

## DIRECTING WITHOUT POWER, GOVERNING WITHOUT STRENGTH? COOPERATION BETWEEN LOCAL GOVERNMENT AND THE PRIVATE SECTOR

*\*Work in progress\**

*Bram Verschuere*, University College Ghent ([bram.verschuere@hogent.be](mailto:bram.verschuere@hogent.be))

*Filip De Rynck*, University College Ghent ([filip.derynck@hogent.be](mailto:filip.derynck@hogent.be))

### INTRODUCTION

In this paper, we discuss the question whether local governments are able to realize effective policies and public service delivery, through cooperation with third sector organizations. The case of Flemish local social policy is extremely relevant to discuss this question. It is an example of a complex policy field, in which a lot of private actors are involved. The relationship between central government, local government and the private sector in Flemish welfare policies is unique. Many private actors, often nonprofits, have a large involvement in welfare service delivery, for which they are recognized and subsidized by the central (Flemish) government. With the Decree on Local Social Policy, the Flemish government wants increased cooperation between local government, and the private sector organizations on their territory, in the field of welfare policies. This cooperation is expected on at least three levels. On the operational level, one has to focus on individual and collective service delivery. On the tactical level, tasks and roles of the different (public and private) partners need to be coordinated. On the strategic level, the decree aims at a cooperation concerning policy choices. Private actors are expected to input the local social policy plans. Our central question can be linked to these legal (hence imposed) expectations towards local governments: *Do local governments cooperate, in a complex and fast-changing policy field, with private actors on the operational, tactical and strategic levels?* In the remainder of this paper, we first sketch the complex domain of local social policy in Flanders. We address the heterogeneity and the multitude of the actors involved, and the diversity that exists between the 308 local governments in Flanders. Secondly, we address the meaning of the decree on local social policy, of which an important part is the cooperation between public and private actors. These are the elements we need to clarify, before in the third part of this paper we can address the question whether and to what extent the public-private cooperation between local government and private NPO's in reality takes place. Fourthly, we contextualize the empirical findings, and try to find explanations for the level of public-private cooperation.

## LOCAL SOCIAL POLICY IN FLANDERS

We start by sketching the most important features of local social policy in Flanders ('default'), and then continue by discussing the policy options of the Flemish government – the decree on local social policy (ideal typical future situation).

*'Default' situation: many actors, many tasks, many fields of activity*

Local social policy in Flanders has a specific history, and this affects the way in which social service delivery is organized. A first important characteristic is the fact that there are many actors in the field. Per municipality, there are two important public actors: local government, and the public centre for social welfare (OCMW).<sup>1</sup> Both are democratically legitimized, in the sense that they have a government that is elected every six years. The local council is elected by the people, and the local council in turn elects the council of the OCMW (indirect election). Both public actors play a crucial role in local social policy. They perform tasks on behalf of central government, but they also develop their own service delivery. The OCMW, from its legal mission to guarantee the social welfare for everyone may organize, for example, elderly care facilities, day care centre, hospitals or child care facilities. Local councils have the legal mission to take care of all issues that are of 'local concern'. From this mission, local governments may also take responsibilities for issues of social policy. This interaction between two public players, each responsible for specific tasks, already leads to a complex pattern of interaction *within* the public sphere.

Next to that, in the majority of Flemish municipalities we also observe a multitude of private actors in the field of local social policy (Bouckaert et al 2002). These actors may be nonprofit, or for profit (commercial). The fact that the private sector is that large in the field of local social policy, may be explained by two evolutions: pillarization, and the intentional policy of subsidiarity. "Pillarization" has led to a situation in which ideologies (the catholic and the pluralistic being the two most important ones) could develop a dense network of social services in fields like elderly care, education, or health care. The policy of subsidiarity, by governments that

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<sup>1</sup> In Belgium, for historical and ideological reasons, there are separate structures with their own legal personality, but closely linked to the local government: OCMW's. These organizations deliver a range of individual and collective services, in all kinds of social policy field. Local governments, in many cases, also have a social unit, but with more restricted service delivery (e.g. issues like housing, pensions, ...). The relationship between local government and OCMW has been a point of discussion for a long time, and from time to time there is a debate on how to re-structure this relationship. zorgen voor het leefloon (minima) en voor een hele waaier van individuele en collectieve diensten.

were/are ideologically linked strongly to the different societal ‘pillars’, recognized and supported these private initiatives, resulting in a situation of public private partnership: private actors delivering public welfare services, and government subsidizing these actors. These evolutions made the nonprofit sector an important player in the delivery of social services, especially on the local level, from the argument of bringing the services as close as possible to the citizens. Also in other fields like care for the poor, community organizing, and the integration of ethnic minorities, the nonprofit sector is a dominant player. In these fields, the pillarization plays a lesser role, but we observe also a policy of subsidiarity (for example the Flemish government subsidizes organizations in care for the poor and integration of minorities). The table below is not exhaustive, but shows the relative importance of public and private actors in elderly and child care service delivery in Flanders (Vogels 2006). In elderly care the private nonprofit sector is dominant with over 50% of places in the facilities (Verschuere & Vancoppenolle 2008). The same can be told about pre-school child care (Vancoppenolle & Verschuere 2009). We can also conclude from the table that commercial welfare service delivery is still rather limited in Flanders.

<i>Policy field</i>	<i>Public</i>	<i>Nonprofit</i>	<i>Commercial</i>
Elderly care (places in residential care <sup>2</sup> )	23923 (35%)	34423 (54%)	7036 (11%)
Child care (places <sup>3</sup> )	14547 (21%)	34637 (50%)	20.249 (29%)

The ‘average’ Flemish local government has thus both public and private actors that engage in social service delivery, although there are large differences between the 308 municipalities. ‘The’ local social policy does not exist (Bouckaert et al. 2002). In local communities with fewer private initiatives, the demands for local governments in terms of service delivery are different, compared to local communities with large private initiative. The expected capacities of local governments are different, for example. In the first case, the public sector (local government) must develop a lot of activities of their own, whereas in the second case, they need to have more coordination-capacity to deal with the heterogeneous public-private network. So, the extent to which there is private initiative in the field of local social policy differs considerably among the Flemish communities. In a large city like Bruges (110.000 inh.), there are approximately 650 organizations in the field of welfare. Among these 650 organizations are public initiatives and private initiatives, and in some cases commercial initiatives (commercial residences in elderly

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<sup>2</sup> Verschuere and Vancoppenolle 2008

<sup>3</sup> Vancoppenolle and Verschuere 2009

care e.g.), in the most diverse fields (elderly care, child care, poverty reduction, working with ethnic minorities etc.). In other (smaller) local communities, there are fewer initiatives.

A second point of difference between Flemish municipalities is the extent to which a local government has an interest in social policy, hence is willing to pro-actively developing social initiatives (Verschuere & Verhoest 2002). Also the relationship of local government with the private sector plays a role. Politicians which have close relationships with private sector organizations – ideologically and/or personally –, and will take these relationships into account when they take decisions about developing public welfare initiatives, or not. This explains why the development of public welfare initiatives in some cases may be ‘minimalistic’. In this case, the local government only takes care of social services that are compulsory (because central government decides that these are compulsory tasks for local government). Local governments in some cases also develop local social policies in a ‘maximalistic’ way. This is the case when the local government develops a lot of social policy initiatives of their own. To a certain extent, public private cooperation is thus linked with the level of ambition of local governments.

A third point of difference concerns the different roles in local social policy different actors play in local communities. This is about the distribution of tasks between local government and OCMW in the preparation, decision-making and implementation of local social policy, but also the different roles public and private actors play in local social policy. Whether the OCMW is the key-player, or the local government, depends on several factors like the political position and strength of decision-makers, the capacity of local government to act, and the interest of local government in social policy. Also private actors play a role in the local social policy cycle. Whether, and the extent to which, these actors play a role, can also differ between municipalities. Also here, factors like the presence of private organizations, the closedness of public actors, the quality of the relationship between public and private actors, and so on, play a role. Another point of difference is the task-division between public and private actors in public service delivery (Verschuere & Verhoest 2002). Above, we already argued that the relative presence of public and private initiatives (in elderly care, or child care e.g.) differs between municipalities. The question is then to what extent public actors like OCMW do everything themselves, or rather outsource tasks, or let play the market of private organizations.

All these elements show that the local social policy does not exist. In Flanders, there are 308 different forms and meanings of local social policy, because the 308 municipalities differ on

crucial variables like the presence of private initiatives, the types of private initiatives, the roles and tasks public and private initiatives are responsible for, and the ambition of local government to develop social policies.

#### THE RHETORICS OF PUBLIC PRIVATE COOPERATION: THE DECREE

With the decree on local social policy, the Flemish government wants to incentivize local governments to realize a closer cooperation between the actors in the field of local social policy: between the public actors (local government and OCMW), but also between public and private actors. Cooperation must be realized on three levels: the strategic level of policy making, the tactical level of coordinating the actions of different actors, and the operational level of service delivery (Verschuere 2005).

The decree explicitly states that “local social policy making must be done by the public actors, being local government and OCMW”. Policy plans must be written and voted for a six year term (which corresponds to the six-year local elections cycle). This provides new legislators with the opportunity to make new policy plans. The decree makes no choices as to which public actor is the key player in making local social policy plans. Depending on the local community, this can be local government, OCMW, or both. However, both public actors have a shared responsibility, as both need to vote the plan. Next to that, the decree emphasizes that the private sector also has a role to play in the policy-making process. The policy must describe how and to what extent private actors have been involved in the policy making. The decree also has an important tactical component. Local government must clarify how the different actors (both public and private) are involved in the local social policy process. There is an opportunity, for example, to make formal agreements between local government and a private organization, concerning the specific tasks and roles of this organization in delivering local welfare services. The goal of these formal agreements is to formalize the task-divisions between different organizations in the same policy field, for example between public elderly care facilities, and private elderly care facilities. As such, local government has an important coordinating role in mediating between the many actors in the field. Thirdly, on an operational level, the most visible and salient aspect of the decree is the so-called “social house”. Every local government is expected to organize a “social house”. A social house has some essential functions. Firstly, it must provide all citizens with information concerning all local social service delivery, via a one stop shop. Secondly, the social house has a front office, the one stop show, and from this front office, a client can be re-directed to all service

providers (public and private) in the back office. Therefore, increased coordination between all actors in the back office is necessary. This does not imply however, that all actors are physically located in the social house. The ultimate aim of the social house is to increase accessibility to social service delivery, and to lower the threshold for the citizen. Local government has the autonomy to decide on how to organize the social house. Some build a new building, others integrate it in the existing facilities, while still others provide a virtual social house (a website with all kind of information and contact info). The only requirement is that the main functions of the social house are respected: one stop shop, information and re-direction of citizens to the relevant service delivery.

In sum, we can interpret the decree as the desire of the Flemish government to organize local social policy in every municipality, in order to increase quality and accessibility of social service delivery, in close cooperation between all relevant (public and private) actors. No “hard” expectations are imposed to local governments as to what to do, and how to do it. Rather, the decree is a framework with some principles to which local governments must adhere. Making a policy plan and organizing a social house are compulsory for every local government, but concerning the content and the “how”, the decree leaves much room for local autonomy. By doing so, the Flemish government has recognized the specificities, needs and opportunities of every single municipality. This autonomy, however, also involves some risks. These risks can be summarized in the central question of this paper: can local governments realize an effective and real cooperation between the actors in the field of social policy, within the broader framework that is sketched by the decree? In order to answer this question, we discuss some results of recent research.

## EMPIRICAL EVIDENCE OF PUBLIC PRIVATE COOPERATION

A recent study<sup>4</sup>, analyzing the local social policy plans of the Flemish local governments, shows that public private cooperation in local social policy is not commonplace in practice yet, despite the stress that is put on cooperation by the decree (Sannen & Van Regenmortel 2009). In 80% of Flemish local communities, private actors are involved in the preparation of the local social policy plan, but concerning the implementation of the plan, private actors are involved in only 33% of the municipalities (99 out of 308 municipalities). In 60% of the local social policy plans under scrutiny, there is no information on how, or whether, local private actors are involved (or

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<sup>4</sup> Conducted by Hoger Instituut voor de Arbeid (KU Leuven).

will be involved) in the implementation of the plan. Also, the extent to which there is cooperation seems to differ between policy fields. The study by Sannen and Van Regenmortel shows that in the fields of social housing and social economy, NPO's and local governments tend to cooperate more closely (in respectively 45% and 44% of local communities). In other fields, like mental health care, special youth care, or poverty reduction, only 5% of the local governments declare to cooperate with private NPO's (Sannen & Van Regenmortel 2009). Hence, seen from the perspective of the local governments, there are still municipalities in which private actors are not involved in local social policy. The extent of cooperation, whether the cooperation is with all, many, or only few NPO's, is hard to reveal from this study.

Another study (for more info on method and sample, see Verschuere and De Corte 2010) departs from the viewpoint of the private NPO. A survey into private NPO's that work in the field of poverty reduction, special youth care, elderly care and care for ethnic-cultural minorities, has questioned to what extent these organizations participate in the local social policy cycle. 205 NPO's, in the 13 largest cities in Flanders, participated to this survey.

PARTICIPATION TO POLICY CYCLE AT LOCAL LEVEL							
		Policy development		Policy Implementation		Policy Evaluation	
		No	Yes	No	Yes	No	Yes
<b>Poverty reduction</b>	Count	53	30	51	32	54	29
	% theme	63,9%	36,1%	61,4%	38,6%	65,1%	34,9%
<b>Elderly care</b>	Count	26	10	26	10	26	10
	% theme	72,2%	27,8%	72,2%	27,8%	72,2%	27,8%
<b>Special youth care</b>	Count	44	18	44	18	45	17
	% theme	71%	29%	71%	29%	72,6%	27,4%
<b>Ethnic-cultural minorities</b>	Count	13	8	11	10	13	8
	% theme	61,9%	38,1%	52,4%	47,6%	61,9%	38,1%

It was found that, in general, approximately a third of all organizations declare to be involved in the policy cycle at local level (see table above). Moreover, these organizations seem to be engaged in the whole cycle of policy development, policy implementation as well as the

evaluation of local policies. The highest score is noted for the policy implementation (34,7% of all organizations), immediately followed by policy development (32,7%) and policy evaluation (31,7%). The table further shows that organizations which are working for the integration of ethnic-cultural minorities indicate the highest levels of participation in all three phases, followed by poverty organizations. While participation is the highest for ethnic-cultural organizations in policy implementation (47,6%), it is much lower for organizations active in elderly care (27,8% in all three phases), and for special youth care organizations in the evaluation of local policies (27,4%). These, still only preliminary, findings seem to indicate that seen from the perspective of the private NPO's, cooperation with the local government is not commonplace. This finding, added to the results of the study by Van Regenmortel and Sannen, show that the "rhetoric" of the decree (increased cooperation between local government and private NPO's), is not yet reality in Flemish municipalities. In the next part of the paper, we try to contextualize these findings, in order to interpret, and to start explain the findings described above.

## CONTEXTUALIZING THE FINDINGS

As we will argue in this part of the paper, some factors may interfere with the formal (legal) policy of the Flemish government, which expects that local governments develop partnerships with private actors, in order to realize the local social policy. Firstly, there are factors at the municipal level that determine the (lack of) capacity of local governments to develop public private cooperation. Secondly, private NPO's often operate on scales that do not correspond with the local scale of the municipality, on which local governments operate. Thirdly, as we will show further, there are only weak formal relationships between local government and private NPO's, which, fourthly, lead to weak accountability relationships from private NPO to local government. These factors, altogether, may help to interpret the findings described above.

### *308 local communities*

Firstly, as we already argued *supra*, the number and kind of private NPO's that are active in the municipality may differ from one municipality to another. This has its consequences for the eventual involvement of these actors in the development of local social policy in the different municipalities. In the case that there are only few private NPO's, local government itself will have to be pro-active in developing its own welfare services, provided local government wants a large supply of welfare services in its municipality. On the other hand, it may be problematic to



establish cooperation between (public and private) actors in a network of welfare service providers, in municipalities that have a large scale in which many private NPO's are active. Only identifying these organizations, let alone organizing cooperation between these actors (or the most important among these actors), will be very difficult, and may lead to large, inefficient and formal networks. We have to remark here, however, that certain problems, like for example integration of minorities, will be more urgent in urban regions, where private initiatives will be more prominent (compared to rural regions e.g.). To conclude, the point is here that the extent to which public private cooperation is possible, will be determined at least in part by the supply of private initiatives in a certain municipality.

### *Scales*

Local social policy is to be developed on the scale of the local government. There is, however, the tendency of 'regionalization' in many fields of social policy (Notredame 1989, De Rynck 1995). In many fields like health care for example, the Flemish government wants to organize social service delivery on the scale that is most effective and efficient. In most cases, these scales are regional, and hence encompass more than one municipality. In these regions, all actors in a certain policy field are brought together. The aim of this 'regionalization' is to make the supply of social service delivery more transparent and consistent (Quaethoven 1986). An example is decision to establish the so-called 'care regions' (Decree 2003). Care regions are supra-municipal regions within which health care suppliers (hospitals e.g.) must cooperate. The Flemish government takes these regions as point of departure for programming the supply of health care. Care regions are in other words a collection of municipalities around cities and urban centers (with a lot of supply), and citizens of these municipalities make use of the supply in these urban centers. The point is that the Flemish government, in many policy areas (health care, but also welfare services), uses other (larger) scales than the municipal scale for programming, recognizing and subsidizing private initiatives. Programming and recognition of private welfare initiatives, like hospitals and facilities for elderly care, is based on the number of citizens in the region. Another example is in mental health care, where the Flemish government subsidizes one centre for mental health care per 50.000 inhabitants (De Rynck 1995). These examples show that many private actors in the field of social policy work on larger scales than the municipal scale. Around and in these supra-municipal scales, networks of private actors emerge, and these networks are of importance for (the social policy of) local governments. But in the same run, local governments, responsible on their own local scale, do not seem to have much impact on

these networks. Service providers deliver social services to ‘their’ citizens, but also to citizens of the neighboring municipalities. It can then be expected that these care providers have only few incentives to be engaged in the local social policy of all the municipalities in the region. In other words, engaging these private NPO’s in local social policy, may interfere with the fact that the private NPO’s work on a regional scale. Next to that, the field of welfare in Flanders is extremely ‘compartmentalized’. We observe compartments within sub-fields (e.g. elderly care, poverty reduction), in which organizations (care providers) from the same sub-field have very little contacts with organizations from other sub-fields. This implies that there is only little cross-fertilization between sub-fields, in turn leading to decreased opportunities for horizontal policies. This compartmentalization is partly the result of the evolution of “regionalization”. It is the region, or the scale of service that is compartmentalized, because organizations in certain sub-fields are incentivized to cooperate with each other in care regions, for example. For local governments, this is an extra obstacle to bring together (private) actors, which only sporadically look further than the boundaries of their own sub-field.

#### *The relationship of NPO’s with government*

Over the years in Flanders, but also elsewhere, private organizations in the social sectors have become “part of the government”. To a certain extent, Flanders is an example of the so-called ‘third party government’ (Salamon 1995), in which government engages and subsidizes private NPO’s to deliver public services. In Flanders, there is a close cooperation between those private organizations and government. Political and ideological ties (cf. supra ‘pillarization’) stretch all over all levels of government, also local government. But the most important tie is the financial relationship with the Flemish government. In many domains, like handicapped care, elderly care, poverty reduction and so on, the NPO’s are dependent on the Flemish (and in some cases the Belgian) government for their subsidies. In return for subsidies, the NPO’s are accountable to these oversight authorities on issues like quality of service delivery. What we observe is a very close relationship with financial and accountability lines between NPO’s and the oversight authorities (in most cases the Flemish government). In fact, local government does not intervene in this relationship, which means that the focus and priorities of the NPO’s are directed to Flemish government, rather than to local government. Thus, whereas the decree on local social policy puts emphasis on horizontal networks, private NPO’s are tied to central government via vertical networks.

% LOCAL GOVERNMENT IN TOTAL INCOME							
		No share	1- 10%	11-24%	25-49%	50-74%	75-100%
<b>Poverty reduction</b>	Count	22	23	9	10	5	1
	% within theme	31,4%	32,9%	12,9%	14,3%	7,1%	1,7%
<b>Elderly care</b>	Count	19	13	0	0	0	0
	% within theme	59,4%	40,6%	0%	0%	0%	0%
<b>Special youth care</b>	Count	24	20	1	6	1	6
	% within theme	41,4%	34,5%	1,7%	10,3%	1,7%	10,3%
<b>Ethnic-cultural minorities</b>	Count	8	7	3	0	1	1
	% within theme	40,0%	35,0%	15%	0%	5,0%	5,0%

This evolution can be illustrated by the table above. The table shows some results of the research discussed above. One question in the survey aimed at collecting data about the financial relationship between local government, and the private NPO's. As the table shows, the NPO's in the four sub-fields (themes) of poverty reduction, elderly care, special youth care and ethnic-minorities declare only to receive a minor part of their income from local government. For all sub-fields, the Flemish government is the main funder. For example in the sub-field of poverty reduction, 22 organizations (32% of all organizations in poverty reduction) declare to receive no subsidies at all from local government.

#### *Complex accountability relations*

It should be clear that as a result of the weak financial relationship between local government, and private NPO's, the accountability relationship is also rather weak. Private actors only sporadically are held accountable by local government (Verschuere & Sannen 2006). These weak accountability relations are illustrated by the table below. Private NPO's were asked whether or not they are held accountable by local government on criteria like service quality, service quantity, financial results, social effects of service delivery, and adherence to administrative procedures. As the table shows, the majority of the private NPO's declare not to be held accountable on these criteria, by local government. This observation holds for private NPO's in all four sub-fields under scrutiny, and for all accountability criteria.

On the other hand, private NPO's do have a lot of accountability lines. A recent study into the accountability lines in the field of child care in Flanders (Vancoppenolle en Verschuere 2009) shows this complexity. Child care providers in the first place are accountable to their clients (parents with children). For clients it is important to have high quality in services for a reasonable

price. A second important accountability line runs to the oversight authority. For this authority, the Flemish government, it is important that the policy and regulations around child care are respected by the care provider. More specific, the Flemish government wants that care providers have attention for (legally arranged) admission criteria (what child has priority e.g.), and minimal quality of service delivery. These are issues that are supervised by the subsidizing authority. In child care, a direct accountability line between private provider and local government does not exist, notwithstanding the important role of local government to steer and coordinate the field of child care in their municipality. However, local government has few tools for fulfilling this role, and cannot rely on ‘hard’ incentives (like local governmental subsidies for the private care providers). We can observe similar ‘accountability regimes’ in other domains of social policy, like, for example, the fields of elderly care and care for the disabled, fields in which there are no strong accountability relations between private NPO and local government either.

		Service quality		Service Quantity		Financial results		Social effects		Administrative procedures	
		No	Yes	No	Yes	No	Yes	No	Yes	No	Yes
<b>Poverty reduction</b>	Count	46	37	46	37	52	31	44	39	56	27
	% theme	55,4%	44,6%	55,4 %	44,6%	62,7%	37,3%	53%	47%	67,5%	32,5%
<b>Elderly care</b>	Count	30	6	32	4	30	6	30	6	31	5
	% theme	83,3%	16,7%	88,9 %	11,1%	83,3%	16,7%	83,3%	16,7%	86,1%	13,9%
<b>Special youth care</b>	Count	41	21	43	19	44	18	42	20	46	16
	% theme	66,1%	33,9%	69,4 %	30,6%	71%	29%	67,7%	32,3%	74,2%	25,8%
<b>Ethnic-cultural minorities</b>	Count	15	6	15	6	12	9	13	8	13	8
	% theme	71,4%	28,6%	71,4 %	28,6%	57,1%	42,9%	61,9%	38,1%	61,9%	38,1%

The point is here that local governments lack incentives to direct and coordinate between private welfare service providers, because there is no financial, hence no accountability relationship with the private NPO’s that provide welfare services in and for the local community. As a result, local government has few incentives to engage private actors in local social policy (Sels & Stokx 2005). This is problematic in the light of the cooperation-vision that was proposed by the decree on local social policy, because private NPO’s may have much stronger ‘commitments’ towards clients, and central government, than they have towards local governments.

## CONCLUSION

In this article, we have essentially discussed the discrepancy between the ‘rhetoric’ of public private cooperation in the field of local social policies (as it is outlined by the decree on local social policy), and the ‘reality’ of public private cooperation in the Flemish municipalities. Flemish government demands from local governments an intense cooperation with the private NPO’s on the strategic, tactical and operational levels of local social policy. Preliminary and embryonic empirical evidence shows, however, that in reality, public private cooperation, as intended by the decree, is not that developed yet. Not all local governments engage private NPO’s in their local social policies, and private NPO’s themselves declare not to be involved in the local social policy process. The observed weak cooperation can be explained, partly, by some evolutions and contextual specificities of welfare policy and service delivery in Flanders. Not all local governments have the capacity and resources to engage the private sector pro-actively. We have shown that the extent to which private NPO’s are present in the 308 Flemish municipalities may differ a lot. Next to that, private NPO’s often have no incentive to invest in relationships with local government. They often operate on a larger scale than the municipal scale, and within this supra-municipal scale, they tend to work together closely with similar organizations within their sub-field. Next to that, private NPO’s do not feel accountable to local government, whereas their commitment to their clients and to central (Flemish) government is much stronger. This is the result of the lacking financial relationship between local government and private NPO, Flemish government being the prime funder of the private nonprofit sector. Further research will be needed to, from a policy relevant point of view, in finding ways to increase public private cooperation, given the poorly supportive context that hampers this cooperation. This will be a difficult, but essential challenge for realizing the principles of the decree on local social policy that favor increased cooperation.

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