSOs. First, in both cases finances were used as an instrument to steer CSOs' activities and to accomplish certain goals. Being able to provide grants of meaningful proportions makes government an attractive partner for CSOs to secure parts of their nearby financial future. A second and still rather obvious mechanism, are demands for accountability and transparency almost always accompanying government grants. This helps government to determine if further intervention is needed. It also leads to more complex work processes, making professional knowledge an increasingly needed human resource for CSOs. A third mechanism, which was particularly visible in the case of sport, is the need for these organizations to cooperate in local partnerships with (semi-)public organizations.

Through this, CSOs are pulled into broader local networks that try to contribute to societal problems. They are less likely to fully decide on their own course and more likely to be influenced by these local partners, which often posit more professional knowledge. The same mechanism applies to the case of patient organizations. Government facilitated participation in all kinds of decision making by opening up spaces for them in official decision making procedures. Their participation in these fora quickly lead to other participation demands, since patient organizations increasingly become a recognized partner and are asked to and want to participate in other decision making procedures as well. This pulls them into the neo-corporatist decision making structure of Dutch health care which makes them less likely to explore other strategies (such as protest) or focus on other activities or goals they decide on themselves (Van de Bovenkamp et al. 2010). Finally, the use of positively framed language on the role CSOs can play in society seems to be an important steering mechanism as well. Particularly in the case of the sport sector, many voluntary sport organizations are not dependent on extra resources provided by government. Government thus has to rely on other mechanisms to seduce VSCs to contribute to their policy goals. The use of this symbolic language seems a very powerful mechanism. For instance, sport organizations were called on to take on a societal role by helping kids in certain neighborhoods to practice sports and thereby contributing to their health, social wellbeing and capital. Patient organizations were called on to contribute to democratic decision making, improving health care by contributing their experiential knowledge and thereby the care for their members. It seemed to be too hard for these CSOs not to give in when appealed to in that way.

The question why such symbolic policy language when applied to CSOs is so powerful is beyond the scope of this paper. But it seems that in both sectors part of the voluntary board members, as well as professionals in the associations are eager to show their capabilities and to play their part in society. That they should be able to be held accountable since they rely on government money also seems an obvious by-product for them. As others have argued it is difficult to argue against such policy as democracy, solidarity, a healthy youth and accountability (Trappenburg 2008) and our case studies show that indeed CSOs take over such language and conform to the demands that are accompanied by these positively framed contributions. In some cases they also take over the solutions how to get to these desired outcomes causing a reinforced focus on professionalization and reorganization of their movement. CSOs often relate to such concepts since they are generally founded to provide certain socially oriented services or to reach certain societal goals which probably makes them more vulnerable to be addressed by the use of such policy language than other more market oriented organizations. Although certainly government policy most likely stems from a belief in these positive aspects, there is no denying that accompanying it is also a shift in responsibility from government to CSOs accompanied by financial cut backs. The active citizenship debate is also very much a debate about active citizens who should not be dependent on the welfare state, take part in the remaking of modern society and thereby saving costs (Newman and Tonkens 2011, Kearns 1995). CSOs can according to government play an important role in this policy.

Much literature, even the theme of this panel suggests that government is on the dominant side of the power balance. But power works two ways, it has a double-edged

nature. Even in asymmetrical relations the subject on the 'losing' end of the relation posits power to achieve certain goals. This was illustrated in the sport case where VSCs were able to redirect some policy goals of a program aimed at a rise in membership of immigrant youth in VSCs. Typologies such as made by Najam (2000) show that CSOs have a broader spectrum of relationships with government than co-option by government alone. However, with a mostly dominant role of government over CSOs other options become skewed. Discussion and more insight is therefore also needed into different relationships between governments and CSOs as well as more in depth insight into the co-optation relationship. Another question for further research is in what way the consequences of government's involvement with CSOs harness their perceived social power. In other words: to what extend is revitalizing the social through the manufacturing of civil society a counter-effectual enterprise? These are questions that should be investigated further.

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