Doing it Together?

Implications of the stimulation of informal care with a community currency

Radboud University Nijmegen

Master Thesis Lydwien Batterink

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Summary

In the Netherlands, there is currently a clear shift from a "classic" welfare state to a "participation society", in which all who are able to take care of themselves and others are expected to do so. Municipalities and social care providers make an increasing appeal on volunteers and informal caretakers—family members, friends, and/or neighbours through the Social Support Act (SSA). An important policy goal of the SSA is an interplay between formal and informal labour—labour performed by respectively professionals, and volunteers and/or informal caretakers.

One potential tool for local governments and social care organisations to stimulate effort from volunteers and informal caretakers are complementary currencies (CCs): all currencies except the primary currency of a state or currency area. These CCs can be utilised to "value" informal labour: to reward efforts with points that have monetary worth. There are, however, reasons to be careful about stimulating the interplay between formal and informal labour. Literature on the interaction between volunteers and professionals suggests this relationship is precarious. Additionally, informal caretakers are susceptible to overburdening.

In this thesis I examine the implementation, in the Dutch social care sector, of complementary currencies (CCs) that seek to stimulate informal care by "valuing" the relative's effort. The results contribute to a better understanding of the dynamics of (potential) conflict or imbalance between formal and informal labour when the latter is actively stimulated. I argue based on my findings that such CC projects allow the creation of a situation where the participants can openly discuss their contributions to the caretaking process. Such interaction enables both professionals and informal caretakers to voluntarily and naturally reach common agreements or to recognise differences in opinion, and to coordinate the caretaking process. As such, these projects allow for a balanced and a harmonious cooperation between formal and informal labour. Additionally, they enable professionals to keep an eye on the informal caretakers' well-being, to reduce the risk of overburdening.

However, an important reservation must be made. The project I studied draws to a large extent on an organisational culture that was present long before the introduction of the project.

My findings suggest that in order for CC projects to have positive implications for the interaction between formal and informal labour, it is essential to have an organisational context with room for the professionals to interact with the others involved in the caretaking process in a way in which they can reach mutual understanding, establish relationships, and a sense of meaning. In a social care context with a stronger focus on efficiency and productivity, CCs that seek to stimulate informal care potentially have negative implications for the interaction between formal and informal labour.

I carried out a single instrumental, exploratory case study in which I selected one pilot of a CC at a nursing home to illustrate the implications of a currency scheme that seeks to stimulate informal labour. I collected data through semi-structured in-depth interviews, participant observation, and document analysis.

Preface and acknowledgements

In this thesis I dive into the world of complementary currencies (CCs), and some of their possible implications when implemented in the Dutch social care sector. When I stumbled upon this topic, it grabbed me immediately. Several advocates and scholars in the field of social and "green" CCs (partially) locate the root of major crises of our time—financial, environmental, and social—in our monetary and financial system. The introduction of alternative or complementary systems is seen as a potential way to tackle such issues. These are causes I deeply care about. While I was never that interested in economics, I now wanted to know everything there is to know about this field.

As such, CCs became the topic of my thesis. I found an internship with Qoin, an Amsterdam based organisation that implements CCs. It was the start of a journey that took me to two unsuspected and completely different places. First, it brought me to Sint-Annaland, a village with around 3700 inhabitants in the Dutch Zeeland Province. Here I conducted my research into the Do it Together! (CC) project. Second, it took me to Salvador Bahia, Brazil's third-largest city. There, I presented a paper on the DOT project at the third International Conference on Social and Complementary Currencies, written by Judith van der Veer, one of my advisors with VU University, Qoin's CEO Edgar Kampers, and myself. With this thesis I hope to conclude this journey, hopefully only to continue being involved in the field of CCs in the future.

I am very grateful to the people that helped me write this thesis. I would first like to thank my supervisor and advisors: dr. Romain Malejacq of the Centre for International Conflict Analysis and Management (CICAM) at Radboud University Nijmegen for his sharp eye and support, and dr. Judith van der Veer and dr. Fleur Thomése of the Faculty of Social Sciences at VU Amsterdam, for providing me with inspiration, feedback, and moments for brainstorming. Furthermore, I would like to thank Coco Kanters MA of the Department of Philosophy and Religious Studies at Utrecht University for her helpful comments and suggestions, and dr. Roos Pijpers of the Geography, Planning, and Environment department of Radboud University Nijmegen for taking the time to introduce me to a field that was new to me at the time.

I am also grateful to Edgar Kampers and all other colleagues at Qoin for an internship that taught me so much—not solely about CCs. I would also like to thank all my research participants you for sharing their time and experiences. Without your contribution I would not have

been able to successfully conduct my research. Of these participants I would like to give special thanks to Schutse Zorg's director, activity coordinator and coordinator of the DOT project, for their warm welcome and help.

My personal network of family and friends has been very supportive, and were therefore key to the realisation of my thesis as well. While I am grateful to all, I would specifically like to acknowledge some of them here. First, my parents and brother for their unconditional support. I am incredibly lucky to come from a family with so much warmth, and a shared passion for the same topics. Guido, for his unfailing support and patience. Erato, for a lengthy pilot interview with an actual care professional. Marjolein, for lending me so many of her books. Lavinia, for some inspiring brainstorming sessions and suggestions. Bas, for actually reading this document and providing me with helpful feedback. And last, however definitely not least, Anneloes, Dominique, and Shanti, for being there for me.

Table of contents

List of Figures and tables

Chapter 1. Studying Complementary Currencies in a changing Dutch care sector

In this thesis I examine the implementation, in the Dutch social care sector, of complementary currencies (CCs) that seek to stimulate informal care—care provided by family members, friends, or neighbours in absence of payment as livelihood—by "valuing" this effort. CCs are all currencies except the primary currency of a state or currency area (for example the euro area) (Fesenfeld et al. 2015, p.166). Here, "valuing" implies that informal caretakers and volunteers—people who perform labour in absence of payment as livelihood—receive points according to the time they spend on a task. These points have monetary worth. Literature on the interaction between volunteers and professionals—people who perform their tasks from an organisational association and receive payment as livelihood—suggests this relationship is precarious (e.g. Brudney & Gazley 2002; Simmons & Emanuele 2010; Palmboom & Pols 2008). Whether an increase in contact between formal and informal labour leads to tensions in everyday interactions remains topic of debate. I dive into a CC project in order to gain a better understanding of how professionals in the social care sector on one hand, and informal caretakers on the other, experience their participation in a currency scheme that seeks to stimulate informal care. Additionally, I study if their taking part has implications for their interaction. My research is a single instrumental, exploratory case study in which I have selected a CC project at a nursing home to illustrate the implications of a project that seeks to stimulate informal labour by "valuing" efforts for the interaction between formal and informal labour. My study shows that CCs can be supportive of the creation of an open environment, in which professionals and informal caretakers feel unrestrained to discuss the division of tasks, agreements, the division of responsibilities, and well-being of all those involved in the process. As such, these projects can enhance the balance between formal and informal labour, and positively influence the nature of the interaction between the two. Possibly, however, the specific currency design and context in which the project is implemented has a tremendous influence on its implications. In a different context, the implementation of a CC may potentially lead to conflicts in everyday interactions. My results cast light on how CCs can be tools for institutions in the social care sector to give substance to the recent policy goal of the Dutch government to increase the interaction between professionals and informal caretakers. Additionally,

my results contribute to a better understanding of the dynamics of interaction between formal and informal labour when the latter is actively stimulated.

1.1 Introducing Complementary Currencies

In order to illustrate the sort of instrument I research I sketch a brief history and a clarification of the concept of CCs. Heterodox economists point out that the monopoly of a single currency, as we know money today, was unknown before the nineteenth century. Until recent times, the circulation of several objects that possessed monetary properties to varying degrees was the norm in societies (Tibbett 1997, p.127). Today, we are used to one single "all-purpose money" that performs all four standard functions of money simultaneously: means of payment, medium of exchange, store of value, and measure of account. Growing up using this one sort of money, we think about it in this form only. In history however, people used different kinds of money for different purposes (Peacock 2014, p.709). Recently, many sorts of currencies are being created by different actors, aiming to complement or even replace the all-purpose, or mainstream, money we currently know. These CCs are trading networks, or monetary systems, where people exchange goods and services using a form of currency produced by non-state actors (North, 2005 p.221).

Mainstream money, some scholars (e.g. Ruzzene 2015; Seyfang 2006; Kennedy 1995) argue, is a system that prioritises certain economic activities while failing to take social and environmental contexts into account. CCs have been widely advocated as a means towards making fundamental changes in socio-economic systems, as well as lifestyles (Seyfang 2006, p.783). Money, it is argued by CC advocates, is a social construct (see for example Seyfang 2000, p.228), and can thus be redesigned to increase the quality of life. Some CC schemes seek to overcome perceived inadequacies of official money, by complementing or bypassing it. Others use CCs as instruments to attain community goals: objectives of a specific group that explicitly aim to support and build more equal, connected, and sustainable societies (CCIA 2015, p.43). The type of CC I focus on in my thesis belongs to this latter group. Such CCs may for example be used to stimulate informal labour—labour performed by informal caretakers or volunteers—by "valuing" volunteers and/or informal caretakers for certain activities that contribute to the well-being of their community. Examples of "valued" activities are participation in a clean-up day in a neighbourhood or buying groceries for elderly people in need of assistance.

1.2 A changing Dutch social care sector

The strategy to stimulate informal labour fits well with recent policy objectives in the Dutch social care sector. Recently, European welfare states have started going through rigorous changes. In the Netherlands there is currently a clear shift from a "classic" welfare state to a "participation society", in which all who are able to take care of themselves and others are expected to do so. Municipalities and social care providers make an increasing appeal on volunteers and informal caretakers through the Social Support Act (SSA)[1]. The SSA is the central act through which the provision of care is regulated in the Netherlands. Since its taking effect in 2007, the provision of social support has been organised at the local level (decentralised) by municipalities (Hoff, Cardol & Friele 2013, p.817). The act shapes both the areas of well-being and welfare. It aims to enable all citizens to participate in all elements of society. In the SSA, an interplay between formal labour—labour performed by professionals—and informal labour has become an important policy goal (Broese van Groenou 2012, p.10).

When in need of support, citizens are required by the SSA to seek assistance within their personal network of family, friends, and neighbours first. When support provided by this network proves to be insufficient or not possible, citizens can turn to the municipality for (additional) support (Kroneman, Cardol & Friele 2012, p.81). Since a new version of the SSA was implemented in January 2015, the responsibility of people in need of assistance to mobilise informal care for themselves has been embedded in the act by law (article 2.3.5 WMO 2015[2]). By relying increasingly on informal and/or reciprocal care, the government seeks to ensure the provisioning of social support will remain affordable in the future (Broese van Groenou 2012, p.1).

Apart from budget cuts and demographic challenges, an important reason behind the policy shift to activate more volunteers and informal caretakers has been criticism of the rise of "new public management" in the past decades. This management philosophy, that has been used by governments and semi-governments since the 1980s to modernise the public sector, is founded on themes of disaggregation, competition, and incentivisation (Dunleavy et al, 2006). The approach puts a strong emphasis on performance measuring, registration demands, and bureaucratic accountability in the tasks of professionals. According to its critics, this strategy has

[1] Wet Maatschappelijke Ondersteuning (WMO) in Dutch.
[2] See: http://pdf.kluwerschulinck.nl/Belangrijkste%20wijzigingen%20Wmo%202015.pdf, last accessed 29 March 2016

had a negative effect on the quality of social care. Citizens, it is argued, are better capable of taking care of their residential area, their lives, and others themselves than professionals (Tonkens, van Bochove & Verplanke 2014, p.6).

Volunteers and informal caretakers mainly carry out additional tasks to professional social care, meaning that they mostly perform care that complements the daily care provided by professionals. Examples of such additional care are taking patients for a walk or providing assistance during activities. Some scholars however expect volunteers will increasingly take on labour that was performed by professionals before. In this case, the main job of the professionals moves towards the supervision of volunteers (Van Bochove, Verhoeven & Roggeveen 2013). This implies a shift in the boundaries between formal and informal labour and a changing balance and increasing interaction between the two. CCs with a community objective are a potential policy tool for local governments and social care organisations to pursue these objectives, since they can be utilised as a means to stimulate informal labour by "valuing" it with points. In the current Dutch social care context, such projects are especially interesting since the process of decentralisation leaves room for local governments to shape the way in which they provide care themselves. This enables them to start experimental projects that focus on their specific community. Additionally, since the implementation of the new SSA in 2015, municipalities have been responsible to demonstrate informal caretakers they appreciate their effort (article 2.1.6 WMO 2015[3]).

1.3 A precarious relationship

There are, however, reasons to be careful about stimulating the interplay between formal and informal labour. Literature on the interaction between volunteers and professionals suggests this relationship is precarious (e.g. Brudney & Gazley 2002; Simmons & Emanuele 2010; Palmboom & Pols 2008). Whether an increase in contact between formal and informal labour leads to tensions remains topic of debate. While professionals might welcome the extra hands to reduce their workload, the call to increase cooperation could lead to tensions as well. Thompson and Bates (2009, p. xviii) note that "where there are people together, there will inevitably be some degree of conflict". In this thesis I draw on a subjectivist perspective of conflict that includes non-violent forms. From this perspective, a common definition of con-

[3] See: http://pdf.kluwerschulinck.nl/Belangrijkste%20wijzigingen%20Wmo%202015.pdf, last accessed 29 March 2016.

flict is “any situation in which two or more social entities or ‘parties’ (however defined or structured) perceive that they possess mutually incompatible goals”. Here, goals are “consciously desired future outcomes, conditions or end states [...]” (Mitchell 1981, p.17). The incompatibility of goals can be seen as the starting point from which a conflict becomes apparent (Jacoby 2008, p.22). As such, conflictive interaction occurs on all levels of human coexistence, ranging from the personal level of relationships, to the level of groups, organisations, (ethnic or religious) communities, or nation-states. In this thesis, I study extent to which there is conflict in the interaction between formal and informal labour, and specifically, the implications for this interaction when informal effort is stimulated.

Instead of making a clear distinction between conflict and harmony—or peace—as two separate states of being, one can understand human existence as a continuous mixture of the two, which interact on a daily basis. As such, conflict can be seen as a movement through four different levels. Conflict occurs in everyday interactions (1), where the wishes, intentions, plans, or actions of particular individuals or groups conflict with one another. These conflicts in everyday interactions may lead to an escalation of tensions (2), which can lead to aggression (3), which, in turn, can produce a violent outcome (4). Dealing with everyday interactions can thus be seen as the starting point of managing conflicts (Thompson 2009). To prevent the first level of conflict in everyday interactions to escalate towards the next level or even further, an understanding of the dynamics of conflict in every day interactions is key. The relation between formal and informal labour is a precarious relationship and therefore prone to escalation. With this thesis I aim to contribute to a better understanding of the dynamics of (potential) conflict in the interaction between formal and informal labour when the latter is actively stimulated.

Informal labour becomes increasingly professionalised through the current reforms in the social care sector. The formalisation of informal care is likely to conflict with the recognition of the intimate and relational aspects of caring for relatives or acquaintances. The idea of relationships as central to the experience of care appears to be ignored (Henderson & Forbat 2002, p.673).

Such potential tensions, and the fact that informal caretakers are susceptible to overburdening (Sociaal en Cultureel Planbureau 2009), demonstrate the importance of gaining a better understanding of the interaction between formal and informal labour. Also, an enhanced insight

in the implications of the stimulation of informal care is quite relevant since this is a current major policy goal of the Dutch national government in the social care sector.

1.4 Conceptualising potential implications of a CC project

Much has been written on the interaction between formal and informal labour, and more recently researchers have started showing an increased interest in CCs as well. However, little attention has been paid to the implications of CC projects for the interplay between professionals and informal caretakers. In order to gain a better understanding of how a CC may influence this potentially problematic interaction, I turn to the concept of the "zone of interference"—a space where a continuous battle between what philosopher Jürgen Habermas refers to as "lifeworld" and "system" takes place. In the lifeworld, people engage through communicative action. Through this type of action people seek to reach mutual understanding, and establish relationships and a sense of meaning. In contrast, within the system people act strategically: they seek to achieve their goals using certain means. Relationships can be one of these means. In this logic, relationships are considered instrumental to achieve an objective as efficiently as possible. Here, money is seen as a strategic "medium", through which the need for communicative action can be eliminated completely. With money, an actor can buy a product or services without the need to engage in communicative action (Kunneman 1996).

While informal caretakers ideally act communicatively, professionals tend to act more strategically. They follow guidelines and work efficiently to achieve an objective (for example the realisation of their production norm: a narrowly, clearly defined task within a limited amount of time). These different attitudes towards care may prove to be problematic when the interaction between formal and informal labour increases. When the objectives of professionals and informal caretakers are incompatible, situations of conflict in everyday interaction can occur. Professionals may for example tend to use informal caretakers in order to reach their personal production norms, while having little regard for their wants and/or needs. With the implementation of a CC project, informal caretakers are systematically—per time unit—"valued" for their effort. This implies that when they carry out certain tasks, they are rewarded with points that have monetary value instead of an occasional token of appreciation. When regarding CCs as a strategic "medium" similar to mainstream money, one might expect a CC project to have negative implications for the interaction between formal and informal labour, since an increase in systemic imperatives reduces the room for communicative action. From this point of

view, the introduction of a CC to stimulate informal care can be expected to have negative implications for the relationship between formal and informal labour.

However, Viviana Zelizer (2005) contests Habermas' view that money exclusively belongs to the rationality of the system. Instead, she argues, people negotiate the coexistence of monetary transactions and social relationships in various circumstances. They do so by matching the right *sort* of payment with the relation at hand. Furthermore, while CCs are a sort of money, research suggests that people's perceptions of CCs strongly differ from that of the dominant currency (Kurita, Yoshida & Miyazaki 2015). CCs are often created democratically and in order to attain objectives that are valued by a broad range of people (e.g. social or environmental). It is therefore probable that such currencies are utilised in a less strategic way than mainstream money, leaving more room for communicative action in interactions. As such, CCs can be supportive of the creation of an open environment, in which professionals and informal caretakers feel unrestrained in discussing the division of tasks, agreements, responsibilities, and well-being of all those involved in the caretaking process.

1.5 Research questions and hypotheses

With this research, I aim to gain a better understanding of the implications of the introduction of a CC that aims to stimulate informal labour by "valuing" efforts with points for the participants' actions, and their—already precarious—relationship. I therefore examine the following research question: *How do professionals and informal caretakers who participate in a community currency project in the Dutch social care sector experience the stimulation of informal care by "valuing" efforts with points, and what are the implications of the project for their interaction?* To answer this question, I pose six empirical sub-questions: (1) Where in the zone of interference can the actions of professionals and informal caretakers be located? (2) To what extent is there a balance between formal and informal labour, and what actions are required to reach this balance? (3) What do the balance between formal and informal labour and the actions of professionals and informal caretakers imply for their interaction? (4) What opinion do the participants have of, and what meaning do they ascribe to the CC concept? (5) Do the participants experience changes in their actions, the others' actions and the balance between the two due to the introduction of a CC? (6) How does the context in which the project was implemented shape its implications for the interaction between formal and informal labour?

Kunneman's literature on the zone of interference (Kunneman 1996) suggests that the informal caretakers' actions can purely be situated in the lifeworld, while the actions of the professionals depend on the specific context they work in—whether the organisational culture leaves room for communicative action or not. It is likely that this context is crucial to how the participants give substance to their interaction and the project. I hypothesise that when professionals are allowed room for communicative action—to establish substantive relationships and derive a sense of meaning from their work—they will be able to balance the effort of the informal caretakers with their own. In such a context, the CC project is likely to be supportive in reaching mutual understanding, by creating an open environment, in which all those involved feel unrestrained in discussing the division of tasks, agreements, responsibilities, and well-being of all those involved in the process. However, when an organisational context allows professionals less room for communicative action, CC projects possibly have different implications. If, for example, a management grants its staff a limited amount of time to reach a specific production standard, they leave little room for personal contact. In such contexts, professionals are likely to regard their interaction with informal caretakers to be more instrumental in achieving private objectives—for which a CC can be a tool—regardless of the role informal caretakers feel comfortable in within the caretaking process. As such, the outcomes of a CC project to stimulate informal labour in the social care sector are likely to differ according to the context in which it is implemented, and the way the management and the participants give substance to it.

1.6 Do it Together! An empirical case study

I take Do it Together! (DOT)[4], a CC project running in the Dutch municipalities of Tholen and Bergen op Zoom, as an empirical case to study the nature of this increasing formal/informal interaction and the implications of a project that "values" informal labour with a CC. By rewarding citizens with points that they can spend at local participating shops and institutions, DOT seeks to stimulate them to actively participate in their society as volunteers[5]. I focus my research on one specific DOT partner: nursing home Schutse Zorg in Sint-Annaland in Tholen. In the care sector, DOT seeks to increase informal labour by "valuing"

[4] Samen Doen in Dutch. See: https://samen-doen.nl/nl/.

[5] Information retrieved from Application grant proposal PROGRESS iCare4U - a social policy experiment in motivational strategies towards citizens (2013).

voluntary efforts with points. The project aims to stimulate informal caretakers and volunteers to take over certain tasks that were previously carried out by professionals. The professionals are then expected to act as coaches to the informal caretakers and volunteers.

My project is part of an evaluation of DOT by Mobilab, the research centre at the Thomas More Kempen Academy in Geel, Belgium, and the Talma Institute at the Vrije Universiteit Amsterdam (VU). This evaluation seeks both to improve the implementation of DOT, and to draw lessons for future CC projects. So far the project has only been tested in a pilot phase for a relatively short amount of time, involving a limited number of people. Still, researching it is worthwhile since studying early experiences in this phase can lead to interesting insights that help shape the project in the future.

I selected this case after deliberation with the director of Qoin—my internship organisation, and my advisors at VU—who research the project as well. As such, the research objective had to be relevant for Qoin, both for their current project in Tholen and Bergen op Zoom and for future projects. For my advisors at VU, the topic of my research had to be relevant within their own study of the DOT project. And as a student of the master programme Conflicts, Territories, and Identities, I had a special interest in (potential) conflicts within CC schemes. The pilot of DOT at Schutse Zorg and the potentially precarious relationship between formal and informal labour within it, was selected as a case that was relevant for all parties involved. Subsequently, I discussed my initial research design with a project manager of DOT and the director of Schutse Zorg, to determine the viability of my plan. These conversations have had no influence on the development of the eventual research design. Other than the selection of the research topic and the case, my connection to Qoin during my research has had no impact on the formulation of the research question, the chosen strategy for data-collection, the analysis of partial and final findings, and drafts of the report.

1.7 Methodology and analysis

My research is a single instrumental, exploratory case study in which I selected the DOT project at Schutse Zorg to illustrate the implications of a project that seeks to stimulate informal labour by "valuing" voluntary efforts for the interaction between formal and informal labour. My research question in fact consists of two questions that are descriptive and interpretive in nature. They seek to provide insights in peoples' experiences, behaviours, opinions, and the

meanings they ascribe to a phenomenon. As such, an interpretive variant of qualitative research—which draws on the character of a specific social reality—serves best to answer my questions. Researchers who apply this approach assume that people ascribe a meaning to phenomena, and exchange these meanings in everyday interaction. Through this process, they construct a reality. My aim as a researcher is to gain more insight in how my participants interpret their social context. To this end, the practice of methods such as participant observation and/or (semi-structured) interviews are preferable (Boeije 2008, p.20).

Of the several possible approaches within this field of interpretive qualitative research, I selected the case study. The case study approach suited the objectives of my research best, since it allowed me to study the experiences of the project participants within the organisational context in which the project is implemented, using several approaches for the collection of the data. Simultaneously, this approach enabled me to acquire a more accurate view of the subject matter through triangulation (Gibbs 2007, p.93). For my research, I collected data through semi-structured in-depth interviews, participant observation, and document analysis.

1.7.1 Interviews

Since I developed some ideas on concepts and the possible relations between them before the start of the data collection, I conducted semi-structured interviews. I based the topic lists on a first expert interview with the director of Schutse Zorg, documents from both Schutse Zorg and Qoin on the DOT project, the literature, my theoretical framework, and some first hypotheses. Subsequently, I tested these lists on two people in my own network—an informal caretaker and a healthcare professional—to verify if my topic lists were effective tools to gather the required data. I further adapted my topic lists in between the interviews, based on new insights or ideas I developed based on the conversations. Last, I based the topic list for my second expert interview with the director on the data that resulted from all previous interviews.

In order to prepare the interviews for analysis I transcribed them, since the substantive content of what was being said in these conversations was the main focus of my research. I have included pauses, laughter, and remarkable non-verbal behaviour in the transcripts, since they may indicate certain attitudes or feelings of the participants behind the words spoken. Howev-

er, I have omitted several verbal tics such as “uh” and “um” when they did not seem relevant to my research.

1.7.2 Participant observation

I conducted participant observation as a means to verify the reports of my interviewees, since the behaviour of people may contradict their statements in conversations (Mack et al. 2005, p.13). The participant observation took place in settings where professionals and informal caretakers interact within the context of the DOT project. During the observations I acted as a “participant as observer” (Creswell 2013, pp.166-7), meaning that I kept a low profile, and engaged in small-talk or trivial tasks if possible, in order to make my presence seem less artificial (Mack et al. 2005, p.20).

I visited Schutse Zorg for a different project related to my internship prior to my research and therefore met several of my participants beforehand. This may have made it slightly easier for these participants to trust me. However, I was unable to experience much direct participation and lacked a longitudinal perspective on the events I studied due to my “interrupted involvement” (Vinten 1994, p.31). I engaged in participant observation for a limited amount of (planned) visits to Schutse Zorg: four days spread over two and a half months (in addition to the days I visited the nursing home for interviews). There were several reasons for this relatively “low” level of involvement. First, little “observable” interaction occurs between the informal caretakers and the professionals in practice, both within the context of the DOT project and outside of it. Overall, the informal caretakers conduct their tasks autonomously, and much of the communication that does take place is digital, or conducted over the phone. Second, several of the situations that are an interesting object for observation from my perspective as a researcher, are situated within private spheres. Most of the participants did not feel comfortable allowing a third party to join them in such contexts.

1.7.3 Document analysis

In addition to the interviews and participant observation I analysed several documents of Qoin and Schutse Zorg on the DOT project. These documents were handed to me by Qoin’s director, and Schutse Zorg’s director and DOT project coordinator. The documents include (internal) documentation of Qoin on the DOT project, the grant application for the EU PROGRESS

programme, minutes on meetings to evaluate the project among the professionals at Schutse Zorg involved in the project, a handout on the project to inform (potential) informal caretakers on the project, the valuing format listing all tasks that are "valued" with the CC, and a sample of a personal scheme that lists the tasks a participant has agreed to carry out.

1.7.4 Analysing the data

I conducted my analysis following the template analysis approach. In this approach, the researcher produces a list of codes—a "template"—during the process of analysis. These codes represent both concepts that are defined beforehand—based on literature and the theoretical framework—and themes that are identified in the textual data (King 1998). As such, template analysis occupies a space between content analysis—where all codes are predetermined, and grounded theory—where there is no definition of codes beforehand. The template analysis approach allowed me to process my data through the lens of the zone of interference. This lens enabled me to connect the precarious relationship between formal and informal labour to the possible implications of the introduction of a CC on a theoretical level and was therefore quite helpful during the analysis. At the same time however, this technique allows different views, theories, and concepts to "emerge" from the data through the analysis as well. I started the process of analysis with some theoretical ideas prior to those that emerged from my data. Using framework analysis, I made these a priori notions explicit in my initial code template. This enabled me to compare these concepts to the notions that emerged from my data, and to adjust my template accordingly.

1.7.5 A note on language

Since Dutch is the first language of both my research participants and myself, the interviews were conducted in Dutch. I transcribed the interviews literally, only to translate quotes and results to English in the final report. Ideally, this should have a positive implication to the validity of my research since language plays an important role in how we construct and describe our social world (Temple & Young 2004, p.164). One could argue that when a researcher translates a text, mutations to the original meaning of what participants express in an interview are inevitable. In order to stay as true to the participants' social reality as possible, the researcher should have an understanding of "the way in which language is tied to local realities, to literary forms, and to changing identities" (Simon 1996, pp.137-8). Being Dutch

myself therefore helped me to comprehend what was being said in the interviews and to analyse the data as such.

In the final report I made an effort to match the cultural meaning of the translated quotes with the original text as much as possible. I remained true to the original quotes, meaning I did not change their grammar and made an effort to stay true to the original verbatim in Dutch. I use brackets ([…]) to indicate I omit a part of what was said—for example when information is repeated in different words or to provide information needed by the reader to understand the quote.

1.8 Beneficiaries

My study benefits several parties. Based on my research I formulate recommendations for the further development of DOT. These recommendations aim to ensure the implications of this scheme for those who are actively involved in it are positive. Such outcomes are not only of interest for the participants themselves. They also benefit the organisations involved in the project, since the scheme's success to a large extent depends on its ability to involve people on a voluntary basis. If people enjoy taking part, they might continue to do so and enthuse others to join them. I formulate recommendations to the nursing home where I conducted my research based on my conclusions. This organisation may use these suggestions to improve the way in which they employ the DOT project.

Furthermore, Qoin, the organisation responsible for the design of DOT—and simultaneously my internship organisation—has an interest in the results of my research as well. Qoin seeks to continuously develop their currency model, and to duplicate and implement it in other municipalities. The implementation and support of such projects is part of their business model. If DOT shows positive outcomes, it becomes easier to attract the interest of other municipalities, institutions, and businesses.

In general, future participating social care institutions can benefit from enhanced CC models that manage to involve volunteers and informal caretakers in the caretaking process in a positive way. In the context of a changing welfare state in which more people depend on care while budgets are shrinking, CCs may prove to be a way to ensure the quality of care provisioning in the long run, when they are implemented in a way that benefit all parties involved.

Simultaneously, gaining more insight in what instruments can help to shape the relation between formal and informal labour in a positive way is essential at a time when society makes an increasing appeal on citizens to play a voluntary part in social provisioning. As such, I formulate recommendations for social care institutions as well.

1.9 Thesis outline

In the next chapter, I elaborate on how the specific type of CCs I study are understood in the literature, how I understand formal and informal labour, and how these different concepts relate to one another—in order to develop a better understanding of what implications this sort of money may have on people's actions and interactions. Here I also describe what forms of interaction between formal and informal labour could result from the current developments in the Dutch social care sector. In the third section, I study what theoretical notions help to conceptualise the interaction between formal and informal labour, and more specifically, to gain a better understanding of the possible implications of the implementation of a CC that "values" informal labour. In chapter 4, I describe my case: the design of the specific CC I study and its context. In chapter 5, I turn to my data. I answer the first sub-question by situating the participants' actions in the zone of interference. I do so by distinguishing different characteristics of their actions, which I compare. Subsequently, in chapter 6, I apply these same characteristics to answer the remaining sub-questions. This allows me to answer my main research question in chapter 7, where I conclude my thesis and discuss what my research teaches about the implications of CC projects that "value" the effort of informal care for the interactions between formal and informal labour.

Chapter 2. Exploring CCs and formal/informal labour in a diverse economy

In this section, I conceptualise the central concepts of my thesis: CCs and formal and informal labour, by describing how CCs are understood in the literature, how I understand the different "modes" of labour, and how these concepts relate to one another. Subsequently, I elaborate on the current position of formal and informal labour within the field of the Dutch social care sector, and on what the recent developments in this sector imply for the interaction between professionals on one hand, and volunteers and informal caretakers on the other.

2.1 CCs: Many kinds of monies

Over the past decades, different people and groups have applied the idea to create new sorts of money in various ways. CCs can be issued by different actors, such as a group of citizens, local governments, welfare services, business people, employers, or several of these actors together. The fact that CCs are created by such a variety of actors, and for many different purposes, has led to a very broad range of currency designs. Additionally, the schemes, both the established and the newly created ones, continue to change and evolve over time. Some are backed by a commodity standard, an official reserve, or based around precious metal; others are purely based on trust. They may aim to serve a certain region or group of people, or be in general circulation. Some of these currencies bare interest, some do not, and some bare a negative interest (Tibbett 1997, pp.128-9).

Notwithstanding the almost endless varieties in which actors create CCs, many of these currencies share common elements. They are often established at a regional or local level; are backed by local interest groups such as local institutions, non-profit organisations, or small businesses (Pfajfar, Sgro & Wagner 2012, p.46); and most are grassroots and designed in a democratic way, involving citizens in the design process (Blanc 2011, p.6). In order to understand the sort of scheme I research and the implications it may have on the actions of informal caretakers and professionals, I first situate this specific scheme in the broad field of CCs.

2.1.1 Categorising CCs

The dynamic nature of the field of CCs has made formulating a clear concept of CC quite difficult, and has led to the use of many different terms to indicate the various schemes, ranging from “alternative” and “secondary” to “social” and “local”. Many attempts have been made to classify these currencies. Some typologies distinguish currencies based on their design. Rachael Tibbett (1997, p.128) for example has divided the various schemes that have been recorded since the beginning of the modern era into four main groups: non-monetary substitutes, note issues, barter schemes, and banking schemes. Others, for example Bernard Lietaer and Gwendolyn Hallsmith (2006), distinguish different CCs based on their purpose, dividing them between commercial and social currencies among various subcategories. Many temporary CCs however tend to combine various currency designs, have multiple goals, and therefore do not fit such classifications. This applies to the type of CCs I study as well.

In my thesis I draw on a classification by Jérôme Blanc (2011). Blanc manages to classify the more complicated currency projects that combine several designs and objectives within one scheme. He accomplishes this by distinguishing CCs on two levels. His first level typology is similar to the approach by Lietaer and Hallsmith. Here, Blanc categorises currencies according to their different guiding principles and purposes, since the objectives behind currency schemes are key to their eventual design in practice. This results in three different first level ideal-types: local currencies (1) (CCs aiming to define, strengthen, and protect a territory, that are ultimately guided by the principle to define, strengthen and protect public local authorities); community currencies (2) (CCs aiming to define, strengthen, and protect a community, that are guided by the principle of reciprocity: the mutual exchange of goods and services among members of the currency scheme); and complementary currencies (3) (CCs aiming to protect, stimulate, and orientate an economy, that are guided by the principle of market exchange: they are “built with regards to economic spaces [and] defined by sets of actors and economic activities from production to exchange” (Blanc 2011, p.7)).

Next, Blanc utilises these ideal-types for a second level categorisation. In this second typology he distinguishes four different, subsequent CC generations which each combine the three first level ideal-types in a different way. The second level in this classification allows to categorise CCs that combine several guiding principles and purposes in one scheme, for example CCs created by both for-profit and non-profit actors who aim for a stimulation of local trade

and an increase in social cohesion simultaneously. Since this typology classifies CCs according to the development of different currency designs over time, it allows a dynamic view of CCs and suggests that in the future, more generations will follow.

Blanc's first generation CCs mostly comprise community currencies that refrain from collaboration with local governments or the market, which are deemed unable to meet certain needs. These schemes are guided by the principle of reciprocity. They generally seek to strengthen well-being, empowerment, autonomy, and social exchanges within a community through reciprocity among its participants.

Second generation schemes are purely community currencies that seek to provide support to those in need among the participants to the scheme. They are mainly timebanks: a type of CC network where participants reward each other per time unit (e.g. minute, hour) spent on delivering a service. With their earned time units participants of such networks can ask for a certain amount of time of commitment from another member of the scheme (Williams 2004; Lietaer, Snick & Kampers 2014, pp.38-9). Just as first generation schemes, these schemes are guided by the principle of reciprocity. However, they frequently link to public local authorities as well.

Third generation CCs are both local and complementary currencies that generally aim to stimulate local spending by bringing a currency into circulation that can only be spent at local, independent businesses. They are mainly guided by the principle of market exchange: they involve small local enterprises and shops in their scheme. Some are open to partnerships with local governments.

The fourth, and (so far) last generation CCs are more complex. They are mostly complementary currencies that combine numerous objectives within one scheme. The main guiding principle of fourth generation schemes is market exchange. Simultaneously however, local governments play a major role as well and many schemes offer its users a tool for reciprocity. Due to their complexity, these projects are costly and partnerships are necessary. Fourth generation CCs schemes actively involve local governments, enterprises, non-profit organisations, and national and EU programmes if applicable. Their focus on market exchange does not imply these schemes are implemented for profit-purposes. Many are designed by non-profit organisations for societal or environmental objectives (Blanc 2011, p.9).

In this thesis I focus on these fourth generation CCs, since they reside in an interesting economic realm. While they cannot be considered mainstream money that is used in interactions were both parties involved mainly seek to attain their private objectives, they still have monetary value. The exchange of such a token of appreciation may therefore have different implications for relationships than, for example, a bouquet of flowers.

2.2 Diverse economies

In my thesis, I situate fourth generation CCs as well as formal and informal labour in a field of diverse economies. This field is a concept by writing duo J.K. Gibson-Graham. Inspired by feminist, racial, and queer theory, they argue that:

> one might represent economic practice as comprising a rich diversity of capitalist and non-capitalist activities and argue that the non-capitalist ones have been relatively 'invisible' because the concepts and discourses that could make them 'visible' have themselves been marginalised and suppressed (Gibson-Graham 1996, pp.x-xi).

In essence, non-capitalist economic activities are all economic activities that take place outside the capitalist market, capitalism currently being the dominant mode of organising the production and distribution—as commodities—of goods, services, and other outputs and values which aim for profit (Le Heron 2009). Within the capitalist market, money is an important "medium" to facilitate mutual exchange.

Feminist analysts have demonstrated that unpaid housework and non-market activities constitute 30-50% of all economic activity, in both rich and poor countries (Ironmonger 1996). In fact, "marginal" economic activities and forms of enterprise are more prevalent and account for more produced value and hours worked than the capitalist economy. Many of these activities contribute to social well-being and/or environmental regeneration (Gibson-Graham 2008, p.615). Gibson-Graham (2008) have composed a first overview of "the huge variety of economic transactions, labour practices, and economic organisations that contribute to social well-being worldwide, in both positive and unsavoury ways". They invite other scholars to complement it. With this overview they seek to represent and document these informal eco-

nomic activities, for them to be taken more seriously as part of the economy (Gibson-Graham 2008, p.615). Their overview is depicted in the table below. I have underlined the concepts that are relevant to my research.

Transactions	Labour	Enterprise
MARKET	WAGE	CAPITALIST
ALTERNATIVE MARKET	*ALTERNATIVE PAID*	*ALTERNATIVE CAPITALIST*
Sale of public goods	*Self-employed*	*State enterprise*
Ethical "fair-trade" markets	*Cooperative*	*Green capitalist*
Local trading systems	*Indentured*	*Socially responsible firm*
Alternative currencies	*Reciprocal labour*	*Non-profit*
Underground market	*In kind*	
Co-op exchange	*Work for welfare*	
Barter		
Informal market		
NON-MARKET	*UNPAID*	*NON-CAPITALIST*
Gift giving	*Housework*	*Communal*
Indigenous exchange	*Family care*	*Independent*
State allocations	*Neighbourhood work*	*Feudal*
State appropriations	*Volunteer*	*Slave*
Gleaning	*Self-provisioning labour*	
Hunting, fishing, gathering	*Slave labour*	
Theft, poaching		

Table 1. *A diverse economy.* From: 'Diverse economies: performative practices for 'other worlds" (Gibson-Graham 2008, p.616) [emphasis added LB].

Fourth generation CCs are distinct from preceding generations in their active aim to facilitate interaction between for-profit and non-profit actors. As such, these CCs occupy a space between the capitalist economy and non-capitalist economic activities. Local governments, (capitalist) businesses, non-profit organisations, and national and possibly even European programmes take part in the co-creation of the scheme (Blanc 2011, p.9). Participants of fourth generation CCs are rewarded for informal economic activities in an informal currency, which has monetary value at participating, capitalist businesses.

Possibly, rewarding activities that are considered a part of the informal economy implies they are made more "visible". Another advantage of a collaboration between these different types of partners is that business and organisations join the scheme since they see a personal ad-

vantage in it. Businesses for example expect to attract more people, or to stimulate them to spend more money. As such, they are willing to pay for the scheme. These investments are a way to fund a CC from within, so it will not have to rely on external sources such as subsidies. Additionally, the participation of mainstream businesses is vital to the creation of a resource base that is appealing to a broad range of potential participants. The scale of a currency might thus well be important to its survival, or at least to attract a broader public than just those who would join the scheme out of political or intrinsic motivation (North 2005, p.226). This way the fact that non-profit and for-profit parties actively co-create the project may lead to a sustainable model in the long run.

Many fourth generation CCs actively bring together formal and informal labour in a capitalist and/or alternative capitalist economy. They stimulate informal labour in (alternative) capitalist sectors, where professionals work as well. In spheres such as the care sector, some CCs seek to stimulate the participation of informal caretakers. This leads to an increase in the interplay between formal and informal labour. The tasks CCs seek to reward can be labour that professionals are paid for in euros as well. While such an increase in contact might have several benefits, it can also potentially be problematic.

2.3 Formal/informal collegiality in the social care sector

2.3.1 Formal/informal interaction: reason for conflict?

Whether interaction between formal and informal labour leads to conflict remains topic of debate. Conventional wisdom holds that while volunteer programs allow for savings on budgets and simultaneously increase the level of services provided, they threaten the professionals' position (Brudney & Gazley 2002). Experts concur that it is very common for professionals to oppose the introduction of volunteers (Brudney 1990, p.183). Organisations often employ volunteers as substitutes for lower paid professionals (Simmons & Emanuele 2010). It could thus very well be that professionals have plenty of reasons to feel threatened by volunteers. Sloan (1985) suggests that suspicious, false, or uncertain perceptions between professionals and volunteers may lead to organisational conflict, especially when both carry out similar tasks.

Also status differences between professionals and volunteers play a problematic role in their interaction. When volunteers successfully carry out tasks that are similar to work that is done by paid staff, the roles of professionals devalue in economic sense, are robbed of prestige, and may even be de-legitimised (Scheirer, cited in Netting et al 2004). Other studies suggest that there is little contact between professionals and volunteers (Quist 2007, Zwart-Olde et al. 2013); that professionals pay little attention to volunteers (De Klerk et al. 2014); that professionals do not consider informal caretakers to be important or competent (Wiles 2003, Sims-Gould & Martin-Matthews 2010); and that professionals, volunteers, and informal caretakers are mutually discontent about their cooperation (Palmboom & Pols 2008).

However, different research, suggests that expectations of conflicts in the everyday interaction of volunteers and professionals may be overstated (Brudney & Kellough 2000). A qualitative and quantitative analysis of volunteers based in the Small Businesses Administration (SBA)—a United States (US) government agency that provides support to entrepreneurs and small businesses—demonstrates that in this organisation, professionals accepted volunteers without complaint (Brudney & Gazley 2002). Additionally, scholars argue that dividing care tasks among different professionals, informal caretakers, and volunteers may prevent over-burdening since all people involved realise that they are supported by others (Plemper et al. 2006). Other studies report that informal caretakers and professionals respect one another, share the same goals, and mostly think the cooperation is a success. This is especially the case when mutual communication is sufficient (Zwart-Olde et al. 2013).

The strong differences between the results from the different studies on the interaction between formal and informal labour above suggest that the context in which the relation is situated plays an important role. Possibly, the room an organisation allows its professionals for communicative action is an important part of this context. However, before I elaborate on the theoretical notions behind this idea in chapter 3, I first delve a bit deeper into how I define volunteers, informal caretakers, and professionals.

2.3.2 Defining volunteers, informal caretakers, and professionals

The boundaries between professionals, informal caretakers, and volunteers are not always clear. Some people for example are obliged to "volunteer" in return for receiving welfare, and some volunteers receive a "volunteer compensation". Additionally, there is a difference be-

tween volunteering for someone previously unknown, and care provided by family members, friends, and/or neighbours (Tonkens, van Bochove & Verplanke 2014, pp.144-5). The dominant definition of volunteers in the field of non-profit sector studies states that they are people who perform a form of unpaid labour in absence of payment as livelihood—whether in money or in kind (Stebbins 2009, p.155). However, many fourth generation CCs seek to stimulate informal labour by rewarding participants in a currency that can be used, at least partly, to provide a living. This complicates how volunteers are defined in my research. Within the context of my thesis I employ the following definition: volunteers include all participants who do not receive a form of payment, or who are rewarded in an informal currency for services provided to people previously unknown.

Informal caretakers have a position that is similar to volunteers, except for their relationship with the people they care for. I define these participants as follows: informal caretakers are people who take care of others, to who they were related prior to the start of the caretaking activities—as a member of the family, friend, acquaintance, or neighbour. As volunteers, they may receive a reward in an informal currency for their effort, but no payment in a mainstream currency.

The professionals do not receive a reward in CCs. In my research professionals are the participants who perform their tasks from an organisational association and receive a salary for their effort in euros. They are obliged to follow professional guidelines and quality criteria (VWS 2009, p.2).

I consider the efforts of volunteers and informal caretakers as informal labour, and tasks carried out by professionals as formal labour. However, the distinction between these two "modes of labour" is not always evident in the care sector. Informal caretakers are for example allowed—under certain conditions—to perform "professional" tasks that volunteers may not carry out, such as injecting medication (Van Wieringen, Broese van Groenou & Groenewegen 2014, p.14).

In order to gain a better understanding of the different ways in which formal and informal labour can relate to one another, I draw on a typology by Marianne van Bochove and Monique Verhoeven (2014, pp.18-28). They distinguish three types of professional-volunteer relationships that indicate the extent to which the different carers work together or depend on

one another. A relation with “professional responsibility” implies that most tasks lie with the professionals and volunteers only carry out supporting tasks. “Shared responsibility” indicates that volunteers have taken over certain tasks from professionals. Formal and informal roles often overlap in relations of this type. Last, “voluntary responsibility” implies that the volunteers have taken over nearly all tasks from professionals and work independently, while the professionals remain at a distance.

Chapter 3. The battlefield of the interfering lifeworld and system

Above, I have outlined the concepts of fourth generation CCs, of formal and informal labour, and how these concepts relate to one another. In this chapter, I elaborate on what theoretical notions help to conceptualise the possible implications of stimulating informal labour by "valuing" efforts with a CC for the interaction between formal and informal labour.

3.1 Lifeworld and communicative action

According to Jürgen Habermas, societies are both system and lifeworld simultaneously. Habermas defines the lifeworld as the set of frames that help people interpret the world. These frames are organised, reproduced, and passed on through language and culture, and consist of shared perspectives, solidary groups, and accountable individuals. As such, they are essential in the realisation of mutual understanding. The lifeworld is mostly considered to be unproblematic: it is understood as a given by a specific group.

However, the lifeworld's frames are not entirely invariable. Through "communicative action", some segments of the lifeworld can be questioned or discussed through careful mutual deliberation and argumentation. In communicative action, people seek to reach mutual understanding, and establish relationships and a sense of meaning. People involved in this type of interaction offer one another a space where there is room to discuss, amend, or decline the values, expectations, and definitions or the reality that others propose, without having to end the interaction as a whole. This way they can voluntarily and naturally reach a common agreement or recognise differences in opinion (Kunneman 1996, p.50). In the lifeworld, interpretations of reality, definite needs, and mandatory norms of preceding generations are stored. Those who act communicatively reside in this world.

Depending on several factors, the relative importance individuals or groups ascribe to fixed frames for interpretation of older generations on one hand, and the personal positions of the people involved in a social setting on the other can shift (Kunneman 1983, p.31). Several decades back, the traditions and social-economic status of the group to which a person belonged through birth played a significantly more important role in how social processes were shaped

in the Netherlands than today. In these more "traditional" understandings of social reality, peoples' personalities and ways of life are largely hidden by forcing norms and images of the self that belong to certain (religious) world-views or political ideologies. These views are internalised under pressure. Within such hierarchical social structures, all those involved understand their position, and when they should speak, remain silent, or endorse others. While people may enjoy the predictability and the feeling of security provided by such structures, they can also feel forced to suppress feelings and desires that do not fit their traditions and community (Kunneman 1996, pp.45-47).

Over the past decades, however, a rationalisation of the lifeworld has caused communicative action to win terrain in comparison to such traditional pressures. In part, this process is enabled by an abundance in consumption, inherent to the capitalist way of production. Individual choices with regard to consumption, personal joy and careers have become central in how many people shape their lives. Familiar ties and the accompanying care relations have become looser (Kunneman 1996, pp.45-48). This development enables new ways in which individuals can communicatively shape their identity, and enables identities to become more divers. People are able, and have right to the room, to find out for themselves what matters most to them in their lives (Charles Taylor in Kunneman 1996, p.60). The actions of informal caretakers, whether they participate in a CC project that seeks to stimulate their effort or not, will most likely to a certain extent be rooted in traditional ideas about their role in the caretaking process. When informal caretakers fail to take their own feelings and desires into account in favour of the traditional image they have of their own role as a caretaker, this could cause them to take on more tasks or responsibility than they can physically or mentally manage. Strong familiar ties and clearly defined social roles of people within a group can imply that people experience a strong responsibility to care for relatives (for example as daughters or wives). As such, they may suppress signals of overburdening when the caretaking process is asking too much from them. Professionals involved in projects that seek to stimulate informal effort need to be mindful of such motives in order to prevent informal caretakers from being overburdened.

Communicative action allows people to develop relationships in which they are fully appreciated, are able to reach their full potential, and/or experience meaning by sincerely getting to know others. In order for people to be able to be open to others, to recognise existential wants, to reflect on their boundaries or blind spots, and to be responsive to feedback, a communica-

tive relationship is indispensable. Notions typical to communicative action are openness, receptivity, sensibility, equality, (looking for a) purpose or meaning, diversity, attention, interest, personal involvement, compassion, respect, reliability, meticulousness, (human) warmth, support, sharing stories, solidarity, togetherness, connections, experiences, emotions, honesty, trust, and intimacy (Kunneman 1983; Tronto 1992; Kunneman 1996; Kunneman & Slob 2007; Van Ewijk & Kunneman 2013; Van Ewijk 2013). When translated to everyday practice in the care sector, an example of professionals that act in a communicative way are carers who cross the boundaries of how professional rules and regulations instruct them to execute their tasks, within a limited amount of "care minutes". Instead, they seek ways to "be there" for their patients and to be of value to these people. They experience a sense of meaning to their own existence through the relationship that arises from the interaction (Van Dalen 2006, p.4). In the sort of CC project I study, these professionals would be open to the wants and needs of the informal caretaker they work with as well.

3.2 System and strategic action

In modern societies, Habermas sees an insurmountable divide between the everyday logics and communicative action of the lifeworld on one hand, and an increasing complexity of the economic and political system on the other (Kunneman 1996, p11). In this system, people engage through strategic actions. As opposed to communicative action—where people voluntarily and naturally reach a common agreement or recognise differences in opinion—people who act strategically seek to achieve their goals using certain means. Relationships can be one of these means. In strategic action, relationships are considered instrumental to achieve an objective as efficiently as possible. Within this logic, those involved seek to minimise the possibilities of others to decline their wishes and priorities. Other people are approached for private interests. In such contexts, participants in an interaction need to make sure not to be taken advantage of (Kunneman 1996, p.50). Since the objectives sought after are private, more often than not they are incompatible with those of others. As such, interactions within the everyday logics of the system are prone to the occurrence of conflict, where the wishes, intentions, plans, or actions of particular individuals or groups collide. Paradoxically, while the dynamics of the capitalist way of production partly enable communicative action to enlarge its position in the lifeworld in comparison to more traditional interpretation frames, it also causes individuals to choose strategic forms of action more often. Capitalism's focus on

permanent growth and increase in productivity causes people to choose actions that aims for success and effectivity (Kunneman 1996, p.49).

When systemic imperatives are introduced, commercial influences, bureaucratic organisational forms, and criteria for professionalism increase. Much used measures within the system's logic are productivity, professionalism, and efficiency. Examples of notions and actions that fit the logic of this domain are customers, products, productivity, independence, instrumentality, hierarchy, effectivity, transparency, bureaucratic accountability, controllability, functionality, indication, supervision, registration, protocols, rights, duties, obligations, predictability, planning, and organisational visibility/power (Kunneman 1983; Tronto 1992; Kunneman 1996; Kunneman & Slob 2007; Van Ewijk & Kunneman 2013; Van Ewijk 2013). Professionals whose actions typically fit this logic are caretakers who quickly, professionally, and efficiently take care of their patients within a previously set amount of time. After doing so, they adequately write a report, this way realising their norms of production (Van Dalen 2006, pp.3-4).

Strategic action is not solely something negative, according to Habermas. Within competitive environments, trade and bureaucratic, task-focussed state institutions, strategic action is indispensable. To a certain extent, a balance between communicative action and strategic imperatives can have a positive effect in people-centred sectors as well (Kunneman 1996, p.55). However, problems arise when strategic forms start to prevail in realms where communicative action should have the upper hand, for example within the sphere of personal relations. On this level, strategic action can affect intimacy, solidarity, openness, and personal involvement (Kunneman 1996, pp.50-1). The internal dynamics of the mode of production typical to a capitalist economy, which focuses on permanent growth and an increase of productivity, leads to a systematic choice for strategic forms of action. These actions aim for success and effectiveness and leave little room for communicative forms of interaction, which do not focus on control and scrutiny but on the difference of the personalities of the individuals involved, emotional involvement and communicative equality (Kunneman 1996, p.49).

3.3 The battlefield: a zone of interference

Habermas fears the logic of the lifeworld will be completely displaced by the logic of systems. He understands these worlds as two strictly divided realms. Harry Kunneman has a dif-

ferent, more nuanced view on the relation between these two concepts. In practice, he argues, there is a broad transitional area between lifeworld and system. Communicative and strategic action are therefore often intertwined. Kunneman refers to the broad area between these two ideal types as a "zone of interference", where systemic imperatives and communicative expectations are engaged in a constant battle (Kunneman 1996, p.54).

I understand Kunneman's zone of interference as an axis with pure communicative action on one pole and pure strategic action on the other. On this axis, sectors, organisations (and the roles and behaviour of the people who work for them), and policies can be positioned within the "battlefield" of systemic imperatives and communicative expectations. These positions change when one of the two worlds is becoming more prevalent in the way policies are shaped, organisations are managed, the way people act, or react, and the kind of actions people expect from one another. When the effort of informal caretakers becomes increasingly professionalised, this implies a movement towards the strategic pole; professionals who decide, or feel the room, to start to invest more in getting to know their patients—even if this means they spend more time with people than their schedule allows them—move in the opposite direction. The different poles are characterised by the notions, concepts, and actions typical to the logic of lifeworld and system, as described earlier in this chapter.

3.3.1 Formal/informal labour and the social care sector in the zone of interference

The social care sector is a clear example of a realm that resides in the zone of interference. It is bureaucratically organised and care institutions to a certain extent focus on the market. Simultaneously, however, care and recovery depend on communicative processes (Kunneman 1996, pp.53-5). Joan Tronto distinguishes four moral components of care, which all demand a communicative relationship where at least one of those involved should be able to be open to the wants and needs of the other. These components are attention (to recognise the needs of others), responsibility (the willingness to take on and carry out care tasks), competence (the ability to deliver good, adequate care), and responsiveness (to give feedback on the care delivered) (Tronto 1992, p.126).

Recent policy from the Dutch government, as shaped in the SSA, puts a stronger emphasis on systemic aspects of care (Kunneman & Slob 2007, p.25, p.27). A more systemic approach implies that the social care sector is increasingly influenced by commercial leverage, bureau-

cratic forms of organisation, and professional quality criteria, resulting in focus on productivity and efficiency and the use of notions such as customers and products (Kunneman 1996, p.56). Within social care institutions, this development appears to affect both volunteers and informal caretakers. While the policy to actively stimulate informal labour in the care sector is partly based on the rationale that citizens are better capable of keeping their residential area, their lives, and those of others in order than professionals (Tonkens, van Bochove & Verplanke 2014, p.6), evidence suggests that informal caretakers become increasingly professionalised. This formalisation of informal care seems to conflict with the recognition of the intimate and relational aspects of caring for relatives or acquaintances. The idea of relationships as central to the experience of care appears to be ignored (Henderson & Forbat 2002, p.673). The labour involved in dealing with the emotions of others, "emotional labour" (James 1989, p.15), is a type of work that policy often fails to recognise and therefore is not taken into account or rewarded (Henderson & Forbat 2002, p.682).

Voluntary, and especially informal care, as ideal types, are purely situated in the lifeworld. In principle, volunteers do not have professional codes, do not work with diagnostic protocols or plans for treatments, and do not "reflect from the principle of meeting the standard" (Van der Vet 2013, p.146). What voluntary caretakers do work with, ideally, is experience from life, emotions, and practical knowledge. Their work has intrinsic value to them and is not triggered by incentives such as profit, income, or obligations (Van der Vet 2013, pp.147-8).

The effects of strategic action are not just unfavourable to those who receive care or to informal caretakers, however. A substantial body of empirical evidence proves that people working in the social care sector are motivated by the emotional aspects of their job, and do not distinguish between "caring about and caring for" (Rummery & Fine 2012, p.330). Kunneman states professionals have to be able to experience an intrinsic meaning trough personal connections with other people in their work. He connects the prevailing of strategic forms in realms of people-centred professions to a relatively high amount of burn-outs in these sectors (Kunneman 1996, p.237, p.304).

While the relationship between formal and informal labour is already precarious, the introduction of the SSA in the Netherlands—with its stronger emphasis on the system aspects of care—may potentially be yet another reason for tensions between care professionals and informal caretakers. Interaction among caretakers may become more strategically motivated and

both formal and informal workers may feel uneasy about their changing role, and division of the roles, in the caretaking process.

3.4 Money, CCs, and relationships

According to Habermas, the capitalist market can act without the need to rely on communicative action through the "medium"[6] money. Money, he argues, allows individuals to engage in the market in an objective way and strategically coordinate their actions, by bringing forth a means to coordinate actions in a non-communicative manner. While communicative action results in the establishment of understanding, group-solidarity, and individual accountability, the effort involved in this process can be avoided when engaging through money. Money, Habermas notes, only functions within situations that are defined by the interests of the people involved; here people focus on the consequences of their actions and do not pay attention to each other's psyche and normative assumptions when this is not relevant to achieving their objective (Kunneman 1983, p.75, pp.103-4, p.111, p.125). From a systemic perspective, organisations, companies or employers have an exchange relationship with their employees in which money (an income) is bartered for labour force.

According to Habermas' perspective, money does not fit the realm of personal relationships well. Many scholars adhere to a similar view. Dan Ariely (2008) for example argues that monetary rewards between friends and acquaintances for gestures such as lending a hand can have a negative effect on their relationships. However, Habermas' assumption that money only functions within systemic contexts is not uncontested. Viviana Zelizer for example points out that "money belongs to the market, but not exclusively so. And while money is indeed an objective means of rational calculation, it is not only that" (1989, p.344). She agrees that the mixing of relationships and economic rationality poses challenges within social settings. Yet, Zelizer, argues in her book "The Purchase of Intimacy" (2005), people negotiate the coexistence of monetary transactions and relationships—ranging from colleagues and neighbours to close friends and family members. Across many of such relationships, people integrate the exchange of money into the wider maze of the mutual obligations, rights, and meanings that come with specific social ties.

[6] In fact, Habermas identifies two "media": money and power, through which the market and the state can act without the need to rely on communicative action. For the purpose of my research, I focus on money only in this thesis.

However, for a transaction to fit a relationship it is key to match the right *sort* of payment to the social interaction at hand. While mostly paid with the same sort of mainstream money, monetary transactions such as tips, bribes, fees, and charity have distinct meanings and consequences. According to Zelizer, people identify these payments as distinct by understanding within what social relationship it takes place. They differentiate between categories of social ties by setting clear boundaries between them, which are established through negotiation between those involved. The boundaries between the different categories of relationships change when people interact within and across them. Zelizer refers to this process of differentiation an (re)negotiation as "relational work", which includes peoples' effort to

> establish a set of distinctive understandings and practices that operate within that boundary, designate certain sorts of economic transactions as appropriate for the relation, bar other transactions as inappropriate, and adopt certain media for reckoning and facilitating economic transactions within the relation (Zelizer 2005, p. 35).

In other words, for each category of social ties people establish what sort of monetary payments fit that specific context, and what media are appropriate for the transactions. When the sort of transactions and/or media change, Zelizer notes, this sometimes affects the mutual obligations, rights, and meanings that come with specific social ties. For example, when an employer starts paying a volunteer a living wage instead of a voluntary compensation, the terms of the relationship with this (former) volunteer change.

Hence, while Habermas situates money purely in the system, Zelizer's perception situates this "medium" in the zone of interference. While money is often used strategically, it can also be part of relationships without destroying the social ties involved.

CCs also reside somewhere in the zone of interference. From a more systemic perspective, CCs are a sort of money: the "medium" that may be used to circumvent communicative action and facilitate strategic action. This especially applies to fourth generation CCs, which involve both for-profit and non-profit organisations. These schemes have a focus on the capitalist market, meaning that they actively search for interesting business cases in order for companies to join. Fourth generation CCs involve partners from the economy's capitalist and alter-

native capitalist realms, such as businesses and non-profit organisations who join the scheme in order to attain certain goals. Through the CC, these parties approach the others, for example potential volunteers or customers, for private interests.

From this systemic perspective, rewarding informal caretakers with a CC may bring about a shift towards the strategic pole on the axis of the zone of interference, among either informal caretakers or professionals, or both. The project's objective may be strategic too, for example when it aims to stimulate informal caretakers to take over as many tasks as possible from professionals to save on salary expenses. This could potentially lead to an increase in strategic action from (one of) those involved, and to more instrumental relationships.

However, in line with Zelizer's argument, CCs could also be seen as a sort of money that is "earmarked" (Hart 2007, p.15) to fit within other sorts of relationships than solely those between objective actors who engage at the capitalist market for private interests. Given their particular position in Gibson-Grahams' field of diverse economies, CCs are distinct from mainstream money and may therefore have different effects. Research on several CCs in Japan suggests that peoples' perception of this kind of money strongly differs from that of the dominant currency (Kurita, Yoshida & Miyazaki 2015). Additionally, CC involvement seems to increase generalised trust (Richey 2007), a notion typical to the logic of the lifeworld. Many CCs are democratically created with the purpose of stimulating forms of action that aim to positively affect issues which are intrinsically valued by people. From such a lifeworld perspective, CCs may be a means to connect formal to informal labour in a way that suits the frameworks of all those involved. For example, "valuing" informal caretakers with a CC could be understood as a symbolic gesture to express their effort is highly appreciated. As such, a CC's "value" would not be rooted in its monetary worth, but in the meaning that people ascribe to it. Additionally, CC projects could provide a space where professionals and informal caretakers feel unrestrained to discuss their ideal vision on the division of roles in the caretaking process in a communicative manner. As such, within the setting of interaction between formal and informal labour, CCs may prove to be a tool to facilitate an open dialogue on how all those involved can cooperate to increase the quality of care.

3.5 Potential implications of the context's position in the zone of interference

Depending on the design of a CC, the way in which people apply it in practice, and the resulting position of a CC in the zone of interference, it may have different implications for formal/informal interaction. I therefore hypothesise that the context in which a project is implemented has a strong influence on how its participants experience taking part, and on its implications for the interaction between formal and informal labour. It is likely that the space that a management allows its employees for communicative action—that is, the extent to which the professionals are enabled to cross the boundaries of professional rules, regulations, and schedules in order to "be there" for others in the caretaking process, build relations with them and really listen to them—is a key factor to the implications of a project that seeks to stimulate informal labour. Within organisations with much room for communicative action, it is likely that professionals are able to engage in discussions where all those involved can voluntarily and naturally reach a common agreement or recognise differences in opinion.

When systemic imperatives prevail in an organisation, this implies there is less room for professionals to act communicatively. In such organisational cultures, productivity and efficiency are emphasised. As such, it becomes more likely professionals mainly focus on a private objective, e.g. realising their norms of production. As a result, relationships possibly become more instrumental to the professionals—aiming to minimise the others' possibilities to decline their wishes and priorities, and to attain their objective as efficiently as possible. It is likely that when systemic imperatives prevail in a social care context, the objectives of the professionals are incompatible with those of the informal caretakers. While in such a case the professionals pursue private objectives, the informal caretakers probably pursue a goal that is situated in the lifeworld: enhancing the well-being of their relatives. This incompatibility, in turn, is a potential starting point for conflict in everyday interaction—especially when the cooperation between formal and informal labour increases.

Also, the objective behind the implementation of a CC possibly has an influence on how participants experience taking part in a project, and on the scheme's implications for the interaction between formal and informal labour. A CC project that seeks to stimulate informal labour can either aim to enhance the quality of care, or to save expenses on personnel costs. When implemented as a means to retrench, professionals may well fear the CC project will result in

them losing their job and perceive the informal effort as a threat. Such a situation is likely to cause tensions between formal and informal labour. A project that is implemented as a means for professionals and informal caretakers to enhance the quality of care together however, is possibly regarded by staff members as an opportunity. An increase in informal care can imply professionals have to do less tasks in the same amount of time, leaving room for them to spend longer with their patients, or organise additional activities. In such a context, it is more likely their attitude towards informal caretakers is positive. Aiming for such objectives, CCs can be instruments for informal caretakers and professionals to discuss how they shape the caretaking processes for relatives/patients, and how they enhance its quality, together.

Given the potential importance of the context for the implications of a CC project, I outline the specific case I studied—the CC design and the specific context in which I researched it—in the next chapter.

Chapter 4. DOT at nursing home Schutse Zorg

Before I turn to presenting my analysis, I describe the DOT currency design, its objectives, and the specific context in which I have studied it: nursing home Schutse Zorg. By formulating a clear image of the context in which my research has taken place, I seek to be able to account for the possible implication this setting has for the outcomes of my research.

4.1 Do it Together! The currency design

DOT can be labelled a fourth-generation CC. It is guided by market exchange, encouraging all partners to identify viable business cases. The project has multiple objectives. It actively involves European partners from the United Kingdom, Belgium, and the Netherlands, and it is financially supported by the European Union (EU) Programme for Employment and Social Solidarity (PROGRESS)[7].

The main objectives behind DOT are social. DOT is an experiment that seeks to shape social support through a shared feeling of responsibility between the municipality, housing associations, care providers, non-profit organisations, local retailers, and citizens. The scheme is co-created by these actors and parties, meaning that these partners decide together how they give shape to the theoretical currency design in practice. Behind the scheme is one party that is responsible for the management of the programme. I refer to this party as the project management, or DOT's management.

DOT operates in two schemes in the municipalities of Bergen op Zoom and Tholen in the Netherlands. At the time of my research, these two schemes ran separately. The nursing home where I conducted my research is located in the municipality of Tholen. In my thesis I therefore only describe this context. Tholen is a municipality in the southwest of the Netherlands. The municipality is a rural area consisting of two peninsulas—formerly islands. Tholen has a population of about 25.000 inhabitants.

[7] The PROGRESS programme is a financial instrument supporting the development and coordination of EU policy in the areas of employment, social inclusion and social protection, working conditions, anti-discrimination and gender equality. See: http://ec.europa.eu/social/main.jsp?catId=327.

Figure 1. Map of the municipality of Tholen—the two peninsulas on the map[8].

As formulated in its grant agreement, DOT seeks to "improve levels of service and care on a local level, improve possibilities for vulnerable groups to enter the labour market, and promote liveability in neighbourhoods" (EU Grant Agreement iCare4U). DOT seeks to make citizens of all ages understand and accept that they have a shared responsibility in shaping social support. It aims to provide them with tools to find ways, and feel encouraged, to make a contribution to their neighbourhood and community. The scheme uses "points" to incentivise people to consume locally, actively participate in their neighbourhood, and keep the community a clean and safe place to live. Anyone can participate in the programme and is actively invited to do so. Nevertheless, the scheme is specially designed to motivate citizens who are not already engaged in volunteer work and/or that are socially isolated. Target groups include people in need of social and family care, school dropouts, unemployed people, and vigorous and non-vigorous elderly. DOT seeks to stimulate these people to support one another and to become active members of their community. At the project's heart is a fully electronic curren-

[8] Adapted from: http://www.depagter.com/walcheren/walcheren/img/tholen.gif.

cy, meaning that the currency only exists in a digital form (as "points") and does not circulate as coins or paper money. Transactions can be carried out through payment terminals and near field communication (NFC) cards, a mobile application, or online.

In the incentive scheme in DOT, for-profit and non-profit objectives are merged into one model. This has led to a concept that combines four components in one currency scheme: a public reward programme for institutions (1); a loyalty programme[9] for retailers (2); a sharing economy initiative between citizens (3); and a support scheme for local charities (4) (Batterink, Kampers & van der Veer 2015).

Through the public reward programme (1) participants are rewarded by local authorities and institutions such as housing associations, schools, and care- and welfare institutions for performing specific tasks that improve the liveability of neighbourhoods and strengthen the local community. These institutions purchase points with euros at DOT's management and can also redeem their points here. The points are brought into circulation when participants are "valued" for certain efforts. The points serve as a token of appreciation, and are therefore explicitly not referred to as a "reward". "Valued" activities range from participation in a community clean-up day or paying the rent on time, to the provision of assistance to the elderly or informal care to relatives in need. In addition, local authorities and institutions offer participants options to redeem points. This approach of "valuing" residents for positive input to their community is seen as a possible stimulus for people to become active as volunteers. Among others, this should help long-term unemployed participants to rediscover their abilities and potential, and to regain self-esteem and confidence (Lietaer, Snick & Kampers, 2014, p. 40).

DOT's second component is a loyalty programme (2). This programme has many similarities with Air Miles. Next to earning points through the public reward programme, participants—as consumers—can also earn points by purchasing at participating retailers. As local authorities and institutions, these retailers can purchase and redeem the points for euros at the project management. For every purchase paid for in euros, consumers receive an amount of points ranging from 2 to 5 percent of the value spent, depending on the retailer. The same affiliated retailers also offer the option to redeem points for purchases, gifts, or discounts. The motiva-

[9] See "Loyalty Scheme", in Community Currency Knowledge Gateway: http://community-currency.info/en/glossary/concepts/loyalty-scheme-stub/.

tion of for-profit enterprises to join and fund the project is mainly strategic. By rewarding their customers, retailers seek to attract new people to their store and to engage existing customers to buy more or to do more expensive purchases.

The sharing economy initiative between citizens (3) allows DOT participants to transfer the points at a peer-to-peer level for mutual help and social care. Points earned through shopping or as a reward from a local authority or institution can be transferred between participating individuals, who can use the points as a means to "value" one another for mutual help or assistance. This element of the currency aims to strengthen citizen participation, self-reliance, and social cohesion. Participants can for example reward neighbours with points for small maintenance work, household work, assistance with tax declaration, or giving a ride.

Last, the support scheme for local charities (4) implies that while saving points for themselves, participants automatically save for a local "good cause" of their choice simultaneously. When participants are rewarded, they save 60 percent of their points, which they can use as they wish. The remaining 40 percent is donated to local charities in order to provide them with a new source of funding.

DOT is a fourth generation CC that was, and is continuously, co-created by both for-profit and non-profit organisations. Due to this construction, DOT points have value in both the informal and the formal economy. Points are bought, and redeemed, for euros by businesses and institutions. Individuals cannot exchange points for euros, or vice versa, but they can spend them in the formal economy; at local participating shops in return for a discount, or at local organisations such as the library (Holtzapffel, Kampers & de Rijke 2015, p.5). This means that the points earned in the informal economy (e.g. through volunteering) have value in the capitalist economy as well. As such, DOT is a scheme that occupies an interesting space in the diverse field of economies, between the capitalist and non-capitalist economy.

DOT's formal/informal character places the project somewhere between lifeworld and system, in Kunneman's zone of interference. On one hand, DOT is a sort of money, a currency that seeks to stimulate people to participate in certain activities through an external trigger. On the other hand, however, many types of organisations as well as citizens create DOT together. This more democratic way of co-creation ideally is a communicative form of action in which all the project's participants are involved. Additionally, a great share of the points earned are

automatically donated to a civil society organisation—often referred to by participants as s "good cause"—instead of being available for use for private interests. Therefore, DOT can also be seen as a symbolic gesture to genuinely appreciate the effort of volunteers and/or informal caretakers, and as a tool that enables a communicative dialogue between formal and informal labour.

These different possible implications of the DOT project on the actions and interaction of its participants suggest that it is crucial to understand the context in which the CC is applied. The objectives behind the implementation, the way in which the project is applied in the specific setting, and the extent to which the professionals involved are allowed the space to act in a communicative way, may all affect how the participants experience the project, and how the currency influences their interaction.

4.2 A CC in a nursing home

One of the participating institutions of DOT is nursing home Schutse Zorg Tholen in Sint-Annaland, a village in Tholen with around 3,700 inhabitants. For my research I take a pilot of DOT in this organisation as an empirical case. This pilot started in January 2015 in one department of Schutse Zorg and involved four patients and their informal caretakers. The trial's objective was to test if "guidance [of informal caretakers and volunteers] through tangible valuing leads to results and can be arranged in a way that is pleasant for all parties involved"[10]. Since the trial was experienced as positive—considered to be "a serious opportunity to organise professional care, volunteering, and informal care in a well-balanced manner"[11]—by the director and the professionals that were part of the pilot's guiding team, the project is currently implemented more broadly, in all departments. In order to involve as many informal caretakers as possible, the nursing home hired a project coordinator. This coordinator also acts as a contact person for all the project participants—including the professionals—in case they experience difficulties.

With this project, Schutse Zorg seeks to "stimulate and support informal care and volunteering", and to "achieve more results with the means available, to create space for professionals to do meaningful work in addition to the primary caretaking process, to invest in the relation-

[10] As described in a concept policy paper by De Schutse on the project Do it Together/Positoos.
[11] As described in a concept policy paper by De Schutse on the project Do it Together/Positoos.

ship with the client[12], and to strengthen the relationship between professionals and informal caretakers (through an increase in deliberation and the exchange of information)"[13]. Within Schutse Zorg, the project aims to enhance the quality of care. The management—the director and the team leaders—explicitly refrains from utilising the CC as a means to cut down on personnel costs. In order to attain the objectives listed above, the nursing home "values" participating informal caretakers for their effort with an amount of points, according to the amount of time they spend on caretaking activities. For one hour of informal labour, participants receive 240 points, which have a monetary value of 2,40 euros in the formal economy. 40 percent of these points are automatically donated to a local charity of the participants' choosing, while the remaining 60 percent are transferred to her or his account.

As part of the pilot, volunteers were linked to all participating patients and their informal caretakers. The idea behind this construction was to enable the informal caretakers to turn to the volunteers when they were unable to carry out their tasks themselves, for example due to sickness or other obligations. The informal caretakers would then ask a volunteer to substitute for them, and "value" them with points they collected themselves before. This way, the informal caretakers would not have to fall back upon professional care. In practice, however, this part of the project has proved to be unsuccessful. In spite of the participating volunteers being eager to help at the start of the project, informal caretakers and their relatives felt less enthused to request their assistance. Disappointed for not being able to participate, the volunteers decided to quit the pilot.

Schutse Zorg composed a "valuing format" for the project that lists all the tasks that can be conducted in the nursing home. The list distinguishes between three different types of tasks within the caretaking process: actions that are feasible for informal caretakers and volunteers, such as helping to get dressed or drink, washing, or taking a walk together (1); actions with a questionable feasibility for informal caretakers and volunteers, such as administering medication or application of a prosthesis (2); and care-technical actions that are solely feasible for professionals (3). The management has linked a certain amount of minutes to each task that they estimate the informal caretakers spend on it on average. Each week, the informal participants receive a personal lists of tasks they have agreed to carry out. On this list, they may re-

[12] In general, the management and professionals at Schutse Zorg refer to their patients as "clients" or "residents".
[13] As described in a concept policy paper by De Schutse on the project Do it Together/Positoos.

port the actual amount of minutes they have spent on each activity, and include possible additional tasks they have performed.

4.2.1 A workplace with room for communicative action

Schutse Zorg's Director considers his main function to be the facilitation of the work of his employees "on the ground"—the staff that carries out the daily caretaking process in practice—and to make sure this work is carried out in the best way possible. He leaves a lot of room to his employees to shape the way they carry out their tasks themselves. To this end, he creates the "preconditions" his staff needs to be able to focus on developing relationships with their patients and doing their jobs well. These preconditions take several forms. They can be time and money, which the Director places at the disposal of care professionals when they propose an idea the management believes to be of potential value for the quality of care in the nursing home. The employees who propose the idea are then allowed to execute it themselves, while the team leaders and the Director himself check every now and then if the project is doing well and if the staff needs assistance. Correcting and coaching the employees are strategies that are also considered to be preconditions for the staff members to do their job well. Another precondition is the "unburdening" of the staff from certain aspects of the caretaking process:

> Currently, you often see managers are put aside. Self-direction [of employees] is a major item. I do not have much faith in this. I think you should allow self-direction on the content of the job. But you should not burden [your staff] with all kinds of organisational hustle. […] Self-direction, we have actually always done this. You allow teams the space to do their own thing. But does that mean you should put the team leaders aside? I currently would not want to miss them. In the end, team leaders should create the preconditions, and also be granted the space to do so as well as possible (Director of Schutse Zorg).

At Schutse Zorg, the management seeks to keep "difficult matters" away from its staff. For example, while the nursing home receives budgets per individual patient—based on an indication of the amount and nature of care a person needs—the professionals are not dictated how long they should spend the care for individual patients according to this indication. Instead,

the managers leave the way in which its employees divide their tasks over the day to themselves, and the teams. This allows the care professionals to spend additional time on a task when they feel it would be good to do so, for example to pay some more personal attention to a patient. The team leaders keep an eye on the overall caregiving process to make sure targets are being met. They only take action when they notice a department is not working effectively enough within the budget available.

Seen through the theoretical lens of the zone of interference, the management at Schutse Zorg in fact actively keeps certain systemic actions—needed for a nursing home to run efficiently enough to operate within the limited budgets available—away from his employees as much as possible. As such, he allows his staff more space for communicative action. In the interviews, all professionals have reported they experience room for small-talk with their patients, and/or to get to know these people better—which they see as an important part of their work. An event illustrative of this communicative space took place when I visited the nursing home for a set of interviews. The night before, one of the patients had slipped into a psychosis. As I was about to talk to one of the professionals, the patient was taken away by paramedics. Even though several other staff members accompanied the gurney with the patient on its way out, this professional asked me if I could wait a minute to allow her to join this group. When I spoke to her later, she told me how this incident had affected her. She said she felt sad for seeing this woman in such a state of mind. The patient had been quite a reserved person, and this professional and a colleague had invested much time and effort to win this woman's trust.

> An event such as this one with a resident, that gets in between the other things and you cannot… no. Of course when you have a connection with such a resident, you put the rest aside. That is simply possible here [at Schutse Zorg] (Activity Coordinator, Schutse Zorg)

During this day, this professional and the other colleague who knew this woman well had spent quite some time with her and some of her family members, in an effort to be there for them during this critical moment. The fact these professionals were allowed the space to do so by the management was solacing for the patient, her family, and the staff members themselves. This event illustrates how the creation of room for communicative action enables professionals to build relationships with others—patients, their families, and colleagues—and experience a sense of meaning though their work.

At Schutse Zorg, DOT was introduced as a means to increase the professionals' space for communicative action. As such, the CC can be an instrument for informal caretakers and professionals to discuss how they shape the caretaking process for a relative/patient together. The professionals are not moved by strategic private objectives they seek to achieve with the help of informal caretakers; they are allowed the space to aim for an enhanced quality of care, in a way that is pleasant for the patients, their families, and themselves. Since the CC is not implemented as means to save on the expenses of professional labour, the staff at Schutse Zorg does not have to fear losing their job.

4.2.2 The "care-life plan"

Apart from the DOT project, another important tool to shape the caretaking process of patients is the "care-life plan"[14]. The care-life plan is a personal overview of the wants and needs (both physically and mentally), personal preferences, characteristics, and so on, of the individual patients. The plan also lists the different tasks the professionals need to conduct with specific patients. The plan's central aim is to enable the professionals at Schutse Zorg to deliver "personal care": accustomed care that fits the personal context of each individual. The care-life plan is composed by the patients' "primary carers"[15], together with the patients themselves, if possible. Often, family members are included in this process as well. The people that are involved in the composition of the overview discuss the plan two to three times a year to evaluate if the plan still fits the actual situation.

The care-life plan is also used to report on changes in the situations of patients, and on major events. Appointed family members can look into the plan online and communicate through it as well. When informal caretakers decide to take part in the DOT project, the tasks they agree to conduct are recorded in the plan as well.

I have observed such an evaluation, which was held between an informal caretaker, her husband, and a primary carer. The course of this conversation was communicative. For example, the couple pointed out to a special cushion that a doctor prescribed in order for the patient to sleep more comfortably. However, the patient did not feel the cushion was comfortable at all.

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[14] Zorg-leefplan in Dutch.

[15] Translated for the Dutch term "eerst verzorgenden". The primary carers carry the main responsibility for several individual patients.

The primary carer explained its purpose, but the patient and his wife replied it had a negative effect on the patient's well-being. The primary carer therefore proposed to try a week of sleep without the cushion, which the couple agreed to.

4.2.3 A note on religion: Tholen in the Dutch "bible belt"

In the municipality of Tholen, a relatively large percentage of the inhabitants adhere to a traditional set of religious beliefs. Tholen is located in the Dutch "bible belt"—a "band" running through the Netherlands from the Zeeland province to the Overijssel province—that is characterised by a relatively large percentage of inhabitants with "a high degree of strictness in both [religious] doctrines […] and ethics—where especially the passive element has the upper hand: […] a strict consecration of Sundays, conservative attitudes, [and] soberness […]" (Snel 2007, p.55). The voting behaviour of Tholen's citizens is illustrative of these demographical characteristics. For example, almost one third of the municipalities' representatives represents the Staatkundig Gereformeerde Partij (SGP), a Dutch political party deeply rooted in protestant traditions. The SGP strives for a government that is modelled according to the bible. Within this party, the family is seen as the "backbone" of society, in which husband and wife occupy complementary, traditional roles (SGP 2012, p.13). Schutse Zorg Tholen is a nursing home with an explicit Christian identity.

It is important to note the religious demography of the geographical area and identity of the nursing home, since it suggests that to a substantial share of the participants in the DOT project the traditions of the group to which they belong play a significant role in how they give substance to the way they care for relatives. In such contexts, familiar ties and their accompanying care relations are generally tight, and lifestyles sober—as opposed to the abundance in consumption that Habermas understands as an important factor in the rationalisation of the lifeworld that (partly) enables communicative action. As a result, the feelings and desires of these caretakers possibly remain hidden by the image they have of themselves and their role, restraining them from acting in a communicative way where they are able to reach their full potential. Within projects that seek to stimulate informal care, professionals need to keep the possibility that informal caretakers do not communicatively define the boundaries of their role the caretaking process in mind in order to prevent them from overstepping their mental of physical limits. A CC project can assist professionals to support informal caretakers when it is

shaped as a tool to discuss the division of tasks between formal and informal labour in a communicative way.

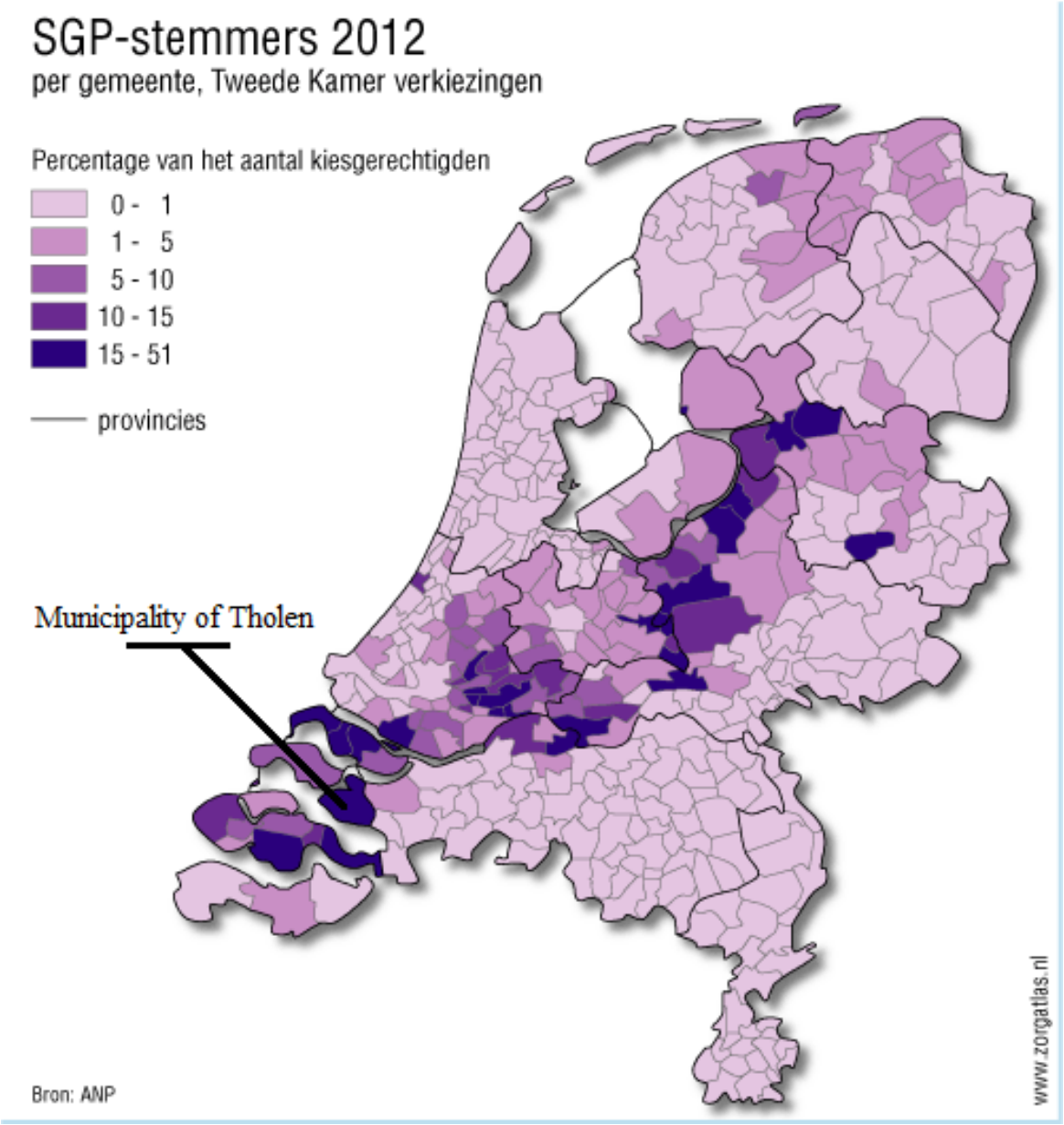

Figure 2. Percentage of votes in for the Dutch political party SGP during the national elections for the House of Representatives in 2012. From 'SGP-stemmers 2012' (Zwakhals, Giesbers, Deuning 2012). These election results are indicative of the geographical location of the Dutch "bible belt".

Chapter 5. Positioning carers in the zone of interference

In the next two chapters, I present my results. I analyse the DOT project at Schutse Zorg by answering various sub-questions. The answers I derive from my data all contain a piece of the puzzle that solves my main research question, which I answer in chapter 7. In this first chapter, I answer sub-question 1. I locate the actions of both the professionals and the informal caretakers in the zone of interference by describing and comparing the different characteristics of these actions that I identify in my data. In the second part of my analysis, chapter 6, I answer the remaining sub-questions.

In order to gain a better understanding of the interaction between formal and informal labour through the lens of Kunneman's zone of interference, I situate the actions of professionals and informal caretakers in this space between the two poles system and lifeworld. To this end, I answer my first sub-question—where in the zone of interference can the actions of professionals and informal caretakers be located? I provide an answer by analysing different characteristics of my participants' actions: the extent of their *personal involvement*, the *objectives* underlying their actions, the *contributing factors* that play a role in the achievement of these objectives, and the *definition of boundaries* to their involvement in the caretaking process. I distinguish four types of contributing factors, whether applied deliberately by the participant or not, that play a role in reaching the participants' objectives: *attitudes*—feelings or ways of thinking that affect people's behaviour[16]—, *knowledge, social actions*—actions conducted towards other people (either relatives/patients or other care providers)—, and *systemic imperatives*—notions and actions that fit the logic of the system. In the first section, I position the informal caretakers' actions in the zone of interference, followed by the professionals' actions in the second section.

[16] Definition from Merriam Webster, see: http://www.merriam-webster.com/dictionary/attitude.

5.1 Informal caretakers

The three informal caretakers that I interviewed[17] are a woman who cares for her mother who suffers from dementia, once a week (Informal Caretaker 1); a woman who cares for her mother in law, once a week (Informal Caretaker 2); and a woman who spends nearly every day at the nursing home to care for her husband who suffers from brain damage (Informal Caretaker 3). Both Informal Caretakers 1 and 2 have worked, or still work, as nurses. Except for Informal Caretaker 1, all live in the municipality of Tholen. All the interviewed informal caretakers state that they participate in the DOT project because they were asked to by the staff at Schutse Zorg, like to help the professionals with their work, and want to support the pilot. Informal Caretaker 1 also points out that she participates in the project because she feels that it is important to explore tools that potentially deal with the current changes in the social care sector. Informal Caretaker 2 is the sole research participant who currently devotes more effort to her relative's caretaking process than she did prior to the project.

In addition to the interviews, I observed an evaluation of a care-life plan among Informal Caretaker 1, her husband and his primary carer; spent a day with this couple to observe how Informal Caretaker 1 conducts the tasks that are "valued" with points and to observe her interaction with the staff; and attended two meetings between the DOT project coordinator and informal caretakers: one with a potential project participant, and one with an informal caretaker to evaluate her participation in the project.

As ideal types, informal caretakers can be situated purely in Habermas' lifeworld. To the informal caretakers that participate in the DOT project, this is no different. In this section I demonstrate why their actions should be understood as located fully in the lifeworld.

5.1.1 Personal involvement

A high level of *personal involvement* with a person is indicative of actions that can be situated in the lifeworld. Especially Informal Caretaker 1 and 3's involvement in their relatives' caring

[17] I interviewed a volunteer who took part in the pilot as well. However, since she did not participate for long, and both her role in, and experience of the project differ strongly from those of the informal caretakers, I decided not to include the data from my conversation with her in my analysis. There is not much information from my interview with her that is useful in answering my research questions, and a comparison between her accounts and those of the informal caretakers makes little sense due to their different positions within the project.

process is quite high, and emotional as well. This becomes apparent during the interviews through the way in which they—often spontaneously—recount their relatives' mental and/or physical state, and the (emotional) implications this situation has for them. Informal Caretaker 1 recounts:

> So well, on one hand it does give you some rest to know that all right, here they take care of her 24 hours. But you know, when she calls me in the morning at half past 5 in a state of panic, saying: what do I do now and which day is it and well, that really hits you quite hard. That is just difficult and well that is more what I am worried about, she is still aware but she doesn't know anymore. Of course you are losing your mother a little. That is just how it is. You cannot simply have a conversation with her anymore (Informal Caretaker 1).

Informal Caretaker 2 does not give an account of personal involvement as emotional as the other two informal caretakers. She does not mention much about the mental and/or physical state of her relative, or about how this situation affects her. Still, she seems personally involved in the caring process as well. She recounts she has been through a lot with her mother in law, and reports that she enjoys the time together with her relative when she takes care of her:

> Well yes, I really enjoy doing it. Of course you're engaged with her quite directly and while washing her you get all kinds of conversations. And well, I think it simply provides additional value to the care you give to your mother in law. […] You're really one on one with her (Informal Caretaker 2).

Possibly, Informal Caretaker 2 is not as deeply emotionally involved as the other two informal caretakers due to her relation with her relative. While she provides care for her mother in law, the others care for their mother and husband. These are diverse types of social ties that may result in different degrees of personal involvement. Another possible explanation is that Informal Caretaker 2 has been less open about her emotions during the interview.

To all the informal caretakers that I interviewed, the fact that they provide care for their relatives is simply a given. This could be understood as yet another sign of a high level of person-

al involvement. Possibly, the informal caretakers care deeply about their relatives and therefore want to care for, and spend time with them. However, the fact that all the informal caretakers understand taking care of relatives as a matter of course could also indicate their actions are—at least partly—rooted in a traditional understanding of social reality. In other words, the informal caretakers may feel that they have not choice as to whether or not they provide care.

5.1.2 Objectives and contributing factors

The *objective* underlying the informal caretakers' efforts is unambiguous and basically identical among all three of them. They seek to enhance the well-being of their relatives. Several *factors contribute* to attaining this one goal. First, within the caretaking process, the informal caretakers have a flexible *attitude*. They base their actions for a large part on the context of the specific moment in which they operate. In other words, while all three informal caretakers carry out a set of fixed tasks when they visit their relatives, variables such as their relatives' mood or the weather play an important role in how they decide on what actions they conduct—and how they conduct them. As one informal caretaker puts it, in a reaction to my question how she decides on what she does when she takes care of her mother in law:

> I don't know, that actually goes without thinking. Or without thinking... well, I don't know. You see, every morning is always a bit different from the other. But I try to focus on my mother in law, wondering: what does she need right now. And sometimes I notice she is tired, and I leave early. […] I mean other times you just notice she would appreciate visiting the store, and she needs something, then we go and do that (Informal Caretaker 2).

The informal caretakers also apply what they *know* about their relatives and these peoples' specific conditions in order to enhance their well-being. Caretakers 1 and 3 both report they visit information meetings on their relatives' conditions. Caretaker 2 has received instructions from the professionals at Schutse Zorg on how to conduct the new tasks she took on. Informal Caretakers 1 and 3 report that they actively apply what they know about their relatives' personalities to care for them in a way they see fit. Caretaker 3 seeks to stick to the daily routines she and her husband lived by before he moved to the nursing home:

> So then we take a walk, and when we come back he likes to drink a beer, at four a clock. My husband used to stick to fixed times, so we do this at a fixed time too. […] And then we watch the quiz for a while, we do that every day, we already did back home, so we just continued that here. So that is some constancy, right? […] So well I am just here, I come here every day and we make things a bit pleasant, and well, just what we always did. Or well, to a certain extent. But I mean yes, to just live our own normal things (Informal Caretaker 3).

Caretaker 1 takes her mother with her to conduct activities she knows this woman enjoyed before her move to the nursing home, and made an effort to decorate her mother's new room similar to the house where this woman lived before. Informal Caretaker 2 does not mention she applies what she knows about her mother in law's personality when she takes care of her. Possibly, she does not (or not consciously) use such knowledge. She may also not have mentioned such an approach during the interview because I did not specifically ask her about this.

The informal caretakers' *social actions* are another factor that makes an important contribution towards attaining their objective. I distinguish between informal caretakers' social actions towards their relatives, and towards the professionals. As for their relatives, the informal caretakers understand simply spending time together, or "being there", as their main task. Informal Caretakers 1 and 2 also mention that giving personal attention is important. As Informal Caretaker 1 puts it:

> Yes, eating together, a sandwich or something. Then we sit by the water, that is important too. To be, well... In the evening listen... you turn on a CD for her, all those little things that, well that's what you hope for, make her more comfortable. Yes, that's simply most important then. And just being there (Informal Caretaker 1).

The informal caretakers' social actions towards the professionals contribute to an enhanced well-being of their relatives as well. While the informal caretakers report there is little interaction with the staff when they spend time at the nursing home—which corresponds with my observations—they do communicate with them. Apart from small talk, they report most formal/informal communication is centred around the patients' well-being. The informal care-

takers approach the professionals to address issues concerning the physical or mental state of their relatives. Most communication takes place telephonically, digitally (through e-mail or the care-life plan), and face to face at Schutse Zorg—when the informal caretakers wish to discuss something or when they spontaneously run into a professional in the hallway. Additionally, two to three times a year, Informal Caretakers 1 and 3 are present when a primary carer evaluates the care-life plan with their relatives. This enables them to discuss the way in which their relatives are being cared for. Informal Caretaker 2 reports that she is never part of this moment for evaluation, but would appreciate to be present. Possibly, the staff feels that her mother in law is still able to discuss the care-life plan with the primary carer herself.

The informal caretakers apply little *systemic imperatives.* They only use planning and registration to coordinate with the professionals when and how they take care of their relatives to ensure no efforts are duplicated, or worse, forgotten.

The objective underlying the informal caretakers' actions is not private. It concerns the well-being of someone other than themselves and can therefore be situated in the lifeworld. Most factors that contribute to attaining the informal caretakers' objective are typical to the logic of the lifeworld: flexibility, openness to (act upon) unpredictability, knowing people well, togetherness, and attentiveness. No systemic imperatives play a role, other than some that enhance the informal caretakers' cooperation with the professionals.

5.1.3 Defining boundaries

To some extent, all the informal caretakers that I interviewed reflect on the boundaries of their roles in the caretaking process. While the duty to care for their relatives is self-evident to all of them, they set clear limits to their personal contribution to the overall caretaking process. Informal Caretaker 3, who spends nearly every day at Schutse Zorg, says she arrives and departs at fixed moments, regardless of her husband's disapproval. This way she makes sure she spends time outside the nursing home as well. She also reports that she chooses to leave certain tasks to professionals because her husband criticises her when she attempts to carry them out. Informal Caretaker 2, who took on several additional efforts for the DOT project, has decided to discontinue one of these tasks after a while. She also mentions she has time to care for her mother in law because she does not have a job, but would probably spend less time on

informal care if she was employed. Informal Caretaker 1 is quite clear about how she shapes her own roll in the caretaking process:

> Then [my mother] thinks she is somewhere else, […] and well your feelings tell you oh, but with my mind I understand that I cannot go and drive over there again. It is not possible. I have a family, I have three children and even though they are grown-ups now, I became a grandmother recently, I babysit once a week, those are things you enjoy as well which you cannot... your life continues as well. […] At the start [of the project] they would also tell me I could clean the room, but I am not going to do that. Then I would spend too much time cleaning and I want to spend time with my mother. Right? (Informal Caretaker 1).

Communicative action is indispensable in order to set personal boundaries, since such limits are based on an individual's feelings and desires. The question however remains as to what extent the boundaries set by the informal caretakers that I interviewed reflect their personal wants and needs. Their limits may not entirely be defined through communicative action. Possibly, this applies to Informal Caretaker 3. To her, her current situation is simply the way it is, meaning neither her husband, nor she are able to do the things they would like to do anymore:

> We used to cycle a lot. That's all over now of course. You can't do what you want anymore, right? He can't, and me neither. […] People tell me, you have your own life, ha, well, your own life is here, right. That is no more. I do not necessarily know my own life at home anymore. I spend half my time at home and the rest here [at the nursing home]. That's how I see it. Yes. And people tell me, you should keep your own needs in mind as well. Sure, I do. But this is the way it is. Isn't it? […] And right now he's doing fairly well, but at the beginning when he was in such a bad condition, then you simply don't even consider not going. So well, it just stayed that way really, so now I simply come here every day (Informal Caretaker 3).

To this woman, spending this much time with her husband is self-evident, even though she is still relatively young—in her early seventies. It therefore seems that the way in which she cares for her husband is not—or at least not entirely—shaped in a communicative way. Possi-

bly, her action is (partly) rooted in traditional imperatives. (Perceived) mandatory norms may prevail over her own wants and needs. However, there are people in her network who warn her to take care for herself, which can indicate her social environment does not expect her to devote as much time to her husband. Another option is that she acts out of love. It is not possible to determine exactly what motivates this informal caretaker based on a limited amount of conversations and observations. Either way, this woman seems to define her personal boundaries only to a limited extent in a communicative way.

5.1.4 Informal caretakers' overall position in the zone of interference

Nearly all the actions that I describe above can be situated in the lifeworld. The level of the informal caretakers' personal involvement is high, and they pursue lifeworld objectives to which all their actions contribute. The only systemic imperatives the informal caretakers apply are actions such as planning and registration. These women apply these imperatives in order to avoid that efforts are duplicated, or worse, forgotten due to miscommunication with the staff at Schutse Zorg. I distinguish between two types of informal caretakers: those who define the boundaries of their role in the caretaking process communicatively, and those who do not, or to a limited extent. Caretakers of the latter type may root their actions in traditional views of social reality, or have other reasons not to define their role in the caretaking process in a communicative way.

5.2 Professionals

The professionals that I interviewed are the Director of Schutse Zorg, a Team Leader, an Activity Coordinator, and two Primary Carers. Additionally, I conducted several informal interviews with the Coordinator of the DOT project at Schutse Zorg. Except for Primary Carer 1, all the professionals became actively involved in shaping the project at the Director's and the Team Leader's request. Primary Carer 1 participates in the project because it was implemented in her department. As such, she has no choice but to take part.

As ideal-types, the professionals' position in the zone of interference is less clear-cut than the informal caretakers'. Possibly (partly) depending on the context in which they work, the actions of professionals can be both communicative and strategic to varying degrees. At Schutse

Zorg, the professionals are allowed quite some room for communicative action by the management. This becomes apparent in the different characteristics of their actions.

5.2.1 Personal involvement

Schutse Zorg's slogan "care from the heart" applies to the professionals that I interviewed. While they keep a (professional) distance with their patients in comparison to the informal caretakers, they care about how these people are doing. They report that being able to enhance their patients' well-being brings them satisfaction. Over time, they recount, they get to know the residents at Schutse Zorg well. Both the Team Leader and the Activity Coordinator express their involvement quite explicitly. The Team Leader reports that she visited certain patients right when she got back to work after a period of illness, "because she missed them". The Activity Coordinator, after answering my question why she feels her job fits her personality well, told me:

> Well, put simply, it's what you receive in return. You receive… it's a rewarding job. You also receive love in return, and they need you, which makes me feel good. Yes, in a way, I can't really do without, right? Without these people. It gives me a certain satisfaction. People are happy, when they participated in a fun activity, and that makes me happy (Activity Coordinator, Schutse Zorg).

The professionals develop relationships with the residents of Schutse Zorg. They get to know them personally over time and are satisfied with their effort when their patients are. This level of involvement is typical for the logic of the lifeworld.

5.2.2 Objectives and contributing factors

The professionals pursue the same objective as the informal caretakers: enhancing the well-being of their patients. Their job means more to them than a pay check every month. As Primary Carer 1 puts it:

> I feel that well, if you come here to earn money well hey, go and work somewhere else. Yeah, that just doesn't feel right. These people need love you

> know, and they feel that. Yes. And if that is something that you can share here, well that is very much appreciated (Primary Carer 1, Schutse Zorg).

Many *factors* in the professionals' actions *contribute* to meeting this objective to enhance the well-being of the patients. The professionals' *attitude* is flexible and open. Amidst their busy schedule they try to take time for extra attention if they feel a patient is in need of it. Three of the four interviewed professionals also report that they invest time in order to win the trust of their patients. The Activity Coordinator is patient when she builds relationships:

> You should first open yourself up to a resident, and give her trust, so that she can win your trust. Only then you can build a connection with someone and that just takes time, sometimes. And well, to me that is no trouble. And it makes my work easier (Activity Coordinator, Schutse Zorg).

The professionals report that they adjust the way in which they take care of the patients when these peoples' personal preferences or their mental or physical states change—immediately if possible. The informal caretakers' accounts confirm these statements. Only the Team Leader points out that making such adjustments in the planning and routines does not go without saying. When mutations occur, an effort needs to be made to adapt the "automatic system" so all colleagues are on the same page again. These different reactions to changes in a situation among the Team Leader and the rest of the staff fits the image of an organisation where the management aims to facilitate the more systemic sides to the caretaking process in order for the staff "on the ground" to be able to focus on the actual caring.

The professionals use several forms of *knowledge* to enhance the well-being of their patients. While the staff members were all trained as a nurse, they mainly point out to other sources of information than their schooling when I ask them how they know how to deliver a good job. Except for the Team Leader, the professionals mention that they often act intuitively and/or draw on their experience—which they build over the years. As the Activity Coordinator puts it:

> It's also a question of having a feeling for it of course, right? And it's also the empathy you develop over the years. I have worked here for twenty, twenty-

> one years, and then of course you learn about many symptoms, personalities, yes, every person is different (Activity Coordinator, Schutse Zorg).

Furthermore, the professionals all point out that their colleagues are a source of knowledge to them. They often exchange ideas and deliberate on how best to approach issues. Such cooperation can be situated in the lifeworld. The Team Leader reports that she mainly acts upon plan she develops beforehand. This again endorses the image of an organisational culture where managers have a stronger focus on systemic imperatives.

The professionals need to know their patients well in order to deliver personal care. When Schutse Zorg takes in new residents, the staff members therefore make an effort to learn about these peoples' preferences and backgrounds. To this end, they compose a first version of the care-life plan, together with the patients and often some of their family members as well. The professionals report that over time, they get the know their patients personally. They then adjust the care-life plans accordingly. With time, they know most of the plans' content by heart, yet still use them as a tool to keep the caretaking process practicable.

The professionals' *social actions* towards the patients are important to enhance these peoples' well-being as well. From what I observed when I visited Schutse Zorg, many staff members interact with the patients with a lot of humour. They joke and laugh with them. The professionals all report that paying personal attention to the residents is very important to enhance the quality of care. They all mention that they seek to listen well to their patients, in spite of the heavy workload. They are especially attentive to what the patients communicate about their wants and needs and aim to act upon these reports. Primary Carer 1 feels that "little things" such as small talk are the most important actions to ensure the quality of care:

> For these people those are often very big things. For example, having a small chat with someone, well they really appreciate that. But sometimes due to a shortage in time [...] I definitely do not always succeed at it but well, you know you should not regard it as too big. Having a chat for five minutes to them is also a chat (Primary Carer 1, Schutse Zorg).

Also the professionals' *social actions* towards the informal caretakers contribute to attaining their objective. In line with the informal caretakers, they report that on a day to day basis there

is not much communication with family members, other than the evaluation of the care-life plan. When they do speak, this mostly happens spontaneously or at the initiative of informal caretakers who approach them to discuss an issue or ask a question concerning their relatives' well-being. The professionals are aware that caring can be quite a heavy task to informal caretakers, both physically and emotionally. The Coordinator of the DOT project points out to the risk that informal caretakers bite off more than they can chew. She mentions that supporting informal caretakers is one of her most important responsibilities, even though this is not incorporated in her job description. The Project Coordinator and the other professionals all report that they approach the informal caretakers for small talk or a more formal evaluation, to see how they are doing. As such, they are quite accessible to the informal caretakers:

> So in the beginning [Informal Caretaker 2] thought it was difficult to call us over for help, like: where are those girls, and now I'll have to bother them again, but well, we had a conversation about that and now she feels: all right, I just need someone right now, just an extra hand and I will go and get somebody (Primary Carer 2, Schutse Zorg).

Not surprisingly, the professionals utilise more *systemic imperatives* in their work than the informal caretakers. In order to keep the caretaking process for numerous patients with different professionals from multiple disciplines practicable, they plan, report, and formulate clear agreements on the division of tasks. The professionals utilise the care-life plan to register all events and issues that their colleagues should know about, and to keep an overview of all the agreements they make. Additionally, the staff may use protocols as guidelines in specific situations. According to my interviewees, the plans and protocols are subordinate to the actual situation in practice. Plans can be adapted when circumstances change and protocols are adjusted to the everyday reality of the workplace:

> […] so then you notice that it doesn't work from the booklet, so then you go and write it according to your own practice, yes, that's just how it is. [Researcher: So then you adapt the protocol to what you...] Yes, to what you actually do every day and to which steps you take, and that works just as well, right, I think you should keep it practical. Not too theoretical (Team Leader, Schutse Zorg).

The professionals that work "on the ground" know most guidelines by heart and do not adhere to them too strictly:

> Of course, broadly speaking, the guidelines are the same [for all colleagues] [...] On those guidelines you work the same. But well, the others approach… Yes, there is a difference. That's why I say: when the recipient of the care is satisfied with the way in which it is done, then I think it's all right (Primary Carer 2, Schutse Zorg)

The professionals at Schutse Zorg thus actively apply several systemic imperatives. Yet, they utilise these imperatives flexibly and in a way that fits the lifeworld perspective of their patients. Additionally, they understand these imperatives as facilitative tools that contribute towards an enhancement of the well-being of others.

5.2.3 Defining boundaries

Of the professionals that I interviewed, only the Activity Coordinator brings up the topic of *defining boundaries*. She points out that within the organisation, no clear limits have been set concerning physical violence or (verbal) aggressive behaviour. However, when staff members feel patients cross their boundaries, they discuss this situation with their team in order to find a solution together. The fact that the professionals define their limits according to how they experience situations, and that issues are tackled together as a team, is typical communicative action.

5.2.4 Professionals' overall position in the zone of interference

As compared to the informal caretakers, the way in which the professionals at Schutse Zorg give substance to the different characteristics of their actions positions them somewhat closer to the systemic pole in the zone of interference. They actively utilise several systemic imperatives such as protocols, registration, and planning to attain their objective. However, these imperatives are applied in a communicative way. Furthermore, the professionals are personally involved in the caretaking process, and their actions all contribute towards attaining a shared—lifeworld—objective. This applies to the Team Leader as well, yet to her systemic imperatives play a more important role due to her position as a manager. Possibly seeking to

keep the caretaking process as practicable as possible to her staff, she has a stronger focus on the systemic aspects to care.

Chapter 6. Balance, interaction, and the implications of a CC

In this chapter, I apply the different characteristics of my participants' actions that I identified in the previous chapter in order to describe the extent to which there is a balance between formal and informal labour within the DOT project, and to gain a better understanding of the implications of this balance for the formal/informal interaction. Subsequently, I turn to the CC project itself. Again drawing on the different characteristics of the participants' actions, I describe what meaning the professionals and informal caretakers ascribe to the CC, and the changes they experience in their own actions and the other participants' actions. Last, I reflect on how the context has shaped the project's implications.

6.1 Balancing different modes of labour

In this section I answer sub-question 2—to what extent is there a balance between formal and informal labour, and what actions are required to reach this balance? I argue that there are three different areas where to a certain extent a balance in the participants' labour can be achieved: the *expectations* the participants have of each other's actions, as compared to what they feel the others actually contribute; the mutual *division of responsibilities*; and the *perceived value* of the others' actions to the caretaking process. Subsequently, I list the characteristics of the participants' actions that contribute to this balance.

6.1.1 Balance between formal and informal labour

Meeting mutual expectations

In general, the informal caretakers who participate in the DOT project meet the professionals' expectations, except for one family—that I have not talked to. The professionals feel these informal caretakers do not pay enough personal attention to their relative and do not always carry out the tasks as agreed upon. This causes an imbalance between formal and informal labour since the professionals seek to enhance the well-being of these participants' relative. However, they now observe the care this patient receives is of lower quality than if they would have carried out the tasks themselves:

> That care recipient looks forward to [a visit by a relative]: Oh yes, that's right, the informal caretaker, so we are going to do something fun this afternoon. Look, then if in the end it doesn't happen, then, well... I can't take over that task. I lack the time to do so. So then I'm left with a care recipient who feels very disappointed (Primary Carer 2, Schutse Zorg).

The professionals feel the other informal caretakers are very much involved in the caretaking process. In general, they do not have specific expectations of what tasks informal caretakers could or should carry out. They feel that what family members are willing, and enjoy to contribute is different for each person. Professionals do however expect informal caretakers to discuss any trouble they run into. They feel that, in practice, the informal caretakers adhere to this expectation. This enhances their trust in these participants. Additionally, the professionals expect that the informal caretakers honour the mutual agreements they made with the staff. They feel that this happens in general. An exception here concerns the agreement within the DOT project that informal caretakers turn to volunteers to replace them when they cannot make it to the nursing home themselves. As the Team Leader puts it:

> [...] you should not make up your own rules, or think I'll just do it this way, or I will not call, or the volunteer is not important, no, actually you should follow those steps. So we try to point that out as much as possible, like, do not call us but the volunteer first, and if the volunteer can't make it then you can come to us, but that does not go so well, so far (Team Leader, Schutse Zorg).

The informal caretakers expect the professionals at Schutse Zorg to deliver good, personal care to their relatives and feel these expectations are met in practice: they believe that in general, the staff acts with patience, attention, and empathy. Additionally, they expect to be able to fall back upon the professionals when they experience difficulties. This perfectly balances with the professionals' expectation that the informal caretakers ventilate any trouble they experience.

One imbalance in the mutual expectations an informal caretaker pointed out concerns the start of the DOT project. She agreed to conduct tasks in addition to what she already did for her mother prior to the project—including changing the bed linen. However, these changes in the

caretaking process were not clear for all staff members, which resulted in misunderstandings that made the informal caretaker leave these tasks again after some time:

> So that all failed, at the beginning [of the project]. So I would come the day after, since of course I am not here on the same day each week, and then her bed linen had already been changed the day before. So after a while I said well I am not doing this anymore, otherwise [the bed] is changed twice, or not at all (Informal Caretaker 1).

Hence, in general the mutual expectations between formal and informal labour are balanced, except within the single case of one family, the component of the project where volunteers were linked to each participating family, and at the start of the project when the division of tasks were not clear to all staff members involved.

Division of responsibilities

The division of responsibilities between the professionals and informal caretakers in the DOT project fits the categories "professional responsibility" and "shared responsibility" according to the classification by Van Bochove and Verhoeven (2014), depending on the informal caretaker concerned. Some informal caretakers choose to carry out supporting efforts only, while most daily caretaking tasks lie with professional staff; others take over certain tasks from the professionals on specific days. All participants, both formal and informal, agree that while all those involved in the project feel accountable for the tasks they carry out themselves, the ultimate responsibility for the patients' well-being lies with the staff. Many professionals point out that caring can be a very heavy duty for informal caretakers due to their emotional involvement. As such, both the management and the staff feel responsible for the informal caretakers' well-being as well. This also implies that when informal caretakers no longer wish to carry out certain tasks, both the professionals and informal caretakers feel this is not a problem, and the professionals take on the responsibility for this job again:

> In the beginning, [Informal Caretaker 2] also did the rinsing of the bladder, but she did no longer feel comfortable about that, and well, then the staff immediately said all right, in that case we'll just take on that task again. And then we're sure it's done properly and no problem whatsoever, we're glad that you tried (Activity Coordinator, Schutse Zorg).

All the participants feel the division of responsibilities is self-evident as it currently is, and feel comfortable with their positions. As such, there is a clear balance between formal and informal labour within this area.

(Perceived) value

The third area where a balance between formal and informal labour can be achieved is in how the participants feel the other caretakers contribute to the caretaking process. From the informal caretakers' perspective, it has already become quite clear how they value the professionals' effort when I discussed the area of mutual expectations: the informal caretakers feel the staff takes very good care of their relatives, in a personal way.

The professionals however also regard informal caretakers as very valuable within the caretaking process. As already mentioned, knowing—or getting to know—patients is a key factor for the professionals to enhance these people's well-being, since it enables professionals to personalise their approach according to the individuals they care for. Family members are regarded as a major source of knowledge about the patients by all the professionals. The Team Leader for example, after I asked her if she thinks informal caretakers are important, answered:

> Of course. I think that is the most important, informal caretakers. They know best what is relevant for their father or mother, or nephew or niece or whatever. Yes. At first hand (Team Leader, Schutse Zorg).

Additionally, the professionals feel the informal caretakers add greatly to the caretaking process since they have more time to devote attention to the patients. Also, some professionals report, the patients really appreciate being cared for by a loved one. Furthermore, they expect that in the long run—when more informal caretakers join the project—their effort may allow them more time for their own work as well:

> When you have several informal caretakers, then I have more time for other issues at the department for, say, other people who do not have an informal caretaker but who also... really need that bit of extra attention. Right, and

> then, as staff members, you can give those [people] a bit extra (Primary Carer 2, Schutse Zorg).

The professionals however do point out that in order for the informal effort to result in extra time for them, clear agreements must be made. They have to know what tasks the informal caretakers carry out and when, for them to be able to leave these tasks and spend the time on something else. The extent to which the participants ascribe value to each other's effort is thus very balanced: They both feel the other's actions is very important or even indispensable.

Overall balance

Over all, formal and informal labour is quite balanced in all three described areas within the DOT pilot at Schutse Zorg. Imbalances only occur within the area of mutual expectations: within the individual case of one family, concerning part of the project that seeks to link volunteers to all patients, and at the start of the pilot, when there was confusion about agreements on the division of tasks between the informal caretakers and the professionals. The common denominator of these several occurrences of imbalance is a lack of agreements that are clear to all those involved in the caretaking process, or of the willingness to stick to these arrangements. Clear agreements are also indispensable in order for the professionals to translate the informal caretakers' effort into extra time for them to spend on their other daily tasks. In the next section, I reflect on what actions of professionals and informal caretakers (potentially) contribute to all participants honouring the mutual agreements, and to the balance in general.

6.1.2 Factors required for this balance

My data show that the participants' actions conduce to a balance between formal and informal labour in several ways. In general, the actions that contribute to a balance can be labelled communicative, yet there are also some systemic imperatives that are indispensable to this process.

First, the fact that all participants share the same objective means they all benefit from a clear balance in the division of labour in general. As Primary Carer 2 reports on the cooperation between professionals and informal caretakers:

> Well, of course we all pursue the same goal. Right, the well-being of the care recipient. So I think it's important that [the efforts are] adjusted at one another (Primary Carer 2, Schutse Zorg).

As such, all participants benefit from a balanced cooperation and are more likely to devote to working together in a fruitful way.

The open attitude of the staff at Schutse Zorg enables informal caretakers to communicate troubles they are confronted with within the caretaking process. The professionals are accessible to the informal caretakers, and are flexible when sudden issues are brought up. The informal caretakers' social actions show that in general, they feel comfortable to approach the staff when they feel there is a need to do so: they mostly mention issues they run into. This is important to the balance between formal and informal labour since all participants in the DOT project expect (the ability) to address emerging problems or questions, as described above. The professionals' social actions include an active approach of informal caretakers for small talk, or to initiate moments for evaluation: communicative dialogues to discuss how those involved are doing, if all feel the caretaking process is going well, and if there are relevant changes. Such actions are required in order to sustain a balance in mutual expectations and the division of responsibilities, since the informal caretakers expect support, and the responsibilities are divided as such as well.

The professionals' social actions are especially important for a balance in labour with those informal caretakers whose actions are largely rooted in traditional conceptions of social reality, or who do not define the boundaries of their role in the caretaking process in a communicative way. These people may not be prone to seek support, even if they are in need of it. Illustrative here is the case of Informal Caretaker 3, who often quarrels with her husband. He is no longer able to walk as a result of his brain damage. However, he often thinks that if his wife would just help him, he still could:

> He does that every night and it drives me crazy sometimes. That he tells me the same story every night and wants to get out and tells me: you don't want me to or you can't do it, or, well. Then [Primary Carer 1] told me: then you should call us. But then I think yes, they can't do that either. […] And then [Primary Carer 1] told me: well then they can talk to him a little, well, but

> then I think well I can do that too, then they want to help and then I say: well, you already have enough work to do (Informal Caretaker 3).

In general, this woman feels that she should solve the personal troubles she runs into within the caretaking process for her husband herself. This could be rooted in traditional conceptions of how she should care for her husband as his wife. Yet she may also have different reasons not to seek assistance when such issues occur. Either way, she is not prone to approach others for assistance. In order to prevent informal caretakers with such views from overburdening, the professionals need to make sure they actively approach them for support. At Schutse Zorg the professionals do so, according to both the informal caretakers and the professionals themselves. During my participant observations I have noticed such actions as well.

In order to keep a balance between formal and informal labour, some systemic imperatives are indispensable as well. For the project to result in extra time for the professionals, and for all those involved to meet the mutual expectations, clear, recorded agreements, as well as planning are necessary. Such negotiations happen in a communicative way. I observed during an intake conversation between a new participant and the Project Coordinator that the informal caretaker declined several tasks. Also, the informal caretakers are free to abandon tasks at any time, as long as they communicate this to the staff. After negotiation, the informal caretakers decide what tasks they are willing to carry out, and when. Ideally, they pick a fixed moment each week, so the professionals can easily fit the informal effort with their own planning.

As is illustrated by the case where Informal Caretaker 1 chose to abandon certain tasks after some misunderstandings with the staff at Schutse Zorg, there is a need for clear agreements in order to keep a balance between formal and informal labour. These agreements should be recorded in a way that the division of tasks is clear to all staff members involved in the caretaking process. To this end, the informal caretakers are registered in the organisation's system as employees. They sign a sort of contract—which does not have any legal consequences—listing their tasks, which subsequently are recorded in the care-life plan as part of the formal care. As such, the position of informal caretakers partially shifts towards professional labour, in order to keep the collaboration between formal and informal labour practicable and balanced.

Hence, system imperatives play an important role in the balance between formal and informal labour. However, the application of such imperatives only seems to work as long they are applied in a communicative way. This need for a communicative application of systemic imperatives is illustrated by the fact that the informal caretakers do not honour the agreement within the project that they should turn to volunteers when they are in need of a replacement. This case suggests that when the informal caretakers do not fully support the content of an agreement, they do not stick to it. They do not feel obligated to since their effort is voluntary. Informal Caretaker 2 for example answered, after I asked her what happens when she is not able to come (which means according to the project that she should turn to a volunteer):

> Well, then [the professionals] should figure that out among one another. […] That's no problem at all […] No, I'm pretty calm headed when it comes to that. Then I think: it's voluntary, and of course you have mutual agreements, but if there's a day where I can't make it, well so be it (Informal Caretaker 2).

The fact that the informal caretakers understand their role as voluntary thus implies that the informal caretakers are more likely to stick to an agreement when it is reached in a communicative way, when those involved voluntarily and naturally reach a common consensus.

Overall, my results imply that the balance between formal and informal labour is enabled by communicative action and the communicative application of systemic imperatives by all the participants involved in the DOT project at Schutse Zorg.

6.2 Implications for the formal/informal interaction

This section concerns the third sub-question—what do the balance between formal and informal labour and the actions of professionals and informal caretakers imply for their interaction? On a day to day basis, there is little interaction between informal caretakers and professionals. However, their cooperation and the interaction related to it does, in general, happen in a harmonious way, even though the roles of the informal caretakers have become somewhat professionalised due to the DOT project. I understand from my data that communicative action enables such interaction.

As stated in the introduction of this thesis, the incompatibility of goals may be seen as the starting point from which a conflict becomes apparent (Jacoby 2008, p.22). Communicative action of all those involved is key to harmonious interaction. When all the caretakers involved share the same (lifeworld) objective, they all "profit" from getting along well, while strategic action implies several participants pursue private and therefore often incompatible goals. Broadly speaking, the participants share common agreements and in case small frictions do occur, there is room to discuss these issues and find a common solution. Conflict does exist to a certain extent in the interaction with the family that does not honour the agreements made with the staff. The professionals suspect these informal caretakers conduct certain tasks in order to be "valued" with points. Primary Caretaker 1 points out to how this family carries out the task of filling in a form in which patients can indicate what they would like to eat in the coming week:

> There are also instances where you wonder, is this really how it goes, or do they do it for the [points]. For one resident for example, the family should fill in the list for the menu. Well, they do the task, but alone. Then I think: that's not the idea behind [this project]. The idea is to do it together with the resident (Primary Carer 1, Schutse Zorg).

Possibly, the professionals presume, these informal caretakers fill in the form without the patient since it saves effort and time, in order to receive a reward with little effort. This single case is illustrative of how strategic action can potentially lead to conflict at the level of daily interactions. If true that these informal caretakers carry out tasks in order to receive points, this means they have (private) objectives that are incompatible with those of the staff. This leads to frictions.

Also the balance in formal and informal labour enhances harmony in the interaction. For example, the fact that over time, the participants experience that the others honour the mutual expectations, results in trust. As described by Primary Carer 2, who points out to an informal caretaker who honours their agreement to seeks support whenever she needs it:

> And if there is something wrong or she runs into issues, she always calls us for help. Like: OK, now I've run into this, what should I do with it, or, can

> you help me out for a second, and this way you build that mutual trust, of course (Primary Carer 2, Schutse Zorg).

In turn, harmonious interaction also has positive implications for the balance between formal and informal labour. When people feel comfortable about their interaction with others, it is easier for them to approach them for help or to discuss something.

6.3 Participants' perception of DOT

I now turn to the CC by answering sub-question 4—what opinion do the participants have of, and what meaning do they ascribe to the CC concept? Currently, the DOT project is being implemented more widely at various departments at Schutse Zorg. So far, this has resulted in an increase in efforts of informal caretakers. The question however remains what the exact mechanism behind this increase is. The informal caretakers all seem to feel somewhat uncomfortable about the fact that their tasks are "valued" with points. They mostly refer to the points as "rewards", as opposed to the professionals, who mostly refer to them as "tokens of appreciation" or a way to "value" informal care. The informal caretakers all explicitly emphasise that the reward in points is not the motivation behind their effort. They state that mostly, when they conduct an additional task or spend longer on it than usual, they do not record this extra effort on their list of activities, even though the professionals encourage them to do so. Informal Caretaker 3 reports that she does not want to "charge every step" she takes. As Informal Caretaker 2 answers after I ask her about her reasons not to report additional efforts:

> It's that feeling of I should receive a reward when I do something extra. That's just a bit of a mixed feeling. The entire idea. I don't do it for the points right, delivering care, it is, well they linked it to it of course, as some sort of reward, but in fact that's not what you do it for. […] It's more like you want to help your mother in law and well, you also hope the workload of the professionals is somewhat reduced (Informal Caretaker 2).

The informal caretakers all clearly state that their motivation is rooted in the well-being of their loved one, and in the idea that they support the professionals. As such, I argue that to the informal caretakers, the CC that they are "valued" with does not fully match the social ties that occur within the project. While they receive points

from Schutse Zorg, the "valued" efforts concern tasks they carry out for their family members, as part of their relation with them. Possibly, to the informal caretakers the CC too strongly resembles a strategic sort of money that does not fit the realm of these intimate relationships well.

All three informal caretakers have indicated that they feel the value of the points in euros should be lower. A part of the CC project the informal caretakers do appreciate is the support scheme for local charities. They all chose a holiday for the residents of Schutse Zorg as the "good cause" they automatically donate to. Additionally, they like the fact they can spend their points at Schutse Zorg, to have dinner with their relatives or to buy something for them in the organisation's shop. And, now that they received the points anyway, Informal Caretakers 2 and 3 enjoy, or look forward to, spending them in local businesses as well. Informal Caretaker 1 does not live in Tholen, which makes the option to spend the points at these businesses less interesting for her.

Overall, a CC to "value" informal labour thus seems to fit the lifeworld of informal caretakers best when it has a more symbolic and social meaning. They designate the more social elements to the CC as an appropriate transaction within their relations with their relatives, while they bar the points' features that can be situated in the capitalist realm of the diverse field of economies as inappropriate. By discussing the monetary worth of the point in euros, the informal caretakers negotiate changes to the economic transaction to create a better match with the social context.

As opposed to the informal caretakers' view, the professionals understand the CC more as a symbolic gesture. Though one that simultaneously motivates informal caretakers and volunteers to start helping, or to increase their effort. When the project was introduced, many staff members feared losing their job or a devaluation of their labour. However, now that the project has been running for a while this is no longer the case. The professionals I have spoken to feel it is positive the informal caretakers are appreciated for their effort.

6.4 Perceived implications of DOT

Sub-question 5—do the participants experience changes in their actions, the others' actions and the balance between them due to the introduction of a CC?—concerns the perceived im-

plications of the projects' introduction. In order to answer this sub-question, I describe what effects the participants feel the CC has on their own actions and the others' actions, and the extent to which the DOT project alters the balance in their actions. Subsequently I reflect on what implications the CC, as such, has on the course of the interaction between formal and informal labour.

Of the informal caretakers, only Informal Caretaker 2 currently carries out more tasks than prior to the start of the project. According to her, she committed to do so because the professionals asked her to and she liked the idea. She did not realise it was possible to take on as many tasks for her mother in law before. The "reward" she receives in return has not influenced her decision to increase her effort, she states. Taking on a more professional role—in which she, among other things, washes her mother in law and helps her get up in the morning with a special elevator to move physically disabled people—has brought this informal caretaker closer to her relative. As such, the project has had some implications for the extent of her personal involvement, her knowledge of her mother in law, and her social actions towards her. Also, more systemic imperatives were introduced in her actions: she has clear arrangements with the staff on the tasks she carries out, and on what day:

> So before I also visited my in-laws, right? But not necessarily on the same morning. Well, often on a Tuesday, but I was more flexible. I would just wait and see more like, what would suit me that week. Now of course people count on my presence so then well, it's more of a fixed morning. I was allowed to choose what morning would suit me best (Informal Caretaker 2).

The other informal caretakers do not do more than they did before the project started. They do not feel they changed the way they carried out their tasks before the start of the pilot: they give their own substance to their work. The professionals do not check on them or tell them how they should carry out their tasks. As such, these informal caretakers feel the project has not influenced their actions; neither the extent of their personal involvement, nor their objectives, attitude, or how well they know of their relatives. They do not think their contact with the staff at Schutse Zorg has changed either. There are some changes in systemic imperatives due to the project however: The professionals count on their effort and need to be informed when changes are made in the planning.

As opposed to this view, the professionals point out their contact with the informal caretakers has indeed increased. They feel the project has enhanced the accessibility of the informal caretakers for them, and vice versa. In other words, the professionals experience positive implications of the project for the attitude and social actions towards the other caretakers of both the informal participants and themselves. They also mention an increase of systemic imperatives in the informal caretakers' actions due to the DOT project. Many family members carry out tasks for their relatives at Schutse Zorg. However, when they not participating in the project, this effort is not integrated in the professionals' planning. For the project, the tasks of the participating informal caretakers are integrated in the care-life plan, and the mutual agreements and expectations are clear. This also implies the character of the informal effort becomes more compulsory. As such, the professionals experience an increase in systemic imperatives in both their own actions towards the informal caretakers, and in the informal caretakers' actions in general, due to the DOT project. Such imperatives are important in creating a balance between formal and informal labour when the informal effort increases. DOT therefore plays a role in shaping the balance between the two at Schutse Zorg.

Whether or not "rewarding" or "valuing" participants with points leads to an increase of informal efforts is debatable. While the professionals recount the informal caretakers are pleased to receive a token of appreciation even if their effort is rooted in love, the participating family members mainly seem to feel uncomfortable about accepting it in this form. "Valuing" has an advantage for the professionals, however. As the Director of Schutse Zorg states, replying to my question if he would feel comfortable asking family members for an increased effort without the CC, having something to offer in return when asking for a favour makes the relationship more equal. The Activity Coordinator states she would have no problem asking for more help without offering the points in return. However, she understands the CC as a pleasant means to "wrap" the request, and present it to the (potential) informal caretakers "with a ribbon around it". Possibly, the ability to present their request through a project that implies the informal effort is "valued" makes approaching the informal caretakers easier to the professionals.

6.5 Effects of the projects' context

I answer the last sub-question—how does the context in which the project was implemented shape its implications for the interaction between formal and informal labour?—by analysing

how Schutse Zorg's organisational culture and the way in which the management has decided to implement the DOT project shape the CC's implications for the interaction between professionals and informal caretakers.

At Schutse Zorg, the DOT project is rooted in an organisational culture that existed prior to the pilot's introduction. The nursing home leaves much room for communicative action among its staff. However, such a culture is not self-evident for all organisations in which an increase in informal effort is actively sought. When a project to stimulate informal efforts is introduced in a social care context where strategic forms of action prevail over communicative ones among the professionals, its introduction potentially has negative implications for the interaction between formal and informal labour. When the professionals' actions aim at attaining private objectives—such as reaching norms of production, even if this means there is little time for personal attention for the patients—it is very likely they are incompatible with those of the informal caretakers involved. Strategic action also implies agreements will not be reached naturally and voluntarily, while this is necessary in order for volunteers to honour them. Additionally, a strategic setting leaves little room for the communicative attitudes and social actions that are needed to create a balance between formal and informal labour. As such, introducing a project that actively stimulates informal labour in a systemic setting could be the starting point of conflict in everyday interaction.

Another risk lies in the implementation of such a project as a means to save on expenses on professionals—in other words, to replace professionals with volunteers instead of understanding informal efforts as additional to formal care. As such, the increase in informal efforts will become a threat to the professionals' jobs. This may result in an imbalance of formal and informal labour since the informal contribution to the caretaking process is not regarded as valuable by the professionals, but as threatening. Additionally, when the project's pursued objective is not the enhancement of the patients' well-being, it is incompatible with the informal caretakers' objective. As such, they may not see reason to participate in it. Yet another risk is the overburdening of informal caretakers due to a lack of attention for their well-being and an aim to stimulate them to take over as many tasks from professionals as possible. This is especially a peril to the informal caretakers who do not define the boundaries to their role in the caretaking process in a communicative way.

Chapter 7. Conclusion and discussion

7.1 Answering the main research question

The aim of this study was to assess the implications of the stimulation of informal labour by "valuing" voluntary efforts with points for the interaction between formal and informal labour. To illustrate this issue, I studied a single instrumental case: the implementation of the DOT project at nursing home Schutse Zorg in Sint-Annaland. Together, this objective and the approach resulted in the following research question: *How do professionals and informal caretakers who participate in a community currency project in the Dutch social care sector experience the stimulation of informal care by "valuing" efforts with points, and what are the implications of the project for their interaction?*

This research question in fact consists of two questions, which I answer separately. In order to compare the actions of both professionals and informal caretakers more systematically and to situate their actions in the zone of interference, I distinguish different characteristics of their actions: *personal involvement*, *objectives*, *contributing factors (attitudes, knowledge, social actions,* and *systemic imperatives),* and the *definition of boundaries.* Two types of informal caretakers can be identified: caretakers who are able to act in a communicative way, and caretakers who root their actions in a more traditional conception of social reality, or do not shape their role in the caretaking process in a communicative way for different reasons. Among the professionals, those who occupy a management function attach more importance to systemic imperatives than the staff members working "on the ground".

7.1.1 Experiences

Returning to the first part of the question—*How do professionals and informal caretakers who participate in a community currency project in the Dutch social care sector experience the stimulation of informal care by "valuing" efforts with points?*—it is now possible to state that the experiences of informal caretakers and professionals differ from one another. While the informal caretakers feel uncomfortable receiving a "reward", the professionals feel these

people deserve to be "valued". Yet, the participants' overall experiences with the project are mostly positive.

The informal caretakers

The informal caretakers' level of personal involvement in the caretaking process is very high. As such, they experience being "valued" with points that have monetary worth as quite uncomfortable. Possibly, the economic transactions within DOT do not fully match the social ties that occur within the project. While the informal caretakers receive points from Schutse Zorg, the "valued" efforts are situated in an intimate relationship with their family members. I argue that to the informal caretakers, the CC too strongly resembles a strategic sort of money that does not fit the realm of these intimate relationships well because they can spend the points at local businesses. This positions the CC too close to the capitalist realm on the field of diverse economies to match the category of the relationship in which the transactions are situated, to the informal caretakers' experience. A CC to "value" informal labour seems to fit the lifeworld of informal caretakers best when it has a more symbolic and/or social meaning. The informal caretakers designate the more social elements to the CC as appropriate within the relational ties to their relative, while they bar the points' features that can be situated in the capitalist realm of the diverse field of economies as inappropriate. The informal caretakers negotiate changes to the economic transaction to create a better match with the social context by discussing the monetary worth of the point in euros.

The professionals

To social care professionals, the introduction of a CC project that seeks to increase the efforts of informal caretakers can be worrisome, for a fear for a loss of jobs among the staff members. However, when such a project is introduced solely as a means to enhance the quality of care—and not to cut finances—they can perceive it as a positive addition to how the caretaking process is shaped. Professionals understand the "valuing" of informal caretakers as a deserved token of appreciation which, several professionals feel, leads to an increase in informal effort as well.

Possibly due to the fact that they get to offer the informal caretakers something in return for their effort, they feel the project enhances the accessibility of the informal caretakers and ena-

bles them to set clear agreements with these family members. As such, they experience an increase in social actions towards the participating informal caretakers. The professionals feel the informal caretakers' involvement with the caretaking process for their relatives increases, which in turn results in an enhanced well-being of the nursing home's residents. Additionally, they understand the CC as a potential tool to "create" more time to spend on their tasks. This, in turn, can lead to an enhanced personal involvement and more room for social actions towards their patients. As such, the professionals do not understand the CC as strategic tool, but a means to reach social objectives that are shared by all those involved in the project.

7.1.2 Implications

Returning to the second part of the research question—*what are the implications of the project for their interaction?*—, my findings imply that a CC project that stimulates informal labour by "valuing" efforts allows the creation of a situation where the participants can openly discuss their contributions to the caretaking process. In other words, these CCs can enhance communicative action among the participants. The DOT project enables professionals to approach the informal caretakers and naturally and voluntarily reach common agreements, which enhances a harmonious interaction. Now that the project is implemented more widely, it proves to result in an increasing informal effort, possibly regardless of the "valuing" with points.

My results also show that such CC projects allow for a communicative application of systemic imperatives in the cooperation between formal and informal labour. Through the DOT project, the terms by which the professionals conduct their social ties with the informal caretakers, and vice versa, are affected. The project introduces more systemic imperatives to the role of the informal caretakers in the caretaking process: obligations, planning, and registration. Such imperatives are necessary in order to keep a balance between the contributions of professionals and informal caretakers—especially when the efforts of the latter increase. They also contribute to a more harmonious interaction, that is, when they are applied in a communicative way. Systemic imperatives allow professionals to integrate the informal labour within their own schedule, for them to save time due to the informal effort. This enables them to apply the extra time towards enhancing the well-being of other patients.

Furthermore, an enhanced room for communicative action enables professionals to keep an eye on the informal caretakers' well-being as well, to reduce their risk on overburdening. As such, the professionals can assist the participating family members in defining their boundaries in a more communicative way to prevent them from overburdening. This is especially important for the caretakers who largely root their actions in a traditional understanding of social reality or who do not base how they shape their role in the caretaking process on communicative action for other reasons, since they may suppress extant feelings and desires.

Changes in the sort of monetary transactions applied within a relationship can affect mutual obligations, rights, and meanings that come with specific social ties. I therefore argue that DOT is a way for the professionals to indicate changes in the relationship between formal and informal labour. Through the project, a distinction is made between family members who visit their relative whenever they please, and those who cooperate with the professionals to shape the caretaking process together. As such, the CC marks a shift in the role of informal caretakers to become somewhat professionalised.

7.2 "Valuing" informal labour with points in a disparate context

The findings of my study suggest that stimulating informal care by "valuing" it with points can have positive implications for the nature of the interaction between formal and informal labour, when it is introduced as a means to enhance the quality of care. However, an important reservation must be made here. The project I have studied to a large extent draws on an organisational culture that was present long before the introduction of the project. My findings suggest that in order for a project such as DOT to have positive implications for the interaction between formal and informal labour, an organisational context in which there is room for communicative action is indispensable. At Schutse Zorg, the management creates such a space by actively keeping certain systemic imperatives away from its staff.

However, when introduced in a social care context where strategic forms of action prevail over communicative ones, a project that seeks to stimulate informal care by "valuing" informal effort potentially has negative implications for the nature of the interaction between formal and informal labour. When people act strategically, it is unlikely that the several areas where a balance between the different modes of labour can be achieved become in fact balanced. My analysis shows that communicative action is key to achieve such balance. When

systemic imperatives prevail, there is little room for such communicative action. Additionally, peoples' objectives are likely to be incompatible with those of others when they act strategically, especially in a social care context where others pursue lifeworld objectives—e.g. informal caretakers who seek to enhance their relatives' well-being. In such a context, the active stimulation of informal effort therefore potentially increases the risk of tensions between formal and informal labour. As such, the introduction of a project that seeks to stimulate informal effort in a systemic context could be the starting point of conflict in everyday interaction, and have negative consequences for the well-being of professionals, informal caretakers, and the patients.

7.3 Contribution to the literature

Much has been written on the interaction between formal and informal labour, and more recently researchers have started showing an increased interest in CCs as well. However, there seems to be a gap in the literature where these two topics intersect. Little attention has been paid to the implications of CCs on the interplay between professionals and informal caretakers. With this thesis, I seek to make a contribution to filling this gap.

Additionally, the findings of my research add to a growing body of literature on CCs, and especially, on fourth generation currency schemes in which several objectives are combined within one scheme. Since this latest generation of CCs is relatively new, not much has been written about their implications. This thesis provides insights in the possible implications of such CCs when they are implemented in the social care sector.

In my research I draw on Habermas' theory on lifeworld and system, and Kunneman's concept of the zone of interference. By applying these concepts in my empirical case study, I hope to make a modest contribution to an enhanced understanding of these concepts in practice in the social care sector. In particular, my study offers some insights into the dynamics of the different forms of action within the interaction of formal and informal labour, and into the implications of projects that seek to stimulate informal labour by "valuing" efforts on these actions and interactions. Furthermore, my analysis of the participants' actions in the DOT project has resulted in a first attempt to distinguish the different characteristic to people's actions. These characteristics can serve as a tool to compare the actions of different actors, or situate their actions in the zone of interference, in a more systematic way.

7.4 Suggestions for organisations

The results presented here may facilitate improvements in the way in which CC projects that seek to stimulate informal labour are implemented in the Dutch social care sector. I have therefore formulated several recommendations for both care institutions and organisations who design such CCs.

7.4.1 Recommendations for Schutse Zorg

At Schutse Zorg, the implications of the DOT project are predominantly positive to all those involved. Nevertheless, there are some suggestions I would like to make. Currently, when informal caretakers decide to take part in the DOT project, an evaluation of their first period with the Project Coordinator takes place several weeks after their commencement. After that, there are no more formal moments for evaluation other than the joint discussion of the care-life plan that takes place two to three times a year. However, not all informal caretakers are included in the evaluation of this plan. I would argue that a continuation of fixed moments for evaluation with all informal caretakers contributes to maintaining a balance between formal and informal labour. Fixed moments for reflection can become increasingly important when more informal caretakers join the project in the future and the process becomes somewhat more complicated. They may help the professionals to keep an eye if all mutual expectations are still met and if all still feel the division of responsibilities is balanced. Additionally, moments for evaluation can give the professionals the opportunity to assist the informal caretakers to define their personal boundaries. The DOT project can be especially helpful here since it allows for a creation of a situation where the participants can openly discuss the exact effort the informal caretakers conduce to the caretaking process. Especially for those informal caretakers who root their actions in traditional conceptions of social reality—or who otherwise do not give shape to their role in the caretaking process in a communicative way—it might be necessary to point out that a definition of the own boundaries is necessary to make sure their effort remains practicable in the longer run.

The evaluation of the care-life plan is highly convenient as a moment for reflection since it aims to evaluate the caretaking process of specific patients. I would suggest to make the involvement of informal caretakers in the care-life plan evaluation a fixed component of the DOT project. However, not all informal caretakers will feel comfortable to reflect on the

boundaries of their efforts when their relatives are present. This implies individual moments for evaluation are—at least in some cases—necessary as well, especially when professionals suspect an informal caretaker bites off more than she or he can chew. During such evaluations, the professionals could for example suggest the informal caretakers regularly allow themselves breaks from the caretaking process, where the staff of Schutse Zorg takes over their tasks. This currently happens at Schutse Zorg, however in a less structured way.

Also, the informal caretakers feel somewhat uncomfortable about receiving points that have monetary value for their effort. Possibly, a stronger focus on the social and community aspects of the points will enhance their experience of the project. A potential way to emphasise these aspects is to communicate more explicit how the project can support the Tholen community. Currently, Schutse Zorg's brochure on the project mainly emphasises the ability to use the points for shopping at participating businesses—without mentioning how this can contribute to the community.

7.4.2 Recommendations for social care organisations in general

For other social care organisations that consider implementing a project that seeks to stimulate informal care by "valuing" efforts with points, my findings indicate that both the organisational culture and the objective behind the project for the specific organisation should be taken into account in order for the informal and formal labour to be balanced. In practice, this implies that managements who leave little room for communicative action—for example by telling their staff to follow strict guidelines and to work efficiently to attain fixed objectives such as a production norm—should be quite careful to implement a project such as DOT, since it potentially leads to tensions in the everyday interaction between professionals and informal caretakers. Another practical implementation of my results is that social care organisations should be careful to implement such projects as a means to cut expenses on personnel, for they may cause professionals to understand informal effort as a threat. This can lead to imbalances and tensions between formal and informal labour.

Also, my findings suggest that a more strategic execution of the project must be avoided since it increases the risk of imbalances or conflicts in the interaction between formal and informal labour, and/or of overburdening among informal caretakers. An example of a strategic approach is to obligate professionals to meet certain goals concerning the amount of effort they

should persuade the informal caretakers to commit to. Such targets are not advisable since they are likely to result in more strategic action among the professionals as they force a shift in the staff's objectives—from the patients' well-being towards more private ones. This potentially affects the balance and interaction between formal and informal labour in a negative way, resulting in negative consequences for the informal caretakers and the professionals—and possibly the patients as well

7.4.3 Recommendations for Qoin

As for my internship organisation Qoin, the implications of my research are similar to those for social care organisations in general: when seeking to engage with a social care organisation as a partner for a new CC project, both its organisational culture and its objective behind the project should be taken into account. Qoin seeks to provide a revenue model for all the different partners within a currency scheme. To social care organisations, the currency scheme is, among other suggested utilisations, presented as a means to economise. However, while my research does not provide information on the implications of a project such as DOT on volunteers in general, it does suggest that the majority of the informal caretakers is not specifically motivated to increase their effort due to points they receive. The project's success lies in its ability to support the way in which formal and informal labour are balanced, and in providing a tool to create a situation where participants can openly discuss their contributions to the caretaking process. This is solely possible when the project is implemented as a communicative tool. As such, the revenue model of projects such as DOT for care organisations lies in the enhancement of the quality of care and the creation of additional time for the professionals to spend on their work—and hence on their patients. In practice, I therefore recommend not to propose the model to potential participating social care organisations in a currency scheme as a means to cut on its expenses on staff.

7.5 Limitations of the study

A number of limitations need to be noted regarding my research. First, I selected one pilot of the DOT project as a single instrumental case to illustrate how participants experience the stimulation of informal labour by "valuing" it, and what implications such a project has for their interaction. The DOT project is quite new and unique in its kind in the Netherlands. At the start of my research the CC scheme was still in a testing phase. Therefore, only one case

in which the stimulation of informal labour was sought through a CC of this specific kind existed: the pilot in nursing home Schutse Zorg. However, both the literature on the relationship between formal and informal labour and my results suggest that the context in which a project is situated is essential for its implications for this precarious interaction. This implies a comparison with a pilot of the DOT project in a different context would have made my research richer. Since this was not possible, I made an effort to illustrate the context of my case, and to elaborate on how this environment may have influenced the CC's implications for the actions and interactions of its participants.

Second, the number of participants in my study was limited, and not selected by myself. The DOT project, and other factors, causes Schutse Zorg to be a popular institution among researchers. In order for the numerous studies not to put too much pressure on the professionals and the patients, the nursing home's Director decided the amount of research activities should be limited. As such, I was allowed to interview a restricted number of participants in the project, who were selected by the Activity Coordinator at the nursing home at the Directors' request. The Activity Coordinator was highly involved in the implementation of DOT and may therefore have personal interests in a positive reflection of the project in my research. However, she had little possibilities to be selective of who I was allowed to interview since the amount of participants in the pilot was quite small. As such, I have spoken to a relatively large part of the group of participants in the pilot: I have interviewed members of three of the four participating families, and all the professionals that were actively involved.

7.6 Recommendations for future research

My study has brought to light several topics in need of further investigation. First, my research is an exploratory study of a small pilot. Currently, the DOT project is being implemented at a broader scale. It would be interesting to assess the implications of the DOT project in the longer run. Longitudinal research of this project could teach a lot about what happens to the interaction between formal and informal labour when the amount of participants and the share of informal effort in the overall caretaking process increase and become an established part of the caretaking process.

Second, I have conducted my research in an organisation that leaves room for communicative action among its staff members. Further work needs to be done in order to determine the im-

plications of a project such as DOT in social care organisations where the professionals act in a more strategic way. Future research could for example explore if a CC project that seeks to stimulate informal labour is applied in a more strategic way when it is implemented in social care context where systemic imperatives prevail—and what such a way of applying it implies for the nature of the interaction between formal and informal labour.

Third, the findings of my study suggest that in general, depending on the context, CCs could be effective tools to enhance the cooperation between formal and informal labour in other sectors than just the social care sector. More broadly, further research might explore the implications of projects that actively stimulate efforts of volunteers by "valuing" them for the interaction between formal and informal labour. Such research could especially study if projects such as DOT have different implications for the interaction between formal and informal labour when the formal effort is carried out by volunteers. Such research could lead to different results since there are most likely differences the actions of informal caretakers and of volunteers as the latter are less emotionally involved in the caretaking process.

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