

# **Motivations for coproduction of public services: empirical evidence from a comparative case study**

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**ABSTRACT:** With this paper we want to address the question what are the motivations and profiles of people that coproduce public services in cooperation with regular producers. We use a multiple case study design by looking at two Flemish and two Dutch case of coproduction: informal care for the elderly (Flanders), user councils in care facilities for the elderly (Netherlands), and neighbourhoodwatch-initiatives (Flanders and The Netherlands). In each of these cases, we look for motivations and profiles of coproducers by applying Q-methodology. Q-methodology is used to map different opinions of people about their motivation to coproduce, and enables to cluster these opinions into profiles of coproducers for each of the types of coproduction under scrutiny. We also look for differences and similarities in motivational profiles in the four cases, comparing coproducers in two different sectors and in two different countries. The results of our multiple-case study should enable a more generalized understanding of the reasons why people coproduce in different settings and contexts. We conclude the paper with some policy-relevant points of discussion for governments that seek to foster coproduction: what incentives need to be triggered when governments want to achieve an increase in citizen-coproduction?

## **PROBLEM STATEMENT & RESEARCH QUESTIONS**

Why are citizens/users motivated to produce their own public services in cooperation with regular producers in professional agencies? This is referred to as co-production of public services, or “the mix of activities that both service agents and citizens contribute to the provision of public services. The former are involved as professionals or regular producers, while ‘citizen production’ is based on voluntary efforts by individuals or groups to enhance the quality and/or quantity of services they use” (Parks et al. 1981). In the public and nonprofit sectors numerous examples can be found, like informal care, poverty associations, public infrastructure maintenance, neighbourhood watch, parental involvement in schools.

Following previous work in this field, particularly of Nobel Prize winner Elinor Ostrom on the commons, New Public Governance (NPG) spurred a renewed interest for coproduction research in the public management community. NPG starts from the assumption that contemporary government can only function effectively via networks with other (public, private and nonprofit) actors (Osborne 2010). The attempts of government to engage with citizens in public service delivery are part of this NPG-approach to government. In parallel with the public management research on coproduction, also the service management and marketing research communities study the involvement of customers in profit and social-profit organizations. These ‘customer engagement behaviors’ (CEB, Van Doorn et al. 2010) are closely related to what is called coproduction in the public management research literature (cf. Osborne & Stokosch 2013). Generally spoken, recent research on

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coproduction can be systematized along three broad lines (Verschuere et al 2012). A *first* research line deals with the motivation of people to coproduce. Influential work has been done by Alford (2002) who shows that variables like self-interest, ideology, and circumstances (like ease and salience of task at hand) simultaneously play a role. Recent research (Van Eijck & Steen 2013) shows that different 'profiles' or 'types' of coproducers exist, ranging from value-seekers to semi-professionals. A *second* research line deals with the question how coproduction works (Vamstad 2012, Schlappa 2012). Topics are the relation between regular producer and coproducer, the necessary capacities and skills needed, and the level of organizational flexibility of participating organizations. In service management, similar research is focusing on the development of more effective and efficient CEB management practices in social profit organizations (Verleye et al. 2014). A *third* research line focuses on the effects of coproduction: efficiency and quality of services (Vamstad 2012), and democracy and accountability (Calabro 2012).

In this paper we step in the first research line, and investigate the motivations of coproducers at the individual level: *why do people coproduce*, or why are people willing to invest time and effort in the production of public services that are usually also consumed by these people (or their relatives)? This question is important in times in which governments increasingly stress the need for participation, cooperation between public and private actors, and volunteering in the pursuit of public missions and service delivery. By finding answers to this question, we will be able to further inform practitioners and policy-makers about the motivation of citizens to coproduce, knowledge from which incentivization-strategies may be developed by governments that aim at increasing citizen participation and facilitating coproduction initiatives.

The remainder of the paper is structured as follows: we start by outlining our theoretical framework. Next to that we present our research methodology. Thirdly, we discuss the results of our research of four coproduction initiatives in two countries. Finally, we discuss these results with reference to our theoretical framework, and with reference to how our research has advanced knowledge about motivations for coproduction.

## **THEORETICAL EXPLANATIONS FOR COPRODUCTION**

Integrating insights from studies on coproduction, active citizenship, volunteerism, and public service motivation, Van Eijk & Steen (s.d.) have developed a theoretical model to explain the engagement of individual citizens in coproduction processes.. They identify three sets of factors that are expected to be of importance to one's willingness to engage in co-production: (1) citizens' perceptions of the co-production service in case and of the competency to contribute to the public service delivery process, (2) citizens' individual characteristics, and (3) citizens' self-interested and community-focused motivations. The model is summarized in the figure 1 below.

In order to decide to engage in co-production, first, the issue at hand needs to be of *salience* to the person concerned and it needs to be of relative *ease* for the person to engage in the activity concerned (Pestoff 2012). Also important are the extent to which the citizen feels personally competent to participate (internal efficacy) as well as the extent to which he or she believes that government, as regular producer of public services, provides room for citizen-involvement (external efficacy) (cf. Craig et al. 1990). Closely related to the latter, is citizens' trust in government, or the extent to which one feels government to be responsive.

Although these variables are about perceptions and opinions, these perceptions are – at least to some extent – fed by individual characteristics of citizens. Here, for example, we expect socioeconomic variables like income, education, and professional position, to play a role. In addition, social connectedness - the environment in which one is living and the networks in which one is

engaging – is expected to influence (opportunities for) participation in co-production (Thijssen and van Dooren 2013; Steen 2006).

Willingness to contribute to the well-being of other people and towards society at large is an important element of the concept of co-production (Alford 2012), active citizenship (Van de Bovenkamp 2010; Hermes 2009), and volunteerism (Reed and Selbee 2003), and stands central also to the issue of public service motivation (cf. Perry and Wise 1990; Perry and Hondeghem 2008). Public service motivation is noticed as representing an individual’s predisposition to act altruistic not only within the workplace, but also beyond, linking public service motivation with citizenship behavior (Houston 2008; Pandey et al. 2008). However, while doing good for others through co-production, citizens also gain personal rewards, such as developing new competencies, making social contacts, or gaining a feeling of personal fulfillment (cf. Alford 2002). Moreover, as users of the public services, often citizen co-producers directly benefit from an increased access to and quality of public services (Verschuere et al. 2012). As indicated in the figure, we expect motivations to be of relevance especially when explaining whether citizens’ attentions is directed towards co-producing activities, since motivations determine how willing people are to reach their goals and what is important to them (Locke and Latham 2002; Latham 2007).

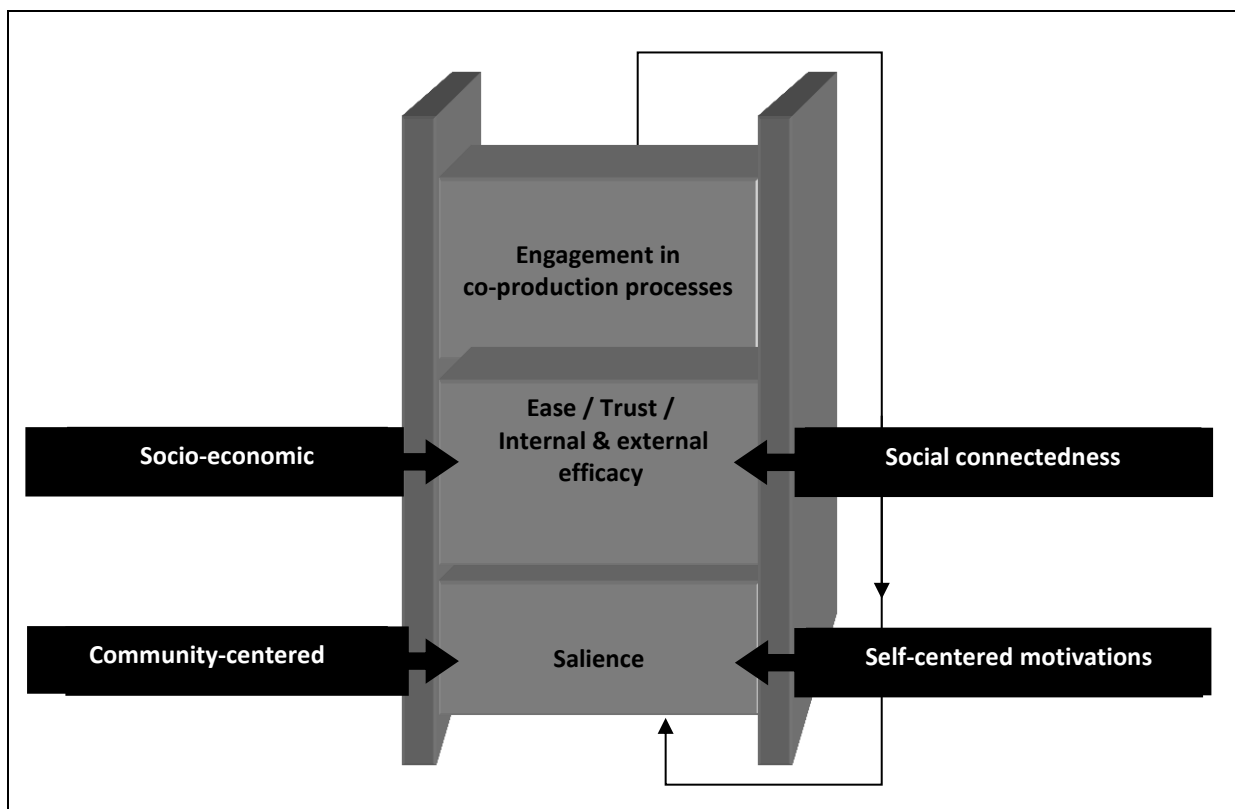


Figure 1: Theoretical model

While the theoretical model offers first insights into factors expected to be of relevance for explaining citizens’ motivations, the model provides little input for developing hypotheses on what factors are of importance in specific cultural settings or related to coproduction of services in specific policy domains. Our research aims to provide a more systematic and empirical basis for those considerations, gathering insights that can add to the current literature.

## METHODOLOGY

### *Multiple case study*

We select four cases of coproduction initiatives. In two countries (Belgium and the Netherlands) we have a case of coproduction in the field of care, and a case of coproduction in the field of (neighbourhood) safety. By applying this research design we will be able to compare between motivations of people to coproduce on two levels: policy-field (care vs. safety) and country (Belgium vs. the Netherlands). In table 1 the cases are described along some key-variables of coproduction. The first case is informal care for the elderly in Flanders. In this case, relatives of elderly people that receive care and nursing assistance (at home or in a residential care facility) assist professional care givers in the care process. These informal care givers and professional care givers each have their set of tasks in the care giving process, whereby professionals give the specialized care (nursing, medical, etc.), and the informal care givers mainly take up care tasks that are less specialized and relate to normal housekeeping tasks (that the care receiver cannot perform him- or herself any longer). As such, coproduction is to be understood here as coproducers (relatives) taking up tasks for a beneficiary (care receiver): the coproducer is not the consumer of the service.

	CARE	SAFETY
<b>Product</b>	Care for elderly Individual / group coproduction	Safety in the neighbourhood Group coproduction
<b>Beneficiaries</b>	Vulnerable person	Inhabitants neighbourhood
<b>Coproducer</b>	Relatives, others (volunteers, residents)	Inhabitants neighbourhood
<b>Regular producers</b>	Care professionals and managers	Local police, municipal civil servants
<b>Tasks coproducer</b>	Non-medical care and assistance Feedback, input for quality management	Monitoring, signalling, info-exchange
<b>Cases Belgium</b>	Informal care ('mantelzorg') for the elderly -6 recognized associations for informal care givers in Flanders, combining 200000 members (mainly 60+ caring for relatives) (source: Agentschap Zorginspectie)	Neighbourhood watches ('buurtinformatienetwerken' or BIN, in Dutch) in Flanders -468 BIN's in Flanders in 2012 (source: <a href="http://www.senate.be">www.senate.be</a> )
<b>Cases Netherlands</b>	Client councils in organizations for residential care for elderly	Neighbourhood watches ('buurtpreventieteams') -about 200 to 300 teams – no precise numbers are available, numbers are growing rapidly (source: Van der Land 2014)

**Table 1**

As the table shows, by applying our research design with four cases, we allow for variance on key-variables of coproduction. Safety is an example of a 'hard' public service that has traditionally been limited to governmental production, due to the state monopoly on the use of violence (Breeman et.al. 2008). Care, in contrast, is a 'soft' service traditionally characterized by cooperation between government and society (Bovens et.al. 2007). Related to this, regular producers providing care typically work in semi-public organizations, whereas police and municipality are public organizations. The cases differ also in terms of: individual versus group coproduction, type of beneficiaries of the services (is the coproducer also consumer of services provided or not?), initiative (client councils are organized top-down, informal care and neighborhood watches often have a bottom-up structure) and tasks performed by coproducers (client councils aim to improve the quality of the services provided, while both informal care and neighborhood watch are more closely related to actually producing the service concerned).

## Data-collection

In order to examine the motivations of coproducers, we applied the Q-methodology to the four cases under scrutiny. Q-methodology is designed to systematically study persons' viewpoints, and is concerned with patterns across individuals. Essentially, respondents have to rank statements. As statements are evaluated in relation to other statements, the method produces a comprehensive view of an individuals' viewpoint concerning an issue. Q-methodology measures perceptions rather than behaviour. Factor analysis is used to identify groups of respondents who rank statements in a similar way, and so to identify different viewpoints that exist on the topic studied. While Q-methodology is concerned with studying subjectivity, it is constrained by using statistical tools, which makes the method explicit and replicable. This method has been used already in public administration studies, for example in an analysis of how public employees and students of public administration view motivations associated with public service (Brewer et al 2000).

For every case, we first developed a set of statements about the motivation to engage in coproduction (see annex 3 for the sets of statements collected per case). The totality of these statements should reflect the diversity in theoretical motivations for coproduction (see our model supra), and be 'translated' to the policy theme at stake (informal care, safety, user councils). To make sure the choice of statements is not arbitrary a 'discourse analysis matrix' is used (cf. Dryzek and Berejikian 1993). Such a matrix consists of the discourse element (columns – e.g. motivation, salience, behaviour, capacities) and type of argument (rows – e.g. designative, evaluative, advocative). The discourse analysis matrices for our 4 cases<sup>2</sup> can be found in annex 1. In a second step, the list of statements (the so-called 'Q-sample') is presented to the P-sample (the group of respondents). In Q-methodology, a sample of approx. 30 respondents is typical. The respondents are as diverse as possible, but need not to be representative for the population or randomly assigned. As a consequence, the results of the Q-methodology study cannot be generalized to the overall population. All respondents are asked to rank the statements according to a suggested quasi-normal distribution ranging from 'strongly disagree' to 'strongly agree', resulting in a number of Q-sorts (N Q-sorts = N of respondents) (for an example of a distribution of statements, see annex 2). In the table below, we show per case the number of statements (Q-sample) and the number of responses (Q-sorts).

	Care (FL)	Safety (FL)	Care (NL)	Safety (NL)
Q-sample (N of statements)	36	36	45	45
Q-sort (N of responses)	30	30	32	38

Table 2

After the sorting, respondents are invited to give additional comments about the reasons for their selection of the statements they agreed or disagreed with most. Finally, additional demographic information is asked (gender, age, education, job sector etc.).

## Data-analysis

Then, correlations among the Q-sorts of all respondents are calculated, resulting in an N X N matrix (e.g. 30 X 30 matrix in the case of informal care in Flanders). These correlations reflect the similarities and dissimilarities in viewpoints between the respondents. Using Q-methodology software

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<sup>2</sup> We have used two different discourse matrices. One for the Dutch cases (statements have been developed bottom-up/inductively, from interviews and document analysis), and one for the Flemish cases (statements have been developed from theory/deductively). Still, in both cases we are confident to have a diversity of statements that covers the richness of potential motivations from coproduction (see theoretical framework) because we use the discourse matrix, and ensure that we have included statements from every cell in our discourse matrices.

(PQMethod – can be downloaded from <http://www.lrz.de/~schmolk/qmethod>), we perform factor analysis with varimax rotation, in order to identify the ‘number of groupings by virtue of being similar or dissimilar to one another, that is, to examine how many basically different Q-sorts are in evidence’ (Van Exel & De Graaf 2005, p.8). This analysis results in a number of factors as concluded out of the Eigenvalues and the so-called ‘flags’ (a factor needs to have a substantial number of associated respondents in order to be recognized as a distinctive factor). In a final step, factor scores are calculated in order to form the ideal-model Q-sort for each factor and to make visible how an ‘ideal’ respondent with a 100% score on that factor would have sorted all the statements. This is done through calculating the Z-scores, or ‘the normalized weighted average statement score ... of respondents that define that factor’ (Van Exel & De Graaf 2005, p.9). In annex 3, we present per case the ideal-model Q-sorts. The tables indicate the extent to which each of the statements characterizes each of the factors, and is therefore basic to the interpretation of the results (Brown 1993, 1996).

## RESULTS

### *Informal care for the elderly in Flanders (Belgium)*

Our analysis of citizens’ motivations to engage in informal elderly care specifies four types of citizen co-producers, which we label: the *task-bounded affectionate*, the *impure-altruist*, the *impure-rationalist* and the *duty-bounded affectionate*.

The *task-bounded affectionates* take up care tasks (*task-bounded*) because of their strong emotional, relational or affectional bond with their relatives they take care of (*affectionate*). This profile stresses the specificity of the task as well as the importance of the task for the coproducer. Respondents that load high on the factor (A) related to this type often mention that the reason to coproduce stems mainly from their emotional or affectual relationship with their relatives (statement 5). Via their commitment as informal care giver, these coproducers want to improve both the quality of life (statement 20) and the health situation (statement 9) of their relative. To the contrary, they are not interested in receiving sympathy or being valued for what they do (statement 11), or in how their (in)direct environment perceives them (statement 28). Also, these coproducers are not guided by feelings of compassion or empathy (statement 17). Based on these characteristics, we label individuals belonging to this type of coproducers as task-bounded affectionates: they want to improve the life of people they love. For these coproducers, an ‘emotional commitment’ cannot be decoupled from the belief that through this commitment they have a direct and crucial impact on the life of their beloved ones.

The *impure-altruists* take care of their relatives driven by feelings of charity and philanthropy, because they want to do good for others (*altruism*). In the same run, by giving care, they experience some satisfaction, self-value or happiness (impure altruism: by being altruistic receiving some immaterial reward). The labelling of this profile is inspired by a similar profile in the study of volunteering (Andreoni, 1989). Respondents of this type think they receive a lot of satisfaction from what they do for their relatives (statement 12). Next to that, they feel more happy when they can do something meaningful (statement 4), and they value occasional signals of approval for what they do (statement 10). Feeling valued for what they do is important for coproducers of this type, but still their relative is central for their motivation to give care. Unless the motivations given by the task-bounded affectionate however, being present for their relative is not limited to giving care alone for the impure altruist: they simply want to be there, or ‘mean something’ for their relative (statements 12 and 4). For *impure-altruists* high costs of, and a certain level of scepticism towards, professional care (statements 2 and 26) are not determining their motivation to coproduce. Finally, respondents of this type state that they do not have much time (statement 33), which highlights the impure character of their altruism.

*Impure-rationalists* are the mirror profile of the *impure-altruists*. While impure altruists depart from a value driven vision, impure rationalists depart from a rational or even monetary vision on coproduction. The latter give care inspired by a certain self-interest (*rationalist*), but in the same run they want to advocate some societal values through their voluntary efforts (impure rationalism). The fact that we found this profile, shows that we need to be careful with purely self-centered and rational approaches to coproduction, because the motivation to coproduce, even when driven by self-interest, is often more nuanced and complex (here: in the reality of giving informal care). People that can be linked to this profile see the high (societal) costs for professional elderly care as their main motivation to coproduce (statement 2). This is even more stressed in statement 19, where the impure rationalists plea for more (financial) support for what they do. In the same run, these profiles are also driven by the belief that informal care is an important issue in contemporary society (statement 31). Just as is the case for the *task-bounded affectionate*, *impure-rationalists* are not primarily interested in receiving sympathy (statement 11) or in how their environment perceives them (statement 28).

Finally, we have the *duty-bounded affectionate*, driven by a feeling of (moral) responsibility or duty towards a relative they love. Contrary to the *task-bounded affectionate* for whom the task itself (giving care) is central, for a duty-bounded affectionate the motivations are mainly normative ('it should be like that'): giving care is evident, and a proof of responsibility towards beloved ones (statement 22). Related to this is the aspect of reciprocity: 'he or she would have done the same for me' (statement 14), or the feeling of implicit 'guilt' in case these coproducers would not have taken their responsibility (statement 13). Given this profile, it should not surprise that respondents with this profile are not interested in the care giving process itself (statement 7), and state that they are not convinced that more people would coproduce (in this case: give informal care) when the task would be easier to perform (statement 35). Finally, there is no (rational) material driver behind their voluntary effort (statement 1).

### ***Neighbourhood safety networks in Flanders (Belgium)***

Our analysis of citizens' motivations to engage in neighbourhood safety networks specifies three types of coproducers: *the task-bounded altruist*, *the protective rationalist* and *the normative-rationalist*.

The *task-bounded altruist* wants to contribute to society, by coproducing in function of optimizing safety in the neighbourhood: the kind of task is important (safety). For this profile, we see positively loaded statements from different 'discourses'. Statement 36 is rather normative, and stresses the good relationship and cooperation between police and citizens. Statements 27 and 3 stress a certain interest (societal or self) in coproduction of safety. In other words, the typical statements related to this profile stress different motivations, and therefore we look at statements with a slightly lower factor score. Statement 20 ("I think people should join to improve the neighbourhood safety") and 34 ("I am a social person and I look to keep an eye for others") are important for this profile. In both statements we see the importance of the societal value and the social aspect of coproduction: volunteering because of societal-altruistic reasons, with a focus on improving safety. This profile becomes even more clear when looking at negatively loaded statements: personal interest is not important for the task-bounded altruist. Besides that, respondents with this profile trust the good intentions of the inhabitants of the neighbourhood (statement 14).

The second type is the *protective rationalist*. He or she will engage because coproduction can increase own personal safety, or the safety of the direct (*protective*). These respondents calculate cost (their time and effort) and reward (safety), and only when rewards outweigh costs will they coproduce (rational). The prime driver to coproduce is thus to improve safety in their own

neighbourhood. This onedimensional focus can stem from recent experiences of unsafety in their own direct environment (statements 4 and 11), which has led to joining the neighbourhood safety initiative to prevent future calamities (statement 18). *Ceteris paribus*, these persons will not join, and not feel guilty of not joining, when there are no personal experiences of unsafety (statement 26). On top of that, respondents belonging to this profile claim that everyone has a reason to coproduce, and not only people with enough time (statement 1). In other words, everyone has an interest in a safer neighbourhood. Based on these characteristics, this profile is called the *protective rationalists*, referring to the rational and protective character of their commitment: only when necessary (perception of unsafety) coproducers will calculate cost and benefit.

Finally, the *normative rationalist* is the type that wants to engage from the normative belief that it 'should be like that'. This normative motivation is strengthened from the belief that the efforts of joining the neighbourhood safety initiative will also lead to a reward (rational). These coproducers also believe that their actions can also make other inhabitants join the initiative (statement 22). In other words, it seems that these coproducers are involved from the belief that only a strong collaboration between police and inhabitants can lead to a safer neighbourhood. And, in the same run, these people believe that their efforts also will have impact: *'I know that my commitment will not be in vain'* (statement 19). Normative rationalists also state that previous experiences with unsafety is not determining for their commitment (statement 4), which further highlights their normative stance ('it should be like that').

### ***Client councils in Dutch health care organisations<sup>3</sup>***

Our Q-method based analysis of citizens' motivations to engage in health care client councils specifies four different perspectives on co-production: *the semi-professional, the socializer, the network-professional, and the aware co-producer*.

*The semi-professionals* are much concerned with the impact they can make through the client council. The client council focuses on improving the functioning of the health care organization and helps introduce changes (statements 16 and 26). The individuals feel they are actively taking part in this by making suggestions for improvement (statement 18). They feel that their efforts are making a difference, as the client council can really impact on the health organizations' policy (statement 38 and 12). Also, they agree that in order to make this difference, knowledge of the health care sector is needed (statement 29). The semi-professionals are primarily concerned with the contribution they can make to the well-functioning of the health care organization through their involvement in the client council, and feel that basic knowledge of the sector is a prerequisite for this. Semi-professionals see their involvement in the client council as a deliberate choice. They did not by accident become a member of the client council (statement 4). Their engagement is strictly instrumental, as having some minimal social accord among the client council members is not found to be important for their personal engagement (statements 33). Despite this focus on the results of their engagement, the social aspect is not put aside. In contrast to their personal, instrumental focus, the semi-professionals believe that other members who are mainly driven by social motivations can still make a valuable contribution (statement 17).

*Socializers* are concerned with building trust-relations between the client council and the (management of) the health care organization. Open and transparent communication is an importance instrument for this (statements 37 and 45). Interest representation is a major concern for the client council (statement 45). Yet, this is not done through ad hoc actions when one notices a malfunctioning in the organization (statements 31 and 13). In contrast to the semi-professionals, the socializers do not feel that the client council can make a major impact in the health care organization,

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<sup>3</sup> Analysis of this specific case has been published earlier in Van Eijk and Steen 2014.



as the client council is not involved in major reforms (statement 26). The socializers do not feel they possess professional competences such as knowledge of organizing and managing, or experience with meetings (statements 44 and 15), nor do they feel much free time is needed in order to be a member of the client council (statement 7). Based on the additional questions asked, we found that all respondents belonging to this discourse are retired. Almost all are themselves residents of the health care organization and non-active in other volunteering activities. A potential explanation could be that these respondents have both time available for and easy access to the client council, yet do not put much real effort in it nor look for other opportunities for co-production due to their rather passive attitude. In line with the importance attached to smooth relations and the rather passive stance towards the contribution they can make as client council members, the socializer does not expect the chair of the client council to gavel (statement 9).

Similar to the socializer, the *network-professionals* find interest representation a major concern for the client council (statement 45). However, they highly contrast with the socializers on their assessment of the impact that the client council can make and their personal involvement herein. The network-professionals share a similar view with the semi-professionals on the functioning of the client council. The client council is there to improve the functioning of the health care organization and does so through introducing changes (statements 16 and 26). The network-professional feels that, in collaboration with the patients, the client council indeed has an impact in the health care organization (statement 12), albeit that the client council is strongly dependent on the management of the organization (statement 20). Similar to the semi-professionals, the network-professionals did not become a member of the client council by accident (statement 4). Their engagement is a deliberate choice aimed at having an impact for the patient; it's not just a hobby or a social activity (statements 4 and 11). Elements of a public service motivation can be detected among the network-professional, as they disagree with egoistic-based motivational statements (statement 34 and 40) and primarily see the client council as a means to do good for the benefit of the clients in general.

The *aware co-producers* again find interest representation to be a major concern for the client council (statement 45). Similar to the network-professional, the aware co-producers disagree with egoistic-based motivational statements, such as a concern for their own future as potential clients (statement 40) or having to stand up for one's own interests (statement 34); although this feeling is much stronger compared to the network-professional. The engagement of the aware co-producers certainly is not a mere hobby (statement 27) or something that happened by accident (statement 4), and social relations among the members of the client council are not felt to be a prerequisite for the functioning of the client council (statement 33). Similar to the semi-professionals, the aware co-producers feel they are actively taking part by making suggestions for improvement (statement 18). Yet, this is not to be achieved by ad hoc interfering in the organization (statement 31). The aware co-producers are conscious about their engagement in the client council and what they can contribute to the well-functioning of the health care organization and its residents. They are the only group consenting with the importance of clients having a voice: clients and health care cannot be separated (statement 3).

### ***Neighbourhood prevention in the Netherlands***

Our analysis of citizens' motivations to engage in neighborhood watches, specifies three types of citizen co-producers, which we label: *the normative partners, the normative collaborators, and the rationalizers*.

The *normative partners* are motivated by a feeling that persons share part of the responsibility for the security of their own living environment (statement 16) and find that through their engagement in the neighborhood watch they help protect the common interest (statement 28). They highly disagree with their engagement being driven by self-interest, as shown in this disapproval of the

statement that their engagement is not because of society, but for oneself (statement 1). The normative partners see themselves as driven by these community-centered norms, rather than by a search for excitement, e.g. they don't feel that there needs to happen much during their activities for the neighborhood watch in order to keep it being excited or keep it from being boring (statements 18 and 36), nor do they feel that if they would not be engaging in this activity, they would find not much better to do in the evenings than to be watching television (statement 3). Next to this community-centered motivation, the normative partners attach much importance to partnership with the police. They feel that neighborhood watch and police both have specific tasks, and thus neighborhood watches should not try to take over the tasks of the police (statement 35). Also, they feel comfortable with the collaboration between both actors, and are happy with the feedback of results by the police (statement 5).

The perspective of the *normative collaborators* is closely related to that of the normative partners. Alike the latter, the normative collaborators are driven by a moral obligation to share part of the responsibility for the security of one's own living environment (statement 16) and a concern for the common interest (statement 28). Also both groups disagree with their engagement being driven by self-interest (statement 1) or a search for excitement (statements 18 and 3). The normative collaborators highly disagree with the idea that one could be afraid that because of taking part in the neighborhood watch one's own security could be at stake (statement 38). Alike the normative partners, the normative collaborators find collaboration of much importance, however, their focus seems to be much more on collaboration within the group of participants of the neighborhood watch (statement 32). As such, they also find it of importance that youngsters, take part in the neighborhood watches (statement 22). The view that the normative collaborators have of their collaboration with the police, seems to be more critical than that of the normative partners: while the normative collaborators find professional feedback of importance (statement 25), they are much more critical of the feedback they actually get from the police (statement 5).

The last group, the *rationalizers*, contrast with both the normative partners and the normative collaborators, in that they seem far less driven by a normative duty towards the common interest. The rationalizers are driven by the results they find that their engagement in the neighborhood watch can easily accomplish: they notice their activities – however basic, such as simply waking around in the neighborhood - lead to positive result (statements 26 and 30). Although attaching importance to the results of their work, the rationalizers stay rather humble about its impact. What they do is not something extensive such as upbringing the local youth (statement 3). Also, the rationalizers feel that this is but a small engagement as they believe they would be doing some kind of volunteering work anyhow and, even more than in both other perspectives, they don't feel that otherwise they would not find much better to do in the evenings than to be watching television (statement 3). Finally, the rationalizers find that holding some skills, such as communication skills and social skills (statements 9 and 45) are of importance, and also believe they themselves learn from taking part in the neighborhood watch (statement 2).

## **CONCLUSION AND DISCUSSION**

### ***Why do people coproduce? General findings***

As a first very general conclusion, we observe in each of the four cases that motivational profiles for coproduction can be very diverse. Per case, we see that different motives exist next to each other. Over the four cases, we observe the focal position of *salience* of the task or issue in case, or the extent to which the task or service is considered to be (very) important for the coproducer. How this salience is defined, or where it originates in the perception of the coproducer may differ. On the one

hand, salience may be related to a kind of concern for own personal rewards. In that case, the task at hand is salient because coproduction leads to a kind of (material or immaterial) personal reward. Profiles that (at least partly) stress personal rewards are for example the task-bound affectionates and the duty-bound affectionates in informal elderly care in Flanders. These coproducers coproduce because taking care for their relatives leads to satisfaction or prevents guilt. Also the protective rationalist in neighbourhood safety in Flanders wants some personal rewards, a safer own neighbourhood. To a certain extent, also the profile of the socializer in Dutch client councils is characterized by some self interest, because they see interest representation as a major motivation to coproduce. Finally, the rationalizers in Dutch neighbourhood prevention are driven by the results they expect from coproduction, which is ultimately increased safety of their neighbourhood.

On the other hand, salience may be related to a concern for community related benefits. In that case, the task at hand is salient in the perception of the coproducers because coproduction leads to societal benefits. In our cases, we discovered different profiles for which community benefits are important. Impure altruists in Flemish elderly care want to do good for others, and they are driven by feelings of philanthropy and charity. Also the task-bounded altruist in Flemish neighbourhood safety initiatives or the normative collaborator in Dutch neighbourhood safety is driven by societal values, improving safety beyond self-interest.

But perhaps more important, as our cases also show, motivational profiles are not homogenous. Many profiles discovered in our cases combine different motivations. The table 3 below shows the distinct motivational profiles discovered in our four cases, and three broad sets of explanations (see also our theoretical approach, figure 1). In the cells we try to show by what kind of motivation people belonging to that profile are driven.

	<i>Self-centered salience</i>	<i>Community centered salience</i>	<i>Personal attributes (ease, trust, efficacy, competencies)</i>
<b>CARE BELGIUM</b>			
<i>Task bounded affectionate</i>	++		
<i>Impure altruist</i>	+	+++	
<i>Impure rationalist</i>	+++	+	
<i>Duty bounded affectionate</i>	++		
<b>CARE NETHERLANDS</b>			
<i>Semi-professional</i>		+	+++
<i>Socializer</i>	++		
<i>Network professional</i>	+	+	++
<i>Aware coproducer</i>	+	+++	
<b>SAFETY BELGIUM</b>			
<i>Task bounded altruist</i>		+++	
<i>Protective rationalist</i>	+++		
<i>Normative rationalist</i>	+	+++	
<b>SAFETY NETHERLANDS</b>			
<i>Normative partner</i>		+++	
<i>Normative collaborator</i>		+++	+
<i>Rationalizer</i>	++		++

Table 3

Taken altogether, and looking at the table 3, our findings show that motivations for coproduction may be very diverse, even within the same case (or task, or policy field). Future research should therefore take also individual characteristics in the design. In our theoretical framework we assume that these characteristics will determine the opportunities of people to coproduce (in terms of ease, trust, and perceptions of efficacy). Thus we can expect that these individual characteristics will also determine the motivational profile of a coproducer. But in this stage of our research, and due to the

methodology we use, we cannot yet make valid statements about the effect of individual characteristics of coproducers on their motivation to coproduce (cf. supra methodology). Only in the Dutch cases, we discovered some ideas about the (potential) effect of individual attributes on the motivational profiles, for example the level of professionalism a coproducer needs to be able to engage in the coproduction process in the way he or she wants (e.g. discussing health care facilities' policies requires knowledge about managing a health care facility). Future research should take these shortcomings into account: (1) designing of survey-method to collect quantitative data in a large population, that should enable us the relationship between individual characteristics (age, gender, socioeconomic status, sociale connectedness of people, ...) and the motivation to coproduce, and (2) qualitative methods to collect data and evidence about how different 'kinds' of people (in terms of individual characteristics) perceive coproduction to be easy/accessible, trustworthy or effective (from which their willingness to coproduce may stem).

### ***Differences between cases?***

Taking a look at the table 3, we also discover some differences between the four cases. For example, we can compare safety in the Netherlands with safety in Belgium. Here we have cases with similar tasks, in the same policy field, but in a different country. We see that in profiles discovered for the Dutch case of neighbourhood safety the self-centered motives are less prominent. Besides differences in the method (statements developed deductively versus inductively), this difference is probably linked to country differences, or country characteristics. Future (comparative) research should therefore take country characteristics into account, in order for example to discover if differences might relate to cultural differences (e.g., religious-cultural background: Dutch Calvinist culture vs. Flemish Catholic heritage) or to systemic-structural differences between the countries (e.g., structural differences in how safety policy is organized within local communities).

Second, if we compare between care in Belgium and care in the Netherlands, we compare between cases from the same policy field, but from different countries and with a different task (the Dutch case is about client councils – 'giving voice', while the Belgian case is about the care giving process itself). Both cases contain profiles that are characterized by rather community centered motivations, and profiles that are characterized by rather self-centered motivations (the Belgian impure rationalist and the Dutch socializer). Despite this similarity, however, the meaning of self-centeredness may be very different, due to differences in the specific task coproducers perform. To put it somewhat bluntly, in Flanders the self-centeredness is in giving care for a beloved one but not for someone else, while in the Dutch case the self-centeredness is having a good time and meeting interesting people by being member of a council. Future research should therefore also take the (nature of the) task into account. For example is it giving voice, or participation in policy? Or is it direct service delivery? A second difference is that in the Dutch case, in contrast to the Belgian case, we found profiles that stress personal attributes: the semi- and network-professionals claim they need specific skills to perform their role in the council as they see it). This may be due to our method, however (cf. supra, the inductive versus deductive ways to select statements).

Third, if we compare between different policy fields in the same country, for example the Netherlands, we have two cases from the same country, but from a different policy field and with a different task (voice in a client council versus operational production of safety). The differences between Dutch safety and Dutch health care are not so clear, as in both cases we found profiles that are similar to a certain extent: normative partners and collaborators (safety) and aware coproducers (care) are both mainly driven by community centered motivations. And rationalizers (safety) and socializers (care) seem to be more driven by self-centered motivations, although the definition of self-centeredness may again (cf. supra) differ between both cases. This shows that future research should be very specific on what self-centeredness, community-centeredness salience etc. exactly means in the eyes of the coproducer. Depending on the task or the policy field (context) this may be

more material (tangible reward like a safer neighbourhood) or immaterial (e.g. preventing guilt, feeling satisfied). It could also be the case that in care (for relatives) the motivation may be (implicit or explicit) seen as 'compulsory', while in the case of neighbourhood safety the motivation is more based on a deliberate choice (in a context that leaves more room for free-riding behavior – 'others can do it too'). Another difference between both cases is that the relationship with the regular producers (professionals) seems to be more prominent in profiles discovered in safety, compared to profiles discovered in care.

### ***Policy implications of our research***

Findings of research into reasons why people are triggered to coproduce are important knowledge for governments and organizations that want to motivate people to coproduce. As we observe internationally a policy rhetoric of increased citizen participation and own responsibilities of citizens – like Big Society in the UK, the 'Eigen Kracht' discussion in the Netherlands, and the participation trajectories in an increasing number of local governments in Flanders –, gaining insight in these matters is important. Only to take one example, we can refer to the initiative in a Dutch facility for elderly care (De Vierstroom in Gouda) to make it 'compulsory' for relatives of residents to give informal care to their relative for a number of hours per week. We think, and our findings confirm this feeling, that organizations should be very careful in designing such coproduction policies. As we know that people may be driven by different motivations, governments and organizations should be very careful with, for example, making informal care (as an example of coproduction) 'compulsory'. Coproducers with a sincere interest in the totality of the care process (like the Flemish 'task-bounded affectionates', or the Dutch 'semi-professionals') could feel offended if they are expected to, to put it bluntly, have some coffee with the residents for a couple of hours per week. People with such motivational profiles believe that their coproduction entails much more than such tasks, and involves stronger commitment. Coproducers that are motivated from a normative framework (like the Flemish 'impure altruist' and 'duty-bounded affectionate') do not need to be obliged to take up societal responsibilities they consider as 'normal', and may be offended by such compulsory policies. Rather, these coproducers expect a policy framework that is supportive and facilitating for taking up coproducing task. These coproducers also expect feedback, and a framework that makes coproduction 'compulsory' may be perceived as a framework that wants to 'sanction'. Only the coproducer that is motivated more or less by the conviction that the financial basis of public service delivery (like subsidized care) is under pressure, in times in which the public sector is faced with financial austerity, may be charmed by frameworks that makes coproduction 'compulsory'.

### ***Added value of our research and directions for future research***

Notwithstanding the methodological and empirical shortcomings of our research, and the challenges for future research that remain, with this paper we (hope to have) addressed some research gaps, as identified in recent publications (Verschuere et al. 2012, Van Doorn et al 2010). *Firstly*, our findings show that explanations for coproduction may benefit from theoretical frameworks that combine insights from different perspectives. Future research should therefore focus at unraveling what kind of explanations are valid in what kind of context (micro-level individual attributes, meso-level of kind of task, and macro-level of institutional context of policy field and perhaps country). *Secondly*, our research shows that we are in need more comparative research and knowledge about differences and similarities in different environmental and organizational contexts/settings. Our contribution is a multiple case study design, but which so far only allows for comparison at the level of the findings of the different case studies. *Thirdly*, as most research in coproduction so far uses qualitative data, we show that using quantitative data are needed too, to enable analysis with the aim of testing assumptions about coproduction in different contexts.

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## ANNEX 3: FACTOR SCORES IDEAL MODEL Q-SORTING

### *Informal care for the elderly in Flanders (Belgium)*

		Factoren			
		A	B	C	D
1	De inspanningen voor mijn naaste lonen wel en leveren mij eigenlijk ook iets op	0	0	-1	-4
2	De hoge kosten verbonden aan professionele gezondheidszorg spelen een rol	-2	-4	5	0
3	Door de zorg voor anderen krijgt mijn leven zin	-1	-1	-4	0
4	Ik voel mij gelukkiger wanneer ik iets kan doen voor mijn naaste	2	4	0	1
5	Ik zorg voor mijn naaste omdat de relatie die ik met hem/haar heb, heel belangrijk is in mijn leven	5	3	1	3
6	Het is gewoon leuk om nog zoveel tijd te kunnen doorbrengen met mijn naaste	2	-1	-1	1
7	Ik heb interesse voor alles wat met zorg te maken heeft	-2	1	-1	-5
8	Door de zorg voor anderen leer ik enorm veel bij	2	-2	0	-3
9	De gezondheidstoestand van mijn naaste vooruit helpen is mijn grootste drijfveer	4	1	-1	2
10	De complimenten en schouderklopjes voor mijn inspanningen zijn belangrijk, je put er moed uit	1	4	0	-3
11	Als mantelzorgervind ik het opwekken van waardering, lof, sympathie, ect. belangrijk	-5	1	-4	-1
12	Ik denk dat mantelzorgers veel voldoening halen uit wat ze kunnen betekenen voor hun naaste	1	5	0	1
13	Wanneer ik niet voor mijn naaste zou zorgen, zou ik mij daar later schuldig over voelen	-2	1	-1	4
14	Hij of zij zou dit voor mij ook gedaan hebben	1	0	2	4
15	Door de dagelijkse zorg kan ik een (nog) betere relatie uitbouwen met mijn naaste	3	2	1	1
16	Ik wil mijn naaste de kans geven om zo lang mogelijk zelf zijn/haar doen en laten te bepalen	3	3	1	3
17	Medelijden en empathie zouden een rol moeten spelen, ja vind ik wel	-4	-3	-2	-3
18	Je zou er ook wel de 'feeling' voor moeten hebben, bijvoorbeeld graag andere mensen helpen	-3	-1	1	-1
19	Je zou daar niet flauw over moeten doen: zorg kost nu eenmaal geld, extra ondersteuning zou welkom zijn	-3	3	4	-2
20	De eerste bekommernis van iedere mantelzorgervind ik het gelukkig(er) van de naaste moeten zijn	4	0	0	0
21	Mantelzorg is eigenlijk een gewoonte geworden, ik denk er niet veel over na	-2	2	0	-1
22	Het is mijn verantwoordelijkheid om voor mijn naaste te zorgen	3	0	2	5
23	Voor mij is het evident dat ik zorg draag voor iemand uit mijn naaste omgeving wanneer die hulp nodig heeft	2	2	3	3
24	Het is mijn overtuiging/ingesteldheid om niemand achter te laten	0	-1	3	2
25	Ik ben ervan overtuigd dat de meeste mensen hetzelfde zouden doen voor hun naaste	0	-2	-3	-2
26	Ik zou het niet vertrouwen wanneer ik de zorg volledig uit handen moet geven	1	-4	-3	1
27	Ik wil maatschappelijk willen bezig zijn en bijdragen aan de maatschappij	-1	-1	1	-2
28	Ik denk soms: "Wat zouden de mensen niet denken indien ik dit niet kon opbrengen t.o.v. mijn naaste"	-4	-2	-5	-1
29	Het hoort gewoon zo, is het dan niet meer dan normaal dat wij vandaag de dag zorg dragen voor elkaar ?	0	0	3	2
30	Mantelzorg zou vanzelfsprekend moeten zijn	0	1	2	2
31	Wanneer je mantelzorg belangrijk vindt voor de samenleving, dan zou je je ook moeten inzetten daarvoor	1	-2	4	0
32	Ik heb de capaciteiten en/of kennis om deze taken op mij te nemen	-1	2	-3	-2
33	Ik heb tijd en ben beschikbaar als mantelzorgervind ik het belangrijk	-1	-5	-2	0
34	Ik heb de ervaring om mantelzorgervind ik het belangrijk	0	0	-2	-1
35	Wanneer de zorgsituaties van naasten eenvoudiger zou zijn, zouden meer mensen aan mantelzorg doen	-1	-3	2	-4
36	Ik denk soms: "ik kan voor mijn naaste zorgen, waarom zou iemand anders het dan moeten doen?"	-3	-3	-2	0

### *Neighbourhood safety networks in Flanders (Belgium)*

		Factoren		
		A	B	C
1	Mensen die over voldoende vrije tijd beschikken, hebben geen reden om zich niet aan te sluiten bij de BIN	-1	-4	1
2	Het hoort gewoon zo, iedereen moet zijn steentje bijdragen om de buurt zo veilig mogelijk te houden	1	-1	0
3	Ik heb mij aangesloten bij de BIN omwille van de sociale controle die mijn veiligheid ten goede komt	4	-2	-1
4	Er is reeds ingebroken bij mij thuis	-5	4	-5
5	Ik heb mij aangesloten bij de BIN om de gemeenschap ten goede te komen	2	-1	1
6	Heel wat mensen uit mijn wijk, doen hetzelfde	-1	1	-2
7	Dieven en inbrekers worden afgeschrikt door de BIN, ook dit is een reden om mij aan te sluiten	2	1	2
8	De waardering van anderen voor mijn inspanningen doen mij enorm deugd	0	-2	-3
9	Ik leer erdoor bij	1	3	-2
10	Wat ook meespeelt (om mij aan te sluiten), is het feit dat ik weinig vertrouwen heb in de lokale (wijk)politiediensten	-2	0	-4
11	Ik ben lid omdat er al verscheidene keren in mijn buurt is ingebroken, en ik vrees dat ik de volgende ben	-2	4	4
12	Ik beschiik over heel wat vrije tijd, het kost mij geen moeite om mij aan te sluiten en een oogje in het zeil te houden	0	-2	-4
13	De wijkagenten/lokale politiediensten doen momenteel gewoon te weinig, daarom ben ik lid	-3	0	0
14	Ik zie veel verdachte mensen in mijn wijk rondlopen, ik vertrouw dit niet, dus ben ik lid van de BIN	-4	3	-1
15	Het is de verantwoordelijkheid van mijn bureu om de buurt zo veilig mogelijk te maken, dus daarom	-2	-3	3

	zouden ze zich moeten aansluiten			
16	Het spreekt voor zich dat je je aansluit, gezien veel mensen uit de wijk lid zijn	-1	0	2
17	Wanneer je bijna niet thuis bent, heeft het weinig zin om je lid te maken	-3	-3	-2
18	Lid worden om toekomstige inbraken te vermijden bij mij thuis, lijkt mij een goede reden	1	5	3
19	Ik weet dat mijn inspanningen niets voor niets zijn	0	-1	4
20	Ik denk dat mensen zich moeten aansluiten bij de BIN om de veiligheid in de buurt te verbeteren	3	2	-1
21	Je kunt concreet ook het veiligheidsbeleid in de wijk mee helpen sturen, door lid te zijn	1	-1	-2
22	Door mijn acties (bellen wanneer ik iets verdachts zie bij mijzelf of bij mijn burens) zet ik ook anderen aan om zich aan te sluiten	-1	0	5
23	Als je je veiliger wil voelen, moet je je aansluiten bij de BIN	2	0	0
24	Ik heb belang bij een veiligere buurt, wat een voorwaarde is om lid te zijn en te blijven	3	2	2
25	Mensen die denken dat de buurt veiliger wordt door de BIN, hebben geen reden om zich niet aan te sluiten	0	-1	0
26	Wanneer ik mij niet zou aansluiten, zal ik mij daar later schuldig over voelen	-3	-5	-1
27	Ik wil gewoon mijn steentje bijdragen bij het veilig(er) maken van de wijk	4	2	2
28	Ik ben bang voor de reacties van mijn buurtgenoten wanneer ik zou beslissen mij niet aan te sluiten bij de BIN-werking	-4	-4	-3
29	Onze buurtwerking werpt ook duidelijk zijn vruchten af (sinds ik lid ben)	-1	1	0
30	Het kost mij weinig moeite om mij aan te sluiten	2	2	-1
31	Je moet veel thuis zijn, anders heeft het lid zijn geen nut	-2	-3	-3
32	Ik ben lid omdat de buurtveiligheid erop vooruit gaat	0	1	0
33	Het is ook gemakkelijk om lid te worden, wat ook een belangrijke rol speelt	0	0	1
34	Ik ben gewoon een sociaal iemand en ik houd graag een oogje in het zeil voor anderen	3	-2	1
35	Lidmaatschap is een methode om het veiligheidsbeleid mee te sturen, alleen daarom zou iedereen zich lid moeten maken	1	1	1
36	De goede samenwerking tussen de politiediensten en BIN is cruciaal	5	3	3

### ***Client councils in Dutch health care organisations***

	A	B	C	D
1. You grow into becoming a council member.	0	3	0	-1
2. You look around regularly and see things that could be done differently.	1	-2	2	-1
3. You cannot separate clients and care.	1	0	1	4
4. Before you actually realize you have become a member. But of course you learn of those experiences.	-4	1	-4	-4
5. We received some quite heavy complaints that we should try to solve.	0	-1	0	-3
6. You receive a lot of documents, about new policies for example. You must be able to read these documents and to discuss the issues at hand.	1	-2	1	1
7. You need to have enough free time / leisure to do this.	-3	-3	-2	-1
8. The council has to make sure to notice if clients are facing troubles or having complaints.	2	2	1	0
9. As a chair, sometimes you have to gavel.	-2	-3	0	-2
10. I always say: you need to be fair.	1	3	0	1
11. It is nice to be part of it, yes I think so.	2	3	-5	0
12. It turns out that client council and residents together can have a real influence on the policies.	3	2	3	3
13. When I am visiting my family relative here, sometimes I see things happen and then I step in.	-3	-5	-2	-2
14. It's also based on experience.	2	-2	-1	0
15. I am accustomed to attend meetings. That is not difficult to me.	2	-4	0	1
16. It is the council's task to suggest improvements.	5	2	4	2
17. It is useless when people come here only because they are finding it cozy.	-5	0	0	-2
18. As a member I try to contribute ideas.	3	0	2	4
19. You can steer.	0	0	1	-2
20. Of course you are very dependent of the management.	-1	0	4	-1

21. It should be people who possess some skills.	-2	-1	-1	0
22. I would like to have more people coming from the organization itself.	-1	-2	-1	1
23. I think we need to do this together. We have to work together for the clients in this house and you do not work on your own and we do not either.	-2	1	3	2
24. You have to be social.	0	2	0	1
25. It is important that you easily mingle with other people.	1	-1	-1	3
26. We may meddle in substantial changes.	4	-2	3	0
27. This is pure pastime.	1	-1	-3	-5
28. You should receive trust.	-1	4	1	1
29. Having a clear understanding of health service is very important.	3	0	-1	2
30. I easily talk with other people and then you hear what is happening.	-1	2	-3	2
31. When you see things happen, you do not stick your head in the sand.	-1	-4	2	-4
32. It requires a lot of work.	-1	0	0	-1
33. If we as members would not match, I would leave soon.	-4	-1	-2	-3
34. I have learned how to stand up for myself.	-2	0	-4	-2
35. We must receive information beforehand, for example regarding the newly implemented small-scale care.	-3	1	0	2
36. I find it very important that (new) members are human.	0	1	-2	-1
37. It is important for communication in health care to be open and honest.	2	5	2	3
38. I also find it useful.	4	0	2	1
39. I find this enjoyable.	1	-1	-2	0
40. I think: 'what is going to happen when I am old?'	0	-1	-3	-3
41. Sometimes, you have to fight.	-2	1	1	-1
42. You simply become interested.	0	1	-1	0
43. I think we have achieved a lot.	0	1	1	0
44. I love organizing. Organizing is a real passion.	-1	-3	-1	0
45. The client council should represent the residents' interests.	0	4	5	5

**Neighbourhood prevention in the Netherlands**

Statement	A	B	C
1 You do not do this for society, you do this for yourself	-5	-4	-1
2 It's instructive, you learn from doing it yourself.	0	1	3
3 What we do is about upbringing.	-1	0	-4
4 Otherwise, in the evening, all you do is watch television anyhow.	-3	-3	-5
5 I'm very happy with the feedback of results by the police.	4	-2	2
6 If you don't dare do it, you should not join.	-2	1	0
7 You need to dare confront people.	0	2	0
8 Of course, you always have to do it together.	3	2	3
9 You need to have some communication skills.	1	0	3
10 I think it needs to link with your personality.	1	0	1

11	You get to follow a lot of different courses, that's added value.	0	1	-1
12	Above all, it's about social control.	3	3	-2
13	You can serve the public servants, making them able to be at the right place more easily and faster.	1	-1	0
14	All that small vandalism. If you can prevent these, it safes a lot of money.	1	1	1
15	That was my driving force: my children being able to be walk the street safely.	0	-1	0
16	You share part of the responsibility for the security of your own living environment.	5	5	0
17	I do like a little bit of excitement.	-2	-1	2
18	It's boring; nothing happens.	-4	-4	-4
19	We're social of course with those boys.	0	0	0
20	That's a task of the neighborhood watch: if you walk along the street in your free time and you see that something is broken, to make a phone call.	1	0	-2
21	You need to have trouble in order to get movement, because in general people only move when there is too much trouble.	-3	-1	-3
22	I think more young persons should join the neighborhood watch.	2	3	1
23	It has to be your onw neighborhood only.	-1	-1	1
24	You need to know yourself well.	-1	0	-1
25	Professional feedback, explaining what will happen with the information retrieved, is important.	1	3	0
26	You notice that it gets results.	2	2	4
27	There's appreciation for what you do.	0	1	2
28	It's the common interest that you help to protect.	3	4	-1
29	I would do volunteering work anyhow.	-1	-2	5
30	Simply walking around has a lot of result.	2	2	4
31	The course are quite substantive; after all I'm only doing this as a volunteer.	-2	-3	-1
32	The collaboration between one-another is important.	2	4	1
33	If you would feel unsafe on the street yourself, I think you should stop doing it.	-2	0	-1
34	You should not be scared.	-1	2	0
35	As neighborhood watch we should not try to take over the tasks of the police.	4	0	1
36	Something has to happen, in order for it to keep being excited.	-4	-2	-2
37	You keep in mind the whole local community and look at all places.	0	-1	1
38	I'm afraid that they know where I live and that they will look me up personally.	-3	-5	-2
39	The reason behind it is to do something for society.	2	-1	0
40	The contact with the young, that's what I really enjoy.	-1	0	-2
41	If there's a group of youngsters, you should not think 'oh no'.	-1	1	2
42	I want do do something for the local community.	1	-2	-1
43	Those nice jackets of the neighborhood watch have a lot of effect, the clothing is crucial.	0	-2	-3
44	It's about surveillance.	-2	-3	-3
45	You need a bit of people knowledge to do this.	0	1	2