

***Cooperatives as a Tool for Coproduction:
A model for stakeholder engagement to strengthen home and community care***

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Abstract

With its aging and shrinking population, Japan urgently needs to address the challenge to its public health and social care system. To ease the increasing pressure, Japan's publicly funded Long-term Care Insurance (LTCI) system was recently amended to welcome the voluntary participation of citizens and community-based organizations for the lower level support needs of care recipients. The amended LTCI system depends on coproduction; a term used to describe collaborative working relationships whereby citizens, governments, and other stakeholders contribute resources to deliver public services.

Previous studies suggest that coproduction can increase the quantity and improve the quality of public services by mobilizing community strengths and resources. And by meeting the growing care needs at home and in the community, costly hospitalization and institutionalization may be mitigated, thus increasing the capacity of the public health and social service system. The concept of coproduction will be used to explore how citizen and community-based organizations are enhancing public home and community care in Japan.

As community-based, member supported and managed organizations that provide home and community care in part under the public LTCI system in Japan, cooperatives are presented as a model of institutionalized coproduction, which essentially formalize informal care. Through literature review and interviews, two exemplary case studies are presented of cooperatives that both add value to service provision through the voluntary mutual support activities of their members. The case studies illustrate that cooperatives can be a tool for coproduction, used to mobilize and sustain stakeholder engagement to strengthen home and community care.

Keywords: Cooperative, coproduction, stakeholder engagement, home and community care, public health and social service provision, Japan

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Introduction and Background

Public health and social care systems are under increasing pressure from the rise of the aging population in many advanced industrialized nations. Traditional social safety nets formed through communal and familial networks have been broken, leaving a growing number of people reliant on state funded and provisioned care. Meeting the growing needs despite resource shortages will require the collective efforts of citizens, governments and community and voluntary organizations, working in collaborative partnerships towards the common goal of strengthening public health and social care systems. In light of the challenges facing public welfare systems the following research questions will be explored: 1) How can public home and community care systems safeguard the quality and quantity of care available to increasingly aged populations, despite shrinking public finances?; and 2) Are there models of service delivery that could be implemented and supported at the organizational and institutional level to strengthen home and community care systems?

Japan in particular, with its low birthrate, restrictive immigration policies and long life expectancy, is facing a hyper-aging society starting in 2025. The Japanese government is under extreme pressure to meet the growing needs, despite the shrinking pool of resources, to maintain and improve the quality and availability of publicly funded welfare services and facilities, and contain increasing medical and welfare costs. When the LTCI system was introduced in 2000 it created a quasi-market in which service users could choose between service providers, financed 90% by taxes and insurance premiums, and 10% through service user co-payment (MHLW, 2013). The system is controlled by the central government but administered by the local municipalities. But as the system strains under burgeoning care needs, there is increased pressure to reduce costs. This increased pressure on the system is reflected in the 2015 revision to the LTCI, which encourages more voluntary participation by regular citizens in the provision of lower level support needs (City of Yokohama, 2015; Tasaki & Mizuno, 2016).

One type of organization that has traditionally been successful at mobilizing the voluntary efforts of regular citizens are cooperatives (coops). With a long history of civic engagement and mobilization on behalf of issues including the environment, worker's rights, and food safety, to name a few, coops play a significant role in connecting members to each other, and to other community organizations (Kurimoto, 2015; Ozeki, Tokubo, & Kuroda, 2015). Participatory community based organizations such as coops are able to connect, motivate and mobilize the voluntary contributions of like-minded individuals and organizations in support of a common cause.

While organizational form itself has not been found to be a predictor of services quality, citizen and/or service user participation in the delivery of public services has been shown to have positive benefits on user experience (Leviten-Reid & Hoyt, 2009) (Vamstad, 2012). In pursuit of models for home and community care that can support the expanding needs of the aging population, the focus of this research is not on comparing one particular organizational form to another. Differences between public, private, nonprofit and civil society organizations are often only ideological in nature, especially in service areas such as health and social care, where the regulatory environment may constrain behavior and blur lines between organizational forms

(Leviten-Reid & Hoyt, 2009). As suggested by Joshi & Moore (2004): “Overt ideology is no longer in fashion. The dominant language is of pragmatism, pluralism, and adaptation to specific circumstances” (p. 32). In the spirit of pragmatism, this study will explore coops as a model of institutionalized coproduction.

The concept of coproduction will be explored in the Literature Review section. The Methodology section will present the data collection method; semi-structured interviews conducted to build the case studies of two exemplary coops that are delivering home and community care services. The Results and Discussion section will give an overview of the two coop case studies and will highlight the ways in which members’ voluntary contributions add value to enhance service quality and quality. Additionally, the case studies illustrate how coops enhance willingness and ability to coproduce, thereby successfully engaging stakeholders and mobilizing resource contributions from their members. Finally, recommendations are proposed based on key lessons from the literature review and reinforced by the case studies, which intended to offer practically applicable ways to effectively engage stakeholders to mobilize community resources and ultimately strengthen public home and community care systems.

Literature Review

There has been an identifiable shift in public policy discourse in the last two or three decades away from both monopolistic state provision and the New Public Management agenda of privatization and commodification of public services (Joshi & Moore, 2004). Whether due to increased recognition of the value added or that some services—such as health, safety or education—cannot be successfully delivered without stakeholder engagement, or as a response to declining of state capacity, “community-based” or “community-driven” have become buzzwords in public administration discussions internationally. Diverse multi-actor and cross-sector arrangements which include state agencies, commercial enterprises, and citizens and services users, are increasingly being explored as a way to improve the quality and quantity of public service provision. Coproduction is a term used to describe such pluralistic, cooperative and participatory working relationships between citizens, governments, and other stakeholders in public service provision.

Coproduction is defined as the “mix of activities that both public service agents and citizens contribute to the provision of public services. The former are involved as professionals or ‘regular producers’, while ‘citizen production’ is based on voluntary efforts of individuals or groups to enhance the quality and/or quantity of services they receive” (Parks et al., 1981, as paraphrased by Pestoff, 2009, p. 204). Joshi & Moore (2004) describe coproduction as complex arrangements where traditional Weberian separations between public and private interests, organizations, and behavioral motivations are blurred in complex arrangements, often resulting when the public authority is weak or resources are scarce. Insufficient state resources and capacity to provide personal support services is a growing concern in many countries, especially as the proportion of the elderly population grows. Coproduction can be an effective way to improve public service provision, particularly in underserved neighborhoods and communities, when services are cut due to budget deficits, or when demand exceeds capacity.

Resources mobilized through coproduction

There is a growing body of evidence in coproduction literature that suggests that user participation can contribute to improved service quality in communities where resources are insufficient to fill service needs (Bovaird, 2007; Joshi & Moore, 2004; Pestoff, 2009). Joshi & Moore (2004) present two case studies illustrating hybrid models, which they call *institutional coproduction*, where conventional forms of service delivery has failed. The cases illustrate how institutionalized co-production can mobilize resources needed to cope with logistical challenges due to a lack of resources needed to deliver services effectively (Joshi & Moore, 2004). Other studies suggest that resources can be effectively mobilized through coproduction either by creating an incentive (Bovaird, 2007), through effective use of community resources (Bovaird, 2007; Brandsen & Honingh, 2015) or by increasing users' willingness to participate, thereby maximizing resource inputs (Pestoff, 2009; Vamstad, 2012).

Conditions for coproduction

While the conditions that encourage or discourage coproduction vary based on a variety of factors; including demography, culture and social sector; some common themes emerge in the coproduction literature that offer insight into laying the groundwork for coproduction. The creation of both private value and public goods through coproduction are explored more broadly in the study by Parrado et al. (2013). This study used a large scale survey across five European countries, in the service sectors of health, environment and safety, to investigate the behavior and attitudes of citizens towards coproduction. Their survey and regression results revealed some important lessons which could be generalized across geographic and sectoral lines.

Firstly, women and elderly citizens are more likely to engage in co-production. No significant relation was found to level of education, employment status and urban context. Secondly, the belief that citizens would make a difference, or self-efficacy, was found to be the most consistent and strongest predictor of coproduction in all five countries and all three policy areas. Thirdly, citizen coproduction appeared to be encouraged by an awareness of poor public performance on outcomes, and discouraged by good performance outcomes. For example perception of safe neighborhoods, a clean environment and good health, and satisfaction with public services lead to decreased coproduction. Fourthly, coproduction was found to be enhanced when governments provide information or engage citizens in coproduction. Lastly, the study suggested that countries with pluralistic administrative traditions, like the United Kingdom, allowed higher levels of coproduction.

The study also found that certain local conditions may have discouraged coproduction. These included lack of trust in police or the government due to history of repression, the cultural perception that the government is responsible is every problem, or the view that civic duties end at paying taxes. Additionally, communities that had historically been excluded or underserved by public services, such as disadvantaged or low income communities, had compensated for and substituted public services with their own community organizing. The service sector was also found to influence the use of coproduction. Highly professionalized services, like health, were found to invite less production because professionals were reluctant to

relinquish control and they also were found not to value the contribution of users (Parrado et al., 2013).

Incentives and motivations for coproduction

A study by Alford (2002) explores the factors which induce people to contribute time and effort to coproduction of public services. The research draws on literature on coproduction and public sector customer service literature, as well as four Australian public sector case studies. The research looked at the reasons people coproduce, on the basis of both ability and willingness.

Two methods to foster ability were proposed. The first was to make the coproduction task easier, for example by reducing the complexity of the task or through the use of technological tools and platforms for information systems and communication. The second method proposed to enhance capacity to coproduce was by offering information and training.

Willingness, or factors that motivate clients to coproduce were categorized into; sanctions; material rewards; and non-material rewards, including intrinsic motivation and solidarity incentives, and expressive values. Sanctions, or the cessation of benefits were found to be inadequate at motivating willingness of clients to coproduce. Contrarily, they were actually discourage coproduction because they are demoralizing and/or provoke opportunistic behavior. Alford's (2002) research suggests that coproduction of private value is motivated by individual intrinsic motivations, for example self-esteem and self-determination. Whereas in the case of group value creation, sociality or solidarity incentives elicited coproduction, for example neighborly policing of antisocial behavior to improve community safety. Expressive values were successfully employed to appeal to the group values. Alford (2002) further suggests that individual intrinsic motivations are insufficient to motivate coproduction of collective value, because of the probability of free riding. Thus, additional incentives must be offered, such as solidarity or expressive incentives, to appeal to a higher level of collective value creation.

Methodology

As community based organizations that are established, managed, financed and operated by members, coops offering home and community care services under the LTCI system were investigated to test the hypotheses:

H1) Coproduction can mobilize underused community resources to increase the quantity and improve the quality of public home and community care service provision.

H2) Cooperatives can be a tool for coproduction, used to mobilize and sustain stakeholder engagement to strengthen public home and community care systems.

To test the hypothesis, exploratory semi-structured interviews were held with members of the Meguro Council of Social Welfare Regional Support Division, the Japanese Health and Welfare Co-operative Federation (HeW Coop) and the Consumer Coop Institute of Japan. These initial interviews provided insight into coops that

provide public health and social services in Japan as well as the system in which coops are regulated and funded. From these initial interviews two exemplary coops, U Coop and Tokyo-Hokuto Health Cooperative Association (Hokuto Health Coop), were interviewed and case studies were built to highlight the key characteristics of the coops' governance and management, service development and delivery, as well as outcomes and costs and savings. Beyond understanding how the organizations operate and add value to their services, important lessons were drawn out about how they mobilize and incentivize members to participate in the coproduction of services.

Results and Discussion

Resources mobilized and value added through coproduction

As the pool of resources available for LTCI shrinks, one way to maintain the quality and quantity of service is to mix the semi-voluntary or voluntary community resources with the LTCI funded services. Particularly when care is needed in areas which are not eligible to be covered under the formal LTCI system. By supporting organizations which essentially formalize informal care, the voluntary efforts of regular citizens can be more easily tapped into, in a way that makes volunteer participation safe and easy, and for anyone needing care to gain access to services. The case studies both exemplified ways in which the voluntary contributions of coop members were mobilized, which value to service provision. The case studies were analyzed to determine the value created and resources mobilized to address the first hypothesis: H1) Coproduction can mobilize underused community resources to increase the quantity and improve the quality of public home and community care service provision.

What differentiates coops from private or nonprofit service providers, is that coops are made up of members¹. While the level of contribution varies among members, with some more active than others, member contributions enrich the service. In the case of U Coop, the core welfare services are delivered by certified care workers, but additional support is provided by the Members' Voluntary Livelihood Support Mutual Help Group (*Kurashi tasukeai no kai*). The semi-voluntary work of the mutual help group both adds value and fills the gap in service needs, either to fulfil needs that lie outside the LTCI system, or for those who might not be eligible for LTCI service, such as working mothers (Fujita & Sumitama, 2016). Demand for and reliance on such community based services provided by semi-voluntary workers will only increase as care needs increase and under the 2015 changes to the LTCI.

Similarly in the case of the Hokuto Health Coop, core nursing care services are delivered by certified care workers, and value is added by the members' voluntary contributions to local health promotion and wellbeing activities. Examples of member's activities include the *Han kai*, where members conduct self-monitoring, education meeting, social meetings ("salons") and special groups such as dementia prevention groups. Additionally, Hokuto Health Coop members are currently providing mutual support to other members, and are developing a system to officially

¹ All nursing care staff are required to be members of U Coop but volunteers are not. Previously service users had to be members, but it is no longer required by law.

deliver such service (Nishimura et al., 2016), similar to the Members' Voluntary Livelihood Support Mutual Help Group at U Coop.

In addition to the value added by members' voluntary efforts, both case studies exemplified the value of connections. The coop model is based in, and strengthened by connections; both between members and with other community organizations. Within Kanagawa Prefecture, there are about ten coops providing nursing care service, and about 150 coops nationwide. The coops have meetings and conferences to strengthen their ties and share lessons and experiences. U Coop also has ties with different types of coops, for example agricultural coops. Connections within and among coop members and organizations allows information and resources to be exchanged in order to work towards the common goal of building a better community.

In the case of Hokuto Health Coop, it contributes to a monthly or bi-monthly event, in collaboration with other community organizations, where residents can have informal consultations with professionals from the local community, including doctors, social works and lawyers. The organizations set up tents with tables and chairs by the nearby train station, and passersby could stop in for professional advice, to can get information about local community services or to do a health check, in a casual and informal setting.

Operationalizing coop coproduction using the logic model

The logic model is a useful tool for developing, understanding, and improving a program, focusing evaluation or communicating to stakeholders by clarifying outcomes and attributing to inputs and outputs, in light of assumptions and external factors. The following logic model, illustrating coop coproduction of home and community care in Japan, is intended to communicate the value of coop coproduction for the purpose of stakeholder engagement. By illustrating causality and the chain of value creation, the service users, community members, community and voluntary organizations citizens, and government funding and commissioning bodies can accurately assess the potential costs and benefits of entering into a similar coproduction initiatives. Mobilizing and sustaining what Ostrom (1996) calls the *synergy* between government officials and citizens, both contributing resources to the delivery of public services, is the challenge this analysis intends to address. The core components of the logic model will be presented below. See Figure 1 below for the complete logic model.

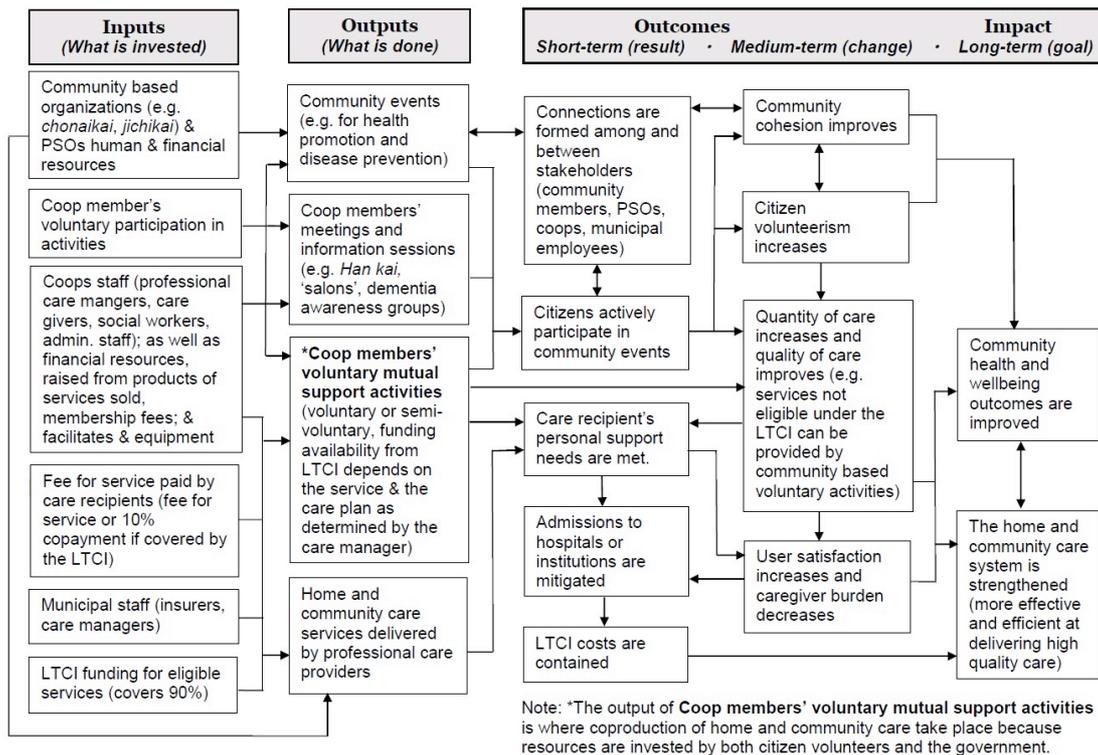


Figure 1: Logic model of home and community care in Japan

Source: Original design

How coops can enhance willingness and ability to coproduce

All coops are initiated with different objectives and offer a variety of products and/or services depending on the organization's purpose and the requests and concerns of its membership base. While not all coops are involved in coproduction, the case studies feature coops that are. The case studies will be discussed to test the second hypothesis: H2) Cooperatives can be a tool for coproduction, used to mobilize and sustain stakeholder engagement to strengthen public home and community care systems. The services and activities of U Coop and Hokuto Health Coop exemplify how coops can be a tool for coproduction, by enhancing the willingness and ability of their members to coproduce. Willingness to coproduce, through voluntary mutual help groups and other member driven activities, was achieved by appealing to a variety of incentives and motivations. Both coop case studies employ various incentives for coproduction, including: material rewards, intrinsic rewards, solidarity incentives, and expressive values.

U Coop's Voluntary Livelihood Support Mutual Help Group is semi-voluntary, meaning that participants who provide services receive a below market rate wage, which amounts to a material rewards. Currently Hokuto Health Coop provides voluntary mutual support activities, but is in the process of developing a similar semi-voluntary mutual help group. By introducing a material reward and making the currently informal voluntary service between members more official, Hokuto Health Coop can scale up and extend the reach of the service to allow make it accessible to a wider user base, including non-coop members, and potentially recruit new volunteers.

Intrinsic rewards, such as interest or feelings of self-esteem, self-determination and competence (Alford, 2002) are tapped into by providing opportunities to participate in meaningful volunteer experiences. U Coop matches willing volunteers, who are mostly retired people and students as well as some 20 and 30 year olds, to other individuals who have requested services. While volunteers have different reasons and motivations, they share the desire to effect positive change in their communities and to use their skills and capabilities. Hokuto Health Coop similarly motivates the voluntary contributions of members through its voluntary mutual support activities, and also its health checks and health promotion activities. Both activities promote a feeling of empowerment, where members can take their health into their own hands through self-monitoring, and learning sessions and also to contribute to improving the wellbeing of their communities through *Han kai*.

Because coops are made up of members and coproduction takes place through members' activities, solidarity incentives were central motivating factors in both case studies. While some of U Coop's members might join the coop or use their products and services purely for the convenience or quality, participating in voluntary member activities is driven by the sense of belonging to a community and the social rewards, both of fun and conviviality, but also sense of belonging. Hokuto Health Coop particularly uses solidarity incentives through its *Han kai* meetings and Open-air community events where it provides information, advice and health checks. Many of the "salon" style *Han kai* offer the opportunity for members to meet informally to socialize and associate with other people in their community.

Finally, expressive values, which come from the satisfaction of contributing to a worthwhile cause (Alford, 2002) are used to motivate voluntary participation by U Coop and Hokuto Health Coop's members. The stated objective of U Coop's Voluntary Livelihood Support Mutual Help Group is to "provide a little act of kindness" to service users. Certainly the low material incentive-at 300 JPY for 30 minutes-is not the motivation behind participating, rather members are motivated by the desire to contribute to this objective, and to make small but meaningful change in the lives of their fellow community members. Hokuto Health Coop's objective is to promote the health and wellbeing of local residents (Nishimura et al., 2016). The voluntary activities of members of health and wellness promotion and capacity building through self-monitoring and information sessions, as well as the social connections and community networks formed empower members to promote and achieve this objective.

Despite their differing core businesses, both U Coop and Hokuto Health Coop are able to mobilize and sustain stakeholder engagement to coproduce by increasing the willingness of their members to participate in a variety of activities and initiatives. By using a variety of incentives; material rewards, intrinsic rewards, solidarity incentives, and expressive values; a broader base of potential volunteers can be appealed to, and for a diverse array of coproduction activities, both simple and complex, for which the value is consumed by individuals, groups, or the wider public.

In addition to enhancing the willingness of members to coproduce, both case studies exemplified ways in which the ability of members was also enhanced. In order to ensure that the volunteer spirit will continue to be nurtured in people, U Coop offers volunteers learning experiences. U Coop aims to have about 100 people per year apply

for volunteer work. According to U Coop, there is always a rise in volunteer spirit following great disasters in Japan; such as the January 1998 Great Hanshin earthquake *or* Kobe earthquake, the March 2011 Great East Japan or Tohoku earthquake, or the April 2016 Kumamoto earthquake. People want to help the afflicted people, and are motivated to volunteer time and offer help for social causes. But as time passes, that volunteer spirit wanes. By providing learning opportunities and guidance for volunteers and coordinators, U Coop can convey the spirit of the activity to stimulate the motivation and initiative of members and overcome the inertia and apathy that can easily set in, and reinvigorate the volunteer spirit of members.

Hokuto Health Coop similarly empowers members by creating opportunities for members to meet and exchange ideas. Salon groups and mutual support activities are happening informally between members, but Hokuto Coop has picked up on these activities and will formalize the system in order to scale up and expand, in order to increase impact. Both cases show how the coops can use their existing networks and resources to facilitate volunteering through mutual help groups. Additionally, they both offer learning opportunities to members both to build the interest and capacity of their members to engage in truly effective, and fulfilling volunteer experiences.

Recommendations

The results from the literature review and reinforced by the coop case studies confirmed the hypothesis: that coproduction can mobilize underused community resources, and that coops can be a tool for coproduction by mobilizing stakeholder engagement. In order to practically apply these findings the proposed recommendations are summarized as follows.

To promote coproduction in the home and community care sector in a way that mitigates the limitations and maximizes benefits of coproduction:

- Objectively assess the costs and benefits of coproduction in order to alleviate reluctance to engage in coproduction.
- Determine when and how coproduction could be appropriately integrated into service design and/or delivery (e.g. core or complementary activities).

While both the sustained efforts of citizens, community organizations and government officials are required in order to successfully initiate and maintain coproduction, the following recommendations suggest ways governments can support coproduction:

- Increase user choice and voice in service design and delivery. Decentralized and less standardized services systems encourage citizen participation.
- Strategically use tax subsidies, infrastructure building and resource investments and commissioning practices to incentivize coproduction. For example building community care facilities will facilitate coproduction by providing a platform for collective action.

With regards to engaging stakeholders, the following recommendations are offered for government and community and voluntary organizations to lay the groundwork for coproduction:

- Implement policies and protocols at the organizational level that increase understanding of the value of citizen participation, and provide the skills to effectively engage citizens in coproduction.
- Engage citizens at an early stage in the life of a project or program to foster the formation of positive working relationships based on mutual trust and understanding, and encourage buy-in from citizens who will feel that their opinions and efforts are truly valued and can contribute to positive change.

Besides laying the foundations at the organizational level, coproduction will require building relationships and enhancing citizen willingness and ability to coproduce. The following recommendations address the strategic use of incentives:

- Engage citizens by conveying practical intentions to address specific problems that they are personally affected by.
- Self-efficacy, the intrinsic reward that citizens get through the belief that they can actually effect positive change, is particularly effective at incentivizing coproduction. Other intrinsic rewards, including appealing to participants' interests, self-esteem, self-determination and competence, are found effectively incentivize coproduction that creates private, group or public value.
- Enhance actual or perceived ability to coproduce by making the coproduction task easier, or through capacity building initiatives such as providing information, advice and training.

Conclusion

By presenting coops as tool for coproduction, this research contributes to the theory and practice of coproduction, and more broadly to public governance. By examining the case of coops that are providing public health and social care in Japan through the analytical framework of coproduction, the model of care can be operationalized and presented in value propositions for coproduction initiatives. Having a clear estimate of the time and money one can expect to commit, as well as the social and economic value of outcomes is beneficial for governments, community and voluntary organizations and citizens.

For governments, knowing the costs and benefits will help commissioners and policy makers make better informed decisions about what programs and services to fund, and the how to direct funding or other supports in ways that will achieve the desired outcomes and impacts. For community and voluntary organizations citizens, having clearly defined target outcomes will allow service value for money to be objectively assessed. This will help temper expectations and ensure that efforts are not wasted by ineffective but well-meaning projects and programs. For citizens, this is particularly important, because there is nothing more disheartening than the feeling of futility when voluntary efforts that were given with a sincere desire for change, result in

nothing more than fuzzy feelings and a photo op. For all stakeholders, knowing the value of coproduction can increase accountability, because when the expected roles and contributions are clearly established, all members know the actions and outcomes for which they are responsible. Program monitoring can be clearly carried out, and program management action can be taken to identify parts of the system which are underperforming and need to be revised. As the population ages in many countries across the world, resulting in increased health and social care needs and shrinking resource to deliver services, resources and efforts cannot afford to be wasted or mismanaged.

Public services cannot be effectively delivered by the state alone. Citizens are not passive recipients of service and to perpetuate this pacifist approach and continue with the status quo is ineffective and counterproductive. The active participation of citizens within cross-sectoral networks with community organizations is not only more effective in delivering public services, but it is essential. Coproduction of public services is premised on an ideology that lies between paternalistic welfare provision by monolithic government control; and a New Public Management approach, where the needs of vulnerable populations are left to market forces. Successful coproduction requires a paradigm shift towards a more open and inclusive civil society that respects, encourages and supports the knowledge and contributions of citizens, who work collaboratively with governments and community and voluntary organizations to deliver public services. Predicated on forming partnerships and connections across sectoral divides, coproduction creates a more strong and resilient social safety net. Because when more individuals, communities and organizations are empowered through capacity building, and more connections formed through partnerships and networking, the more interwoven the separate strands become. And taken together, the entire system is stronger and more resilient, with less gaps through which the vulnerable can fall.

To borrow the Oscar Wilde reference from Julian LeGrand (2007), if a cynic “knows the price of everything, and the value of nothing”, and a sentimentalist “sees an absurd value in everything and doesn’t know the market price of any single thing” (Wilde, 1993, pg. 134), where is the middle ground? This research proposes that a pragmatist knows that the value of everything comes at a price. By presenting coops as a tool for coproduction, and operationalizing key aspects of coop coproduction to highlight the economic and social value potential, this research aspires to encourage citizens to take an active role in improving their communities through voluntary contributions, and for governments to include the lived knowledge and experience of citizens. Because only through collaborative systems approaches that mobilize the strengths and resources of individuals and organizations across public service systems and sectors can the challenge of the aging population be addressed.

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