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Dreaming the impossible dream? An exploratory study on the expectations of Dutch clients with multiple problems concerning the co-production of public services

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Abstract

Currently, many policymakers try to encourage client involvement during the public service delivery process and make it a co-production. Clients are encouraged to act as active agents and embrace an integrated approach to address their problems to empower them. However, different studies have raised questions regarding to what extent these ambitions are appropriate for clients with vulnerabilities, such as clients with multiple problems. Aiming to further explore this issue, we studied the expectations of clients with multiple problems concerning the co-production of public services. We interviewed 46 clients with multiple problems at the start of their support trajectory. All 46 participants lived in five districts in Rotterdam, the Netherlands, and were recruited via community-based primary care teams. Our study indicates that co-production ambitions might not resonate with clients with multiple problems. The study shows that these clients' expectations are driven by their feelings of being overwhelmed and stressed out by their situation, feelings of being a victim of circumstances, bad experiences with public services in the past, their evaluation of what counts as a problem and the envisioned solutions. These clients expect public service providers to take over, fix their main problem(s) and not interfere with other aspects of their lives (not an integrated approach). Although participants seek a 'normal' life with, e.g., a house, work, partner, children, holidays, a pet, and no stress (a white picket fence life) as ideal, they do not feel that this is attainable for them. More insight into the rationale behind these expectations could help to bridge the gap between policymakers' ambitions and clients' expectations.

KEYWORDS

Clients with multiple problems, co-production, clients, perspectives, integrated care

What is known about the topic

- Co-production is seen as an innovative way to emancipate clients and reduce the demand for public resources

- Not all the political ambitions of co-production can be partially or fully applicable to clients with severe vulnerabilities

What this paper adds

- This study's findings indicate that the co-production ambitions might not resonate with clients with multiple problems
- The drivers behind clients' expectations explain why they have opposite expectations concerning co-production
- Insight into the rationale behind clients' expectations can help to bridge the gap between the client perspective and policymakers' ambitions

1 | INTRODUCTION

Supporting clients with multiple problems (CWMPs) to improve their life situations is seen as a major challenge. Clients' problems are interwoven, complex, exist in different life domains, are passed on from generation to generation, cause great societal costs, and have been proven to be difficult to tackle (Buckley & Bigelow, 1992; Sousa et al., 2006; Tausendfreund et al., 2016). How CWMPs are supported is influenced by the then-current policy context (Pavolini & Ranci, 2008; Ranci et al., 2014). Currently, in many Western countries, policymakers aim to put clients at the heart of public service delivery and to organise public services not for but with clients (Brandsen et al., 2018; Tummers et al., 2016; Bovaird & Loeffler, 2012; Needham, 2008; Osborne & Strokosch, 2013; Keahne et al., 2018:88; Osborne et al., 2018). First, this revisits the conceptual understanding of (public) services as "co-production," suggesting that (public) services are the joint products of providers and clients (Sharp, 1980; Tummers et al., 2016:72; Alford, 2009, Ostrom & Ostrom, 1977). Especially in the service management literature, client involvement is an essential and inalienable component of (public) services (Osborne et al., 2018:18; Kotler et al., 2008). This is inherently associated with the four distinctive characteristics of (public) services: intangibility (services are intangible before delivery), inseparability (services are produced and consumed simultaneously in the moment of interaction between a professional and a client), variability (the quality and performances of the services are shaped within the interaction between a professional and a client) and perishability (services cannot be stored) (Kotler et al., 2008; Osborne et al., 2018:18). Organizing public services around clients' resources and experiences is seen as an effective way to make clients participate in the public service delivery process (Osborne et al., 2013; Bovaird et al., 2015). Second, the emphasis on co-production is seen as an innovative approach to emancipate clients from the traditional "dependency culture" produced by the welfare state (Tummers et al., 2016:73). Expectations of co-production are high. Among other results, co-production is expected to deliver increased innovation; service efficiency and tailored solutions when building around clients' needs; greater client satisfaction; enhanced clients' capacities and confidence; and better use of public resources. It is regarded as a valuable route to innovate public service delivery, solve the public sector's decreased legitimacy and reduce the demand for public resources (Brandsen & Honingh, 2016:427). In co-production, clients are treated as active agents. They are expected to mobilise their own resources to act as active agents in the public service delivery process and improve their life situations (Borghi & Van Berkel, 2007; Born & Jensen, 2010; Nabatchi et al., 2017; Tummers et al., 2016:73; Ryan, 2012:315). Co-production can be defined as "a relationship between a paid employee of an organisation and (groups of) individual citizens that requires a direct and active contribution from these citizens to the work of the organisation" (Brandsen & Honingh, 2016:431). Putting people at the heart of public services is also expected to contribute to a more integrated approach (Hughes et al., 2020; Kaehne et al., 2018). To improve their life situations, vulnerable people are encouraged to address all their problems (with the help of professionals) that are hindering their emancipation (Kaehne et al., 2018; Osborne & Strokosch, 2013).

Although these assumptions have a clear political appeal, create great opportunities and hold the promise to improve public services, questions have been raised regarding the extent to which these ambitions fully apply to clients with severe vulnerabilities, such as

Policy ambitions and expectations central to this study

- Encouraging clients to coproduce public services and act as active agents in the public service delivery process contributes to the innovation of public service delivery and improves its quality (e.g., greater client satisfaction), efficacy (e.g., client emancipation) and efficiency (e.g., cost containment);
- Encouraging CWMPs to address all their problems and offer integrated care contributes to client emancipation; and
- Putting people at the heart of public services contributes to their willingness to coproduce public services and contributes to a holistic and integrated approach to address all their problems.

CWMPs (Brandsen, 2020; Park, 2020). For example, studies have mentioned that these ambitions might not apply due to client overdemand (e.g., the co-production ambitions exceed clients' abilities and motivation), intimidating formats (e.g., clients feel unfamiliar or intimidated by the participatory decision-making process), mismatched expectations (e.g., discrepancy between clients' understanding of their own role and expected role by public service providers (PSPs) or policymakers), fundamentally different perspectives (e.g., clients are socialised as entitled beneficiaries under the traditional solidarity-based system and appreciate being addressed as interlocutors, not as co-responsible agents), and a perceived lack of added value (clients and PSPs or policymakers have different perspectives on what is important) (Brandsen, 2020; Park, 2020; Fledderus et al., 2015; Alford, 2009; Monrad, 2020; Flemig & Osborne, 2019; Ewert & Evers, 2014; Born & Jensen, 2010). Thereby, the scope of the role of clients in coproducing the public service delivery process has not yet been clarified (Hafer & Ran, 2016:207). This leaves PSPs in the dark regarding how active clients should be. Likewise, clients can create their own interpretations about how to participate in the public service delivery process. Aiming to further explore to what extent current policymakers' ambitions are appropriate for vulnerable groups in society, we take a bottom-up approach and voice clients' expectations of public service delivery. We use data from a qualitative study on support for noninstitutionalised CWMPs conducted in Rotterdam, the Netherlands to answer the following research question:

What are the expectations of clients with multiple problems concerning the co-production of public services?

The Dutch welfare state provides an appropriate context for this study. In 2015, a major welfare state reform was enacted in the Netherlands, presented as a transition from a "welfare state" to a "participation society" (Fenger & Broekema, 2019). As part of this reform, responsibilities for youth care, care for people with disabilities and psychiatric problems, long-term non-residential care for frail elderly people, welfare policy for the long-term unemployed and sheltered work for people with disabilities were decentralised from the national government to municipalities with a greater emphasis on citizens' individual responsibility (self-reliance), engaging civil society and shrinking the role of the state (Trappenburg et al., 2020:1,670). Traditional roles (citizen-as-client) were reshaped (citizen-as-co-producers) (Nederhand & Van Meerkerk, 2018). The reform is expected to lead to, among other things, tailormade solutions, integrated care, social cohesion, and better care at lower costs (Bredewold et al., 2018:27–30).

2 | METHODS

This study is exploratory in nature; therefore, an inductive qualitative research design was chosen (Creswell, 2009; Sofaer, 1999). Based on face-to-face interviews, we explored the expectations of CWMPs concerning the (co-)production of public services in Rotterdam, the Netherlands. Policymakers in Rotterdam, like policymakers in many municipalities, have tried to implement their policy agenda focused on co-production and integrated care via the implementation of community-based primary care teams. In 2015, a community-based primary care team was established in every neighbourhood. Community-based primary care teams provide neighbourhood-oriented integrated support; encourage public service users to mobilise their own resources to act as active agents in the public service delivery process and to improve their life situation; build on the assets in the community; and encourage collaboration among (in)formal support and care providers.

2.1 | Participants

A purposive sampling strategy was used (Robinson, 2014). Interviews were conducted with CWMPs living in five districts in Rotterdam (Bloemhof, Hillesluis, Lombardijen, Lage Land and Ommoord). Rotterdam is the second largest city in the Netherlands with relatively large groups of clients with low socioeconomic status and (psycho) social problems. Large concentrations of these groups can be found in the five districts selected for this study, although Ommoord scores slightly better compared to the other four districts (Gezondheid in kaart, 2020).

Participants were recruited via professionals working for community-based primary care teams. All professionals were asked to inform all their clients of the study and ask them to participate within the first six weeks of their involvement with the client. The professionals did not feel comfortable asking clients to participate in this study during first client contacts. The professionals first wanted to conduct a preliminary problem assessment to see if participation in this study would not hinder their care process and draw up a support plan to gain some initial trust before asking for participation. Together with the professionals, we therefore decided that clients would be asked at a suitable moment during the first six weeks. Clients for whom participation might cause great distress or who were unsafe to visit for the researchers were excluded by their professionals. If clients were willing to participate, they were asked for informed consent. Professionals ensured that clients understood the declaration of consent in all cases via an extensive oral explanation. At the start of this study, the inclusion of participants was difficult. First, professionals were in the middle of the implementation of a major welfare reform. Not all teams functioned as well as they should. Professionals were afraid to receive negative feedback via the researchers and therefore hesitated to include their clients. Second, clients were reluctant to let someone from a university visit. To solve these problems, interaction with community-based primary care teams was intensified, and a small incentive (a 10 euro gift card) for clients was introduced. The benefits of incentives are that they increase the likelihood of participation; however, they could have a negative impact on the data collection or the human subject (Robinson, 2014:37). Grant and Sugarman (2004:732) argue that negative impact will only occur under one or more of the following conditions: the subject is in a dependency relationship with

the researcher where the risks are particularly high, the research is degrading, the participant will only consent if the incentive is relatively large because the participant's aversion to the study is strong, and where the aversion is a principled one. These conditions were absent in this study.

Participants were included if they were afflicted by two or more psychosocial problems, such as financial problems, addiction to alcohol and/or drugs, mental illness, intellectual disabilities, domestic violence and homelessness. The data collection took place between March 2016 and March 2018. In total, 55 people signed the declaration of consent, and 46 people participated in the interviews. Appendix I presents the characteristics of the CWMPs that were interviewed for this study.

2.2 | Interviews and data analysis

Almost all interviews took place at the clients' homes, and 7 interviews took place elsewhere because clients were homeless (C17, C22, C25, C43, and C47) or preferred to be interviewed outside their home (C11 and C14). At the start of each interview, the interviewer introduced herself, the study objective was repeated, consent was checked, permission to audiotape the interview was requested and complete anonymity was guaranteed. Almost all interviews were conducted by the first author (LR-dB), and one interview was conducted by the third author (JvW). After collecting some basic information on the clients, such as their date of birth and level of education, clients were asked to share their background, former care and support trajectories and their reasons for reaching out for help. They were encouraged to discuss and reflect on their own life, care and support, and (their role in) the upcoming social support trajectory. The interviews were audiotaped, transcribed verbatim and lasted between 45 min and two hours. Themes were identified and developed by two of the authors (LR-db and JvW) using Luborsky's (1994) technique for "thematic analysis." Thematic analysis affords direct representation of an individual's own point of view and descriptions of experiences, beliefs, and perceptions, which is in line with our study's objective (Luborsky, 1994:190). Both researchers started by reading the transcripts to get acquainted with them. Then, a second reading was conducted at which notes were made and preliminary themes were identified (open coding). The researchers discussed their notes and preliminary themes and came to mutual agreement on an initial set of themes (axial coding). Next, each researcher independently coded the first 10 transcripts using the initial set of themes as a guideline, although this could be modified and added while analysis proceeded. Atlas.ti was used to code the data. After 10 transcripts, the two researchers shared and discussed their independent interpretations and codes to come to consensuses on the interpretations. Conflicting or incompatible interpretations were solved. This procedure was repeated until all transcripts were coded and interpreted (selective coding).

2.3 | Ethics

The Ethics Review Board confirmed that our study was outside the scope of the Netherlands' Medical Research Involving Human Subjects Act and that the rights and privacy of study participants were sufficiently considered (MEC-2017–348).

3 | RESULTS

In this study, we sought to unravel the expectations of CWMPs concerning the co-production of public services. Our data indicate that these expectations are quite opposite to current policymakers' ambitions of co-production:

3.1 | I need someone who takes over and gets me out of this situation (C52)

Although all interviewed clients expected that they would have to cooperate to make their social support trajectory work, none of the participants expected that solving their situation would be a joint effort in which they also had to mobilise their own resources and play an active part. Our data indicate several reasons why they envision a passive role, instead of an active role in line with the co-production ambitions, which we summarise as follows: the end of one's rope, a victim of circumstances, I will believe it when I see it, fix my main problem, and white picket fence life dreams.

3.2 | The end of one's rope

> *I have waited too long to reach out for help (…) I thought maybe I can figure it out myself. I tried to get out of my situation myself, but at a certain point I realized, I can't do it myself….. I must reach out for help (C34).*

Most of the participants entered support trajectories after an extended period of trying to improve their situations themselves. Finally, they felt overwhelmed and stressed out. Seeing no more options to get themselves out of a quickly deteriorating situation, they reached out for professional support.

> *If I continue like this, it will be done with me in a few months. I would have a complete meltdown. The burden [of his situation] is too great for me to carry myself and exceeds my ability to cope (C4).*

Participants were confronted with impending house evictions, severe addictions, the escalation of family dynamics, escalating debts, homelessness, mental illness and having their utilities shut off, among other issues. All felt a great desire to get someone to lift the weight

off their shoulders so they could have a break. Many expected PSPs to do so.

3.3 | A victim of circumstances

> *[C16 let her boyfriend move in her home knowing this would have a devastating effect on her financial situation]. I have never been able to enjoy that I have a child. Actually, I haven't been able to enjoy my puberty. I had to grow up way too fast, and I had a child I couldn't enjoy. I feel sorry for myself [talks about her instable upbringing]. I also have problems with my finances. Those [her finances] are really bad. However, I kept going to school, got all my degrees, and okay, I got pregnant. But I kept going to school with my big belly. Graduated. I always kept going, but I got screwed from all sides actually [talks about why the Kredietbank (a Dutch public service organization giving people the opportunity to get debt-free in 3 years if they comply to some rules) kicked her out of the program after 3,5 years, because her boyfriend moved in. She was six months away from being debt-free]. That's how it goes (C16).*

Most participants saw themselves as victims of circumstances. They had a very strong narrative explaining why they got into trouble and how it was not their fault. They emphasised external factors and things they had been through, such as public services that let them down, abusive partners and/or rough childhoods. They also explained how they already had done all they could to address these circumstances. Consequently, many expressed they should not be held accountable for their situations because they were victims.

3.4 | I will believe it when I see it

Almost all participants, except those who asked for help the first time in their lives, had bad experiences with public services in the past. For example, they became lost in bureaucratic mazes, felt unseen and unheard by PSPs, had (many) unsuccessful support trajectories and felt that they were treated unfairly. Although many would rather avoid public services, their escalating situations finally forced them to reach out for professional support. Many had a hard time seeing PSPs as trustworthy and capable. As a result, their basic attitude was to take a backseat and to only start to move when their PSPs appeared trustworthy and capable of solving their situation.

> *My unemployment benefits would stop. I knew that would cause a situation in which I was no longer able to cover my living expenses and debts. I reached out for financial support and welfare benefits. I heard the requirements for eligibility and thought: "screw you". After some time, I had to go back to get the financial support and benefits. I tried to comply, but their methods and rules are so derogatory and cumbersome. So, I quit. (…) Then, I got help from the community-based primary care team, and I told them I won't do it again and they should do it (C50).*

3.5 | Fix my main problem

A second important expectation of policymakers in Rotterdam is that problems should not be approached in isolation, but an integrated approach would be more effective. In this approach, the community-based primary care team would together with the client identify all problem areas and form a strategy to tackle each and their interdependencies (with the help of all relevant professionals). However, although all participants in our study dealt with severe problems in many areas of their lives (at least from an outsider perspective), none of the participants took an integrated approach to solve their situations. All focused on the one or two problems that bothered them the most. We found several reasons for this. First, as mentioned in the previous section, many participants felt a great level of aversion and distrust towards PSPs. If their situation was not spiralling out of control, they would not have let PSPs into their lives. Consequently, they were hesitant to give PSPs access to other parts of their lives than for which they needed immediate help. Second, feeling victims of circumstances, all participants lacked insight into the underlying cause(s) of their problems and expected PSPs to fix these circumstances, not to address the underlying problems. We use C25's case to outline this.

> *C25 is homeless, suffers from a heroin addiction and war trauma, has no income, no health insurance, and debts. His war trauma haunts him day and night. He uses heroin to deal with that. He used to work as a furniture maker and had his own little shop. His shop burned down a couple of years ago after someone committed arson there. Since then he lives on the street and at a charity organization. C25 wants someone to help him get a new shop, because in his eyes, this is the solution to all his problems (C25).*

From an outsider perspective, one would probably say that the arson became the straw that broke the camel's back, and C25 already had problems that needed to be addressed. However, in C25's eyes, his life was ok. He had a job, he had income, and he could sleep in his shop; thus, he was not homeless. In addition, his heroin addiction helped him to handle his war trauma. He got into trouble because of the arson. In his view, he only needed the PSP to give him a new shop so he could pick up his old live. From an outsider perspective, one would probably say C25 would benefit more from a integrated approach that goes beyond helping him to get a new shop.

Last, our data indicate that participants took a different approach regarding what they experienced as problems and which ones should be addressed because they were very capable and used

to living deprived or highly unstable lives. We use C20's situation to show this:

> *C20 was in her late sixties and suffered from schizophrenia. She believed she went to school with many famous Dutch artists, she could fly as a child and the world is coming after her because she is special. She lived with her son in a small apartment, and they had no utilities for a couple of years, no gas, water or electricity. C20 had tried to get reconnected, but the utility companies did not believe her story that she got false bills. So, they remained disconnected. C20 and her son found ways to make this situation work. Her son got out every day to get water out of a nearby ditch, they used batteries for a radio and small light in their rooms, she went out to the local pub to meet people, they filled cans with petroleum to cook food, they found ways to clean their home, and they went to bed when it got dark. They accepted their situation and dealt with it (C20).*

Consequently, their perspective on what life situation is "acceptable" and what is "problematic" appeared to be quite different from that of the average person.

> ***How long have you suffered from an alcohol addiction?*** *For a few years now. About ten years, but never really had any problems with it. At least for myself [the man drinks more than 1,5 bottles of vodka a day].* ***When did it become a problem for you?*** *Since I can't afford it anymore (C29).*

3.6 | White picket fence life dreams

The participants seemed to have a short-term focus on getting their main problems out of the way, here and now. In the interviews, we tried to reflect on their dreams that go beyond the here and now. Like C22, many saw a white picket fence life as ideal. However, this ideal picture rarely ignites the ambition to pursue this life. Some have internalised that this life is not attainable for them; they seem to have resigned to the idea that their dreams are impossible to reach. Others are so occupied by their current life situations that there is no room to pursue dreams.

> *C22 is a man in is his early thirties. He is homeless, earns his money via selling drugs and other criminal activities, has many encounters with the police, is addicted to drugs and alcohol and is basically illegal in the Netherlands. He was born and raised in the Netherlands. His parents were Moroccan but never applied for a Dutch passport for him. C22 failed to renew his residence papers. The interviewer asks him to reflect on his life and his overall dreams. Overall, he likes his life. He gets a kick out of the great amounts of money he earns, the many women he meets in the clubs he visits every night, the alcohol and drugs he uses, the risks of the criminal life he lives [e.g., he shares with a lot of pride the one time he was abducted with a friend and almost got killed by foreign criminals for a drugs deal]. When he compares his life with that of his childhood friends or siblings, he notices that his life is completely different. Others live a more "normal life" with work, relationships, children, a car etc., and he lives on the street. Eventually, he also wants this kind of life. However, now he wants to get his residence papers fixed with the help of the primary care team so he can continue his life in the Netherlands (C22).*

4 | DISCUSSION

Policymakers are trying to encourage client involvement during the public service delivery process and make it a co-production. From a service management perspective, client involvement or co-production is seen as an essential and inalienable component of (public) service delivery (Osborne et al., 2018:18; Kotler et al., 2008). However, these days, co-production is part of an emerging paradigm in which collaboration and participation are more central and is seen as a valuable route to innovate public service delivery (Brandsen & Honingh, 2016:427). Putting the client at the centre of public services is part of policymakers' co-production ambition but is also expected to lead to a more holistic perspective and an integrated approach in which problems are not perceived and approached in isolation (Osborne et al., 2013; Bovaird et al., 2015; Osborne & Strokosch, 2013; Kaehne et al., 2018). The underlying assumption of the latter is that clients see themselves as a whole and experience the interrelatedness of their problems. Previously, problems were approached from the fragmented perspective of different care providers, each with their own predefined area of expertise (Mur-Veeman et al., 2008).

However, our study seems to suggest that CWMPs entering a social support trajectory do not expect to play an active role in the public service delivery process nor do they expect this process to be a joint effort. In contrast, these clients expect someone who provides some relief and to take over. We found that participants' expectations are conditioned and constrained by the circumstances in their own lives, such as feelings of stress and being overwhelmed by their problematic situation, as well as previous bad experiences with public services. This frames how participants perceive and view their own life and their expectations concerning their role in the support trajectory. These experiences also influence participants' definition of the problems they have and how they should be addressed. It changes their perspective on what life situations are "acceptable" and what are "problematic." Bad experiences with public services further influence participants' willingness to let PSPs in. At least at the start, participants restrict the access

they give to PSPs to the parts of their lives in which they experience problems that participants are unable to handle themselves anymore. Finally, as many people who hired a coach have experienced, it is not easy to see the interrelatedness of our own problems, let alone the underlying causes. Consequently, clients have their own fragmented perspectives on their "problems" and how they can be solved. Although we do not argue that a fragmented approach is preferable, we conclude that an integrated approach does not resonate with the expectations of CWMPs in this study.

Our findings seem to have many similarities with the findings in other studies that also show how there are mismatched expectations between (especially vulnerable) clients and providers regarding the role clients need to play in the delivery process (Brandsen, 2020; Park, 2020; Fledderus et al., 2015; Alford, 2009; Monrad, 2020; Flemig & Osborne, 2019; Ewert & Evers, 2014; Born & Jensen, 2010). Mullainathan & Sharfir (2014) discuss how conditions of scarcity affect cognitive abilities and behaviours, limiting clients' abilities to act as active agents (Mullainathan & Sharfir, 2014). Bredewold et al., (2018), Elshout (2016) and Kampen (2014) have also provided insights into how the transition from a 'welfare state' to a "participation society" and the decentralisation of responsibilities from the Dutch national government to municipalities work out for other groups in society (e.g., welfare recipients or unemployed) and in other municipalities. These authors also conclude that policymakers' ambitions of this major reform are not or hard to realise in practice. To the best of our knowledge, however, none of these studies have addressed that policy ambitions regarding integrated approaches do not always match client expectations. This may be because this is not the main focus of these studies or because the client group that they study may have less severe multiple problems. To date, most studies addressing integrated approaches have primarily focused on the organisational dilemma involved (see, e.g., Grell et al., 2017; Grell et al., 2019; Sousa & Rodrigues, 2009). However, it also seems relevant to further study how the expectations of clients influence integrated approaches.

Noble ideas of emancipation and client centeredness (and expectations of cost containment) fuel the ambition of policymakers to push the agenda of co-production forward. It seems, however, that as long as policymaking itself is not a co-production of policymakers, PSPs and clients, policies remain the product of a powerful elite pushing forward values that do not always resonate with (or even ignore) clients' values.

This study has some limitations. First, it was conducted in Rotterdam, the second largest city of the Netherlands. Traditionally, as a harbour city, large groups with socioeconomic problems live in Rotterdam. All the problems that large cities are known for can be found in Rotterdam (in large quantities). Although Rotterdam therefore provided an interesting context to conduct our research on CWMPs, this specific context can affect the relevance of our findings for other cities. For example, in smaller cities, the expectations of clients may be different. Second, CWMPs are known for being difficult to include in research (Moore & Miller, 1999; Sutton et al., 2003). Therefore, to obtain access to clients, we had to approach them via community-based primary care team professionals. This may have introduced selection bias. Third, this study has provided important insights into the expectations of CWMPs concerning the (co-)production of public services. However, the co-production process is about bringing together and negotiating the expertise and expectations of both the client and the PSP. This interaction process was not studied in this paper; therefore, there may still be strategies to turn clients from passive into active agents during the public service delivery process.

In conclusion, our study found that CWMPs do not start out as co-producers of integrated public services. They have understandable reasons for preferring to be more "passive" agents. This does not mean that the co-production of public services is an impossible dream. However, concrete strategies may be required to first reduce the stress and decrease the hurdles for CWMPs to become active co-producers. Then, perhaps their own white picket fence dreams will also seem more obtainable and worth pursuing.

DATA AVAILABILITY STATEMENT

Research data are not shared due to privacy and ethical restrictions.

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SUPPORTING INFORMATION

Additional supporting information may be found online in the Supporting Information section.

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