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Editors

J. Cok Vrooman and Marcel Coenders

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Editorial

Institutions of Inclusion and Exclusion

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Abstract
This thematic issue aims to shed light on the connections between institutions (and related forms of organisation) and social inclusion and exclusion. In this editorial we briefly introduce the concepts, summarise the various articles and provide some general conclusions.

Keywords
institutions; organisations; social inclusion; social exclusion; welfare state

Issue
This editorial is part of the issue "Institutions of Inclusion and Exclusion" edited by J. Cok Vrooman (Utrecht University, The Netherlands/The Netherlands Institute for Social Research|SCP, The Netherlands) and Marcel Coenders (Utrecht University, The Netherlands/The Netherlands Institute for Social Research|SCP, The Netherlands).

1. Introduction

In this thematic issue we explore the complex and manifold links between institutions and issues of social inclusion and exclusion. Institutions refer to the formal and informal rules of society, in the form of legislation on the one hand, and values, social norms, conventions and contracts between private parties on the other (Vrooman, 2009). North (1990, p. 3) described institutions as "the rules of the game in society, or, more formally, humanly devised constraints that shape human interaction." In his view, institutions foster cooperation, coordination, trust and lower transaction costs among economic actors. Informal institutions arise to coordinate repeated social and economic interaction. In addition, if this serves a collective purpose, the government may lay down certain rules in formal laws and regulations, such as property rights or welfare entitlements. It then acts as a third-party enforcer, a role the government can perform due to its monopoly on legislation and its means to monitor and enforce compliance through auditors, the police, the judiciary and the military. Bowles (2004, pp. 47–48) emphasizes that institutions have wider social benefits. According to him they concern "the laws, informal rules, and conventions that give a durable structure to social interactions among the members of a population." Scott (2008, p. 45) goes one step further by stating that "institutions are comprised of regulatory, normative and cultural-cognitive elements, that together with associated activities and resources, provide stability and meaning to social life." For him, therefore, institutions matter not only because of their 'regulatory' aspects (behavioural constraints, or rules that enable people), but also due to the judgments and perceptions of social reality that the existing rules imply. Moreover, institutions are often linked to the allocation of certain resources, and people and organisations must act according to the rules (these must be 'enacted') if they are to be effective. Following Scott's definition, institutions therefore not only bring about economic coordination and social stability; theoretically they also create a meaningful social order and affect social inequality and cohesion.

Institutions tend to be closely aligned to various forms of organisation: the formation and configuration of social groups (e.g., local community networks) and collective actors (e.g., businesses, welfare agencies, hospitals, schools). If institutions are the rules of the game in society, individuals and organisations are the game's players. Adequate organisation is a prerequisite for effective institutions.

The existing institutions provide an opportunity structure to which people and organisations tend to respond and adapt. However, they are not merely rule takers, but also rule makers: Actors typically try to change the rules in order to obtain a better fit with their interests, preferences, and ideals, partly through their participation in different policy arenas.

Institutions and their related forms of organisation are theoretically important as they structure society in terms of the life chances, perceptions, preferences and ideas of citizens and policy actors. In doing so, institutions may have an emancipatory or a restrictive nature; that is, they may enhance the inclusion, but can also lead to the exclusion of certain segments of the population, according to their social class, age, ethnic origin, religion, gender, sexual orientation, health status or appearance. Institutions and organisations are key elements of welfare provisions that aim to stimulate the inclusion of citizens, or to combat their exclusion. Such rules may relate to state-guaranteed rights on social security, health provisions, education or affordable housing, etc., but also to social claims and obligations regarding the provision of informal care within families and neighbourhoods.

Generally speaking, social exclusion refers to people who experience an accumulation of disadvantage in the society in which they live; and social inclusion is often used to denote policy interventions or behavioural processes that aim to prevent such a state of affairs. A closer look at the literature reveals that the concepts have at least four different meanings (see, for instance, Atkinson, Cantillon, Marlier, & Nolan, 2002; Burchard, 2000; Hills, le Grand, & Piachaud, 2002; Jehoel-Gijsbers & Vrooman, 2007; Levitas, 2006; Room, 1997; Vrooman & Hoff, 2013; Vrooman, Hoff, & Guiaux, 2015). First of all, they can refer to the rules and organisational forms that (do not) enable people to become a full-fledged member of society. Conceived in this way, inclusion and exclusion are a matter of social infrastructure. A notion such as the 'inclusive society' often refers to certain entitlements, obligations and modes of delivery, for instance those aiming to realize human rights or to achieve equality of opportunity in education and on the labour market. In this meaning, inclusion and exclusion are largely synonymous with institutions and the connected types of organisation.

In a second sense, social inclusion and exclusion refer to perceptions and behavioural processes: How do actors stimulate that (groups of) people are included or excluded? This concerns the negative and positive discrimination of certain groups, the non-take up and abuse of regulations and provisions, and implementation problems in social security, health care, education and housing. These process-related agency aspects of inclusion and exclusion involve the perceptions and behaviour of businesses, public authorities, groups of citizens, and individuals (forms of 'self-exclusion,' such as withdrawing from social contacts or benefit fraud).

In a third meaning, inclusion and exclusion refer to societal outcomes. Here one may distinguish a structural or distributive component (that connects with issues of social inequality) from the cultural-integrative aspects, which relate to issues of social cohesion and identity (Jehoel-Gijsbers & Vrooman, 2007). Do groups of citizens experience relative deprivation, or do they not realize minimum social standards, such as a sufficient income, adequate housing, an acceptable health status, the knowledge and skills the labour market and wider society require, etc.? To what extent are people part of key associations in society, such as the school, the working environment, political and community organisations, volunteer work, social media? Are there (digital) bubbles of like-minded people, with strong mutual but weak external connections? Do groups experience that they are outside of mainstream society?

Finally, inclusion and exclusion can also relate to an individual's meaningful connectedness to others. Do people have significant social relationships, do they feel lonely or not? This concerns a different issue than the previous meaning of inclusion and exclusion, the societal outcomes. If citizens do not participate in societies' key associations, they can be lonely; but that is not necessary, as in the case of a recluse who chooses to be so voluntarily. Conversely, people who are socially isolated run a greater risk of not taking part in relationships that are deemed important in their role as citizens. However, that also does not occur automatically: someone who meets few others privately and feels lonely may very well perform adequately in their role as an employee.

2. Overview of the Contributions

The relationship between institutions, organisations and various forms of social inclusion and exclusion is the overarching theme of this thematic issue. It contains theory-driven empirical contributions from several disciplines. Benneker, Gërxhani, and Steinmetz (2020) investigate the role social norms play in state compliance with a human rights treaty aiming to assure active and passive female voting rights: article 7a of the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW). They combine new institutionalist theory with a comparative perspective on human rights. In terms of the conceptual framework that was outlined above, this contribution focuses on political in- and exclusion as a societal outcome. It starts out from the hypothesis that the effectiveness of formal regulation (the implementation of the state's CEDAW obligation to enhance female political participation) is likely to depend on the prevailing domestic informal institutions. Populations may obstruct human rights treaties that do not align with dominant social norms, and this makes it less probable that national authorities will effectively implement them after ratification. If social norms are in line with a treaty's objectives, a higher degree of state compliance is expected.

Benneker et al. (2020) first perform a multi-level regression analysis on data drawn from the World Values Survey, covering 73 countries in three waves between 1996 and 2007. Their main explanatory variable is conservativeness of the social norm on female political participation, as measured by the item 'on the whole, men make better political leaders than women do'. State compliance with the CEDAW stipulations has been operationalized by the percentage of seats held by women in the national parliament. Controlling for other variables, the authors find a consistent and statistically significant relationship between conservative political gender norms and non-compliance with the aims of the human rights treaty. A subsequent qualitative study suggests that a change towards less restrictive social norms and more state compliance can be brought about by bargaining processes, where the resources held by change agents within and outside of the community are likely to be decisive. Benneker et al. (2020) conclude that social norms need to be added as an explanatory factor in understanding state compliance with human rights treaties. This implies a pivotal role for informal institutions: What people think is right is crucial for realizing the state's formal obligation to safeguard human rights.

Crul, Steinmetz, and Lelie (2020) expand on the debate regarding the interethnic contact hypothesis that originates in the work of Allport. They explore whether the physical architecture of neighbourhoods contributes to interethnic social tensions, or the absence thereof. In their article they posit that intergroup contacts and attitudes may not only be shaped by human conditions in a neighbourhood (differences in composition of the population, status and power relationships, etc.), but also by its physical and spatial characteristics. From an institutional perspective, this sheds light on an often neglected part of societies' rules: the regulatory impact of physical design on human interaction, which links to the New Urbanism school in architecture and to the lively debate on 'nudging' in behavioural economics (Thaler & Sunstein, 2008).

Crul et al. (2020) study how the socially constructed physical infrastructure can enhance local processes of in- and exclusion, and how this translates into cultural (dis)integration at community level. Using both quantitative and qualitative data (the Dutch TIES survey and a municipal survey, plus interviews) they focus on ethnically diverse working-class neighbourhood in Amsterdam that are rather similar in their ethnic composition but differ in terms of architecture and perceived ethnic tensions. The latter is higher among inhabitants of Dutch descent living in suburban neighbourhoods than among their counterparts in equally diverse inner-city neighbourhoods. The suburban group also feels more threatened by ethnic diversity and more often attributes neighbourhood conflicts to ethnic and cultural differences (and not to clashes between, e.g., loitering youth and older inhabitants). The outcomes suggest that these contrasts are related to differences in architectural design that impact on everyday contacts, in particular the use of semi-public spaces. Inhabitants of inner-city working class neighbourhoods share less galleries, inner court yards, garages, elevators, etc., than their suburban counterparts, and thereby have less unavoidable contacts with other people. The interethnic contacts that do occur in the inner city location may be more voluntarily engaged in. However, architecture is not the sole driving factor. Previous experience with ethnic diversity, and positive or negative attitudes towards this phenomenon, also turn out to matter for understanding perceived ethnic tensions, as is participation in local forms of organisation. This indicates that many conditions have to coincide before ethnic tensions will escalate, and that the physical conditions of housing and neighbourhoods should be part of the theoretical framework.

Velterop, van der Klink, Brouwer, Oldenhuis, and Polstra (2020) analyse what valuable functionings older long-term unemployed people strive for, and to what extent they are able to realise these. Their contribution is based on semi-structured interviews conducted in the Netherlands and builds on Sen's capability approach and Jahoda's latent deprivation theory. Social exclusion is regarded as a capability failure that may spread out to various functionings. The analysis mainly focuses on the individual aspects of in- and exclusion and on the behavioural processes that are involved. In terms of institutions, Velterop et al. (2020) look at the informal work values of the unemployed. In addition, they position their outcomes within the dominant paradigm of the formal welfare system. This consisted not only of ever tighter eligibility criteria and reductions of the level and duration of benefits, but also of a growing emphasis on strict monitoring and rule enforcement among benefit recipients.

The study identified nine valuable functionings among older unemployed people: social contact, feeling appreciated, structure, feeling useful, meaningfulness, autonomy, financial resources, paid work and being active. In addition, the respondents consisted of three distinct groups. Two of these experienced a change in work status when they started to receive benefits, but they reacted differently. The first group still considered paid work as valuable, and these people experienced the most difficulties in achieving their valued outcomes. The second group adapted to their new situation by attributing greater value to other functionings. A third group had no change in work status (e.g., because they already were jobless and came to depend on a benefit after a divorce) and did not try to realize other functionings. Social exclusion was most prominent among those who still experienced a worker identity. In order to combat social exclusion, Velterop et al. (2020) propose a tailormade approach that takes the valued outcomes of long-term unemployed persons as a starting point. In formal welfare systems this could require a paradigm shift, where workfare and activation are replaced by social investments aiming to capacitate people.

Walker and Thunus (2020) draw on Luhmann's systems theory and on a grounded theory approach to explore the inclusiveness of mental health care in a context of extramuralisation. In their article they focus on people with complex and chronic mental health problems (PCCs), who in many countries nowadays face higher thresholds in their access to formal mental health care. However, it is not self-evident that alternative informal arrangements will be able to secure the integration of this vulnerable group in society at large. Conceptually, this contribution analyses tensions and complementarities between formal and informal mental health care organisations, in relation to a reform of the legal system that was implemented in Belgium in 2010. The revision sought to connect formal mental care (psychiatric hospitals, sheltered housing, psychiatric nursing homes) with alternative community-based services that emphasize personal autonomy and social inclusion. The article uses the second concept mainly in terms of accessibility (the possibilities to find mental care), agency (interactions, role perceptions and language) and the individual experience of discrimination and integration in mental care organisations and the local community.

The findings of Walker and Thunus (2020) point at two distinct systems. Within formal mental care, the ideal-typical 'patient role' was performed by people who endorsed the medical interpretation of their mental distress. Social inclusion was mainly experienced within the confines of the formal mental care organisation, and in relation to empathic close relations who subscribed to the medical diagnosis. Outside the formal system, however, taking up the patient role could be problematic; for instance, identifying yourself as a person with complex and chronic mental health problems tends to make it difficult to find a regular job. 'Impatient' role performers distance themselves from the medicalization of their personal situation. In the context of formal mental care this challenges the system's boundaries, and may imply a form of self-exclusion; but in alternative services it allows PCCs to 'de-specify' their mental impairments, to focus on their possibilities to connect with the community, and to explore new roles in other social systems. Based on this, Walker and Thunus (2020) stress the potential of both formal and informal mental care. A precondition is that these systems maintain their distinct logic and modes of operation—as they need these to survive—and supplement one another, with the aim to mediate between people with mental health problems and different social environments. That would also allow PCCs to alternate between patient and impatient roles at different stages of their life course.

Vriens and De Moor (2020) apply a sociological perspective to new insurance arrangements with strong peer-to-peer involvement, such as Friendsurance, Lemonade and 'Broodfondsen.' These are technology-driven alternatives to traditional forms of public and commercial insurance, often with the aim to be innovative, fairer, more transparent and more social. They may be seen as a re-invention of 19th century forms of mutual insurance associations. The study focuses on informal types of organisation (mutuals as an alternative form of insurance delivery) and on informal rules (especially the use of risk differentiation, reinsurance and the redistribution of contributions among the participants by private actors). The social exclusion element mainly refers to infrastructural aspects: Do these new initiatives set limits to group size and set up and promote new forms of communication? Applying a worldwide approach, Vriens and De Moor (2020) identified 57 new mutuals in the 2006–2018 period. Of these, 21 were no longer active by 2019 and therefore may be considered as failed initiatives. From the remaining 36 they selected 11 mutuals with sufficient information for allowing a closer inspection of their institutional, resource and member characteristics. Most of these organisations were still rather small (typically less than 2,000 participants or policyholders), with only the Bread Funds (> 20,000 members), Friendsurance (about 150,000) and Lemonade (about 425,000) having a substantial funding base.

Through their analysis, Vriens and De Moor (2020) identify two main categories of mutuals. The first type resembles their 19th century counterparts most closely. Here members are wholly or partly responsible for governance, risk differentiation is lacking, and financial contributions are flat rate and low. Correspondingly, insurance pay-outs in these bottom-up initiatives are basic and cannot be guaranteed. The second type is more similar to existing commercial insurance companies. Although these also apply direct risk sharing at group level and redistribute unused premiums among the participants, they have a top-down governance model with sophisticated risk differentiation based on modern insurance technology. These two types of mutuals face different challenges, which partly reflect problems that were already encountered by their historical predecessors. In the bottom-up type (e.g., the Dutch Bread Funds), adverse selection may occur, and this is problematic once the number of claims exceeds the financial carrying capacity. For mutuals of the top-down type, such as Lemonade and Friendsurance, the main test will be if they can preserve the feelings of solidarity and trust among their participants. These reduce moral hazard but may become less effective once the mutuals grow further, and risk-sharing becomes more abstract and anonymous.

3. Conclusion

This issue clearly highlights the breadth of the Institutions of Inclusion and Exclusion theme. Theoretically, the contributions are based on various perspectives. In addition to the dominant 'new institutionalism,' they have been inspired by comparative human rights theory, the Interethnic contact hypothesis, Sen's capability approach, Jahoda's work on relative deprivation and Luhmann's system theory. Various aspects of social inclusion and exclusion are examined: It is not only about the infrastructural side (the behavioural limitations and opportunities that people face, and related organisational forms), but also about behavioural processes and outcomes for individuals and wider society. The analyses carried out are both quantitative and qualitative, and cover such diverse topics as the political participation of women, interethnic conflicts in neighbourhoods, the lives that long-term unemployed elderly people aspire and lead, the social integration of people with complex and chronic mental health problems, and peer-to-peer models as a social and innovative alternative to traditional forms of public or commercial insurance.

Given the many meanings of the concepts 'institutions,' 'inclusion' and 'exclusion' that we have distinguished above, this wide scope is not entirely unexpected, but it can make it difficult to draw overarching conclusions. Nevertheless, a number of lessons stand out. First of all, irrespective of the elements of the concepts central to the contributions, a common finding is that institutions matter for understanding social inclusion and exclusion. In addition, the complex theoretical and empirical relationship between formal and informal institutions is a recurring theme. The informal rules sometimes prove to be conditional for a successful implementation of formal institutions (Benneker et al., 2020), but can also be a competing regulatory system (Vriens & De Moor, 2020; Walker & Thunus, 2020) or be aimed at goals other than policy makers seek to achieve through formal legislation (Velterop et al., 2020). Another common result that emerges from the articles in this thematic issue is that formal rules are often not enough if one wants to promote that people are full-fledged members of society, or if one strives to combat social exclusion. In order to achieve this, one should take into account, for example, possible conflicts with the dominant expectations among citizens (Benneker et al., 2020; Velterop et al., 2020), the limitations and opportunities arising from the physical environment in which human behaviour takes place (Crul et al., 2020), and the limitations and idiosyncratic institutional logic of different systems (Walker & Thunus, 2020). Conversely, informal ways of provision, however innovative, are not necessarily more inclusive than traditional public or commercial arrangements. Just like these, they may be confronted with adverse selection, moral hazard and risk differentiation.

For the future research agenda, it is desirable to systematically link the various aspects of institutions and of inclusion and exclusion that we have recognized here. Specific attention should also be paid to:

1. Institutional complementarity: How do formal and informal rules regarding work, health and social care, education, housing, legal aid, etc., jointly affect the social position of groups of citizens?
2. Agency: What do actors do, given the systems of behavioural regulation and enablement in which they find themselves? To what extent do they succeed in re-aligning the rules with their own interests, preferences, ideals, etc.?
3. The intersectionality of forms of inclusion and exclusion: The conjuncture of social class, age, ethnic origin, religion, gender, sexual orientation, health status and appearance as factors that bring about social inclusion and exclusion.

Such an approach would also do justice to the growing importance that policymakers attach to the relationship between different forms of institutionalization on the one hand, and issues of social inequality and social cohesion on the other. This is reflected, for example, in ideas about the social investment state and inclusive growth (Hemerijck, 2018; Mahon, 2019; Morel, Palier, & Palme, 2012) that have been adopted by organisations such as the OECD and the World Bank in recent years.

Conflict of Interests

The authors declare no conflict of interests.

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Article

Enforcing Your Own Human Rights? The Role of Social Norms in Compliance with Human Rights Treaties

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Abstract

Although scholars are increasingly able to explain why states (do not) comply with human rights treaties, the role of social norms in compliance has been neglected. This is remarkable because human rights often directly address social norms. Our study aims to contribute to the existing literature by providing quantitative and qualitative evidence on the relationship between citizens' social norms and compliance with human rights treaties. The quantitative results provide strong support for such a relationship. The findings from the additional qualitative analysis suggest that bargaining over (and thus changing) social norms is an important process through which compliance with human rights can be influenced.

Keywords

bargaining approach; compliance; human rights; human rights treaties; social norms

Issue

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1. Introduction

The implementation of human rights treaties is a critical aim of some states and many international organizations. However, the ratification of a human rights treaty is not enough to ensure its effectiveness. Despite extensive scholarly attention, the explanation for the large variety in states' human rights practices remains unsatisfactory. Concepts such as decoupling clarify why a state ratifies human rights treaties, but fail to explain the different and changing levels of compliance. Scholars are therefore increasingly focusing on domestic institutions to explain states' human rights practices.

This article is built on the proposition that the domestic turn in human rights studies is pivotal for a better understanding of the variations in compliance we see across the world. We argue, however, that this turn has neglected the vital role of informal institutions in shaping states' behavior (Cortell & Davis, 2000; Fraser, 2019; Harris-Short, 2003; Zwart, 2012; Zwingel, 2012). We hypothesize that populations resist the implementation of human rights when their provisions do not match social norms, and are supportive of implementation when provisions do match norms. A match could then increase the effectiveness of human rights treaties. Importantly, this hypothesis suggests that citizens themselves have an important role to play in both the protection and violation of their own rights. Our study aims to contribute to the existing literature by providing quantitative and qualitative evidence concerning the relationship between citizens' social norms and compliance with human rights treaties.

The following question guides the research: What is the role of populations' social norms in state compliance with human rights treaties? We focus specifically on Article 7 of the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW), which covers women's active and passive voting rights. We apply a mixed-methods design that includes a quantitative empirical test on the association between social norms and state compliance. The additional qualitative approach enforces our understanding of which processes might drive the observed relationship. A country-by-year data set was created from several international data sources covering seventy-four countries. The complementary qualitative case study focuses on the Netherlands, a country characterized by a high level of compliance and progressive norms. Looking in greater depth at this case gives insights into how processes of social norm change can support compliance.

2. Theoretical Background

Already twenty years ago, Andrew Cortell and James Davis urged for further research on populations' traditions and preferences, as these could potentially explain cross-national variation in compliance (Cortell & Davis, 2000, pp. 66–67). They argued that a convention would automatically have the status of a national norm, when there is a cultural match between the international convention and domestic traditions. This could also possibly increase the level of compliance. Conversely, in case of a mismatch, the population would consider the treaty to be inconsistent with their own values, traditions, or aspirations. The promotion of such an international convention might then lead to domestic resistance and its rejection (Bloomfield, 2015; Cortell & Davis, 2000). In this case, a state might provide all the legal guarantees that an international treaty requires, but conflicting domestic traditions and practices could still hinder their effective use (Fraser, 2019; Merry, 2009; Welzel, 2002; Zwingel, 2012). Similarly, in her valuable study, Sonia Harris-Short (2003, p. 134) suggests that in many cases "the state finds itself unable to realize [its human rights commitment] in practice, because of the absence of a human rights culture at the local level." She argues that the problem of non-compliance cannot always be blamed on state elites who are unwilling to comply. On the contrary, even if there is political will to comply with human rights, the reality on the ground can make compliance difficult. Nine years after Harris-Short's study, Tom Zwart (2012, p. 561) again emphasized the importance of considering local practices for understanding the implementation of human rights. He states that human rights implementations "that add to the existing [local] arrangements stand a far better chance of being supported and carried out by the community than those that are enforced top-down." Julie Fraser (2019, p. 977) further elaborates on this point, by arguing that in many situations, social institutions "can be more potent than legislation" in improving human rights implementation. She advocates using more culturally sensitive approaches to implement human rights, by making active use of and building on social institutions (Fraser, 2019, p. 977).

Yet, despite this elaborate attention, the discussion on the role of norms remains unsettled. Zwart (2012) and Ibhawoh (2000), despite providing pivotal insights on the role of local practices, present limited empirical evidence. In fact, both quantitative and qualitative scholars campaign for more empirical analysis that legal research cannot provide. Harris-Short (2003) and Fraser (2019) both present relevant and interesting empirical evidence in their case studies, thereby demonstrating the need for more empirical evidence beyond their single cases. Moreover, Harris-Short's study highlights the need for more empirical data on social norms, as her evidence is based on documents created by state elites. As she herself acknowledges, governments might not be the most reliable interpreters of a population's cultural values (Harris-Short, 2003). Thus, although valuable, her study lacks the type of evidence that only data collected at the level of citizens can provide. In this article, we make an attempt to provide such evidence by presenting cross-country quantitative survey data that test the association between social norms and compliance, as well as qualitative evidence from a case study that demonstrates how changing social norms can drive compliance.

2.1. Social Norms

The limited evidence is partly related to a disagreement on what social norms are. It appears that scholars providing empirical evidence do not study norms within populations directly. Instead, they focus on, for instance, domestic policies (Simmons, 2009), constituencies (Dai, 2005), or local redefinitions of international conventions (Acharya, 2004; An-Na'im, 2000; Merry, 2009; Zwingel, 2012). Other analyses do not clearly distinguish between populations' social norms, i.e., informal institutions guiding people's interactions, and national formal rules, such as laws, i.e., formal institutions (Flowers, 2009).

Drawing on insights from new institutionalism, this article aims to advance the existing knowledge of social norms and human rights compliance by providing empirical evidence that is based on a clear definition and operationalization of social norms within populations. We consider institutions, both formal and informal, to present a web of interrelated norms or rules that govern social relationships. It is through facilitating and/or constraining that these institutions give shape to larger unit performance, such as families, work environments, and even entire economies (Gërxhani, 2004, p. 732; Nee & Ingram, 1998, p. 19). Formal institutions are explicit rules, such as laws, which rely on formal monitoring mechanisms from authorities such as the state. In contrast, informal institutions, i.e., social norms, are the informal rules of a group or community. Shared understandings of a social group or community on gender (in-)equality are cases in point. These norms are not necessarily explicitly stated, and rely on informal mechanisms of monitoring, such as social (dis)approval (Nee & Ingram, 1998, p. 19).

New institutionalist research has shown that studying the relationship between social norms and formal rules is pivotal in understanding political (Helmke & Levitsky, 2004), economic (Gërxhani, 2004), and legal outcomes (Moon & Hein, 2013). Since human rights treaties are formal rules, insights from new institutionalism can also be relevant to further understanding the relationship between social norms and compliance with these treaties. The literature recognizes four types of interactions between formal and informal institutions (Helmke & Levitsky, 2004). The first is complementarity, in which informal rules or social norms coexist with effective formal institutions. In such an interaction, social norms play a crucial complementary role in making the formal rules effective, ensuring that they are not only rules on paper. One example is the U.S. Constitution. Its effectiveness is often linked to a complementary set of shared beliefs and expectations among citizens (Helmke & Levitsky, 2004, p. 728). The second type of interaction is accommodation, in which social norms provide incentives that support a different type of behaviour than the formal institutions do. Yet, as the formal institutions are effective, the informal norms simply accommodate them by providing alternatives and do not constitute a direct challenge to the formal rules. One classic example regards the former communist countries where the strictly enforced formal rules were accommodated by informal arrangements of goods provision. The third type of interaction is competition, in which formal rules are weakly enforced and typically not adhered to. In this case, social norms can become dominant and offer a competing role to formal rules in shaping behaviour. Such an interaction is observed in southern Italy where norms enforced by the Mafia are dominant. Finally, the fourth type of interaction is substitution. Here, the formal institutions are weakly enforced as well. However, social norms take a substituting role by establishing expectations and guiding behavior in the same way the weak formal rules were designed to do (Helmke & Levitsky, 2004, p. 729).

The latter case, in which the interaction between formal rules and social norms is substitutive, is particularly interesting when it comes to human rights. Human rights enforcement mechanisms are generally considered as lacking teeth; states are not routinely or consistently held accountable for ongoing violations (Hafner-Burton & Tsutui, 2005, 2007; Lebovic & Voeten, 2009, p. 79). We argue that individuals and communities can succeed in substituting weakly enforced formal human rights through their ability to enforce these rights informally, and subsequently change social norms. Informal norms within societies are never static. They often differ among communities within one society, and are subject to constant struggle and change (Donnelly, 2007). We apply the so-called bargaining approach within new institutionalism to explain whether and how such change of social norms in communities happens. This approach is important as it provides a possible explanation of how negotiating over (and thus changing) social norms affects state compliance with international conventions. Moreover, it responds to earlier calls to focus more on social norms, as well as using a more actor-based approach to understand human rights compliance (Fraser, 2019; Nyamu-Musembi, 2002). As Celestine Nyamu-Musembi (2002, p. 1) argues, “rights are shaped through actual struggles informed by people’s own understanding of what they are justly entitled to.”

The bargaining approach outlines how those with the most bargaining power are most likely to see their preferred norm established as a common norm in their community (Knight & Ensminger, 1998). The basis of this bargaining power can be material, such as financial resources, or non-material, such as ideology and status. An important element of bargaining power is access to or control over formal and informal enforcement mechanisms. This is because even when a new norm is introduced and shared within a population, it is essential that the initiators of norm change establish and use effective sanctioning mechanisms. Otherwise, the new norm may not be adhered to, and people can return to their old practices (Knight & Ensminger, 1998, p. 120).

In conclusion, by drawing on insights from new institutionalism this study will quantitatively test the relationship between social norms and compliance based on the following proposition: The higher the percentage of people adhering to social norms that contradict the content of a human rights treaty, the lower will be the level of compliance with that treaty. However, such a quantitative relationship does not say anything about the underlying process driving the association between social norms and compliance with a treaty. We therefore use qualitative methods to shed more light on this process and to better interpret the findings in the framework of the bargaining approach within new institutionalism.

3. Study Design, Data, and Methods

Our empirical focus is on the CEDAW. This choice is motivated by our main interest in exploring the relationship between social norms and compliance. Women’s rights are often deeply rooted in local cultures. Even governments that genuinely want to improve women’s rights are expected to see their goals obstructed by social norms regarding women (Ibhawoh, 2000, p. 848; Merry, 2009; Simmons, 2009, p. 203). We thus expect the impact of social norms on compliance to be the strongest for this treaty. In other words, if we find no relationship between social norms and compliance with the contested CEDAW, it may even be less likely to find it for more consensual treaties. This strategy is known as choosing the most likely observation. The disadvantage is that it is not the most rigorous test, because the treaties for which the effect of norms is less likely, such as the Convention Against Torture, have not been tested.

Nonetheless, the findings may be worthy of further investigation, as the relationship will have survived a plausibility probe (King, Keohane, & Verba, 1994).

We specifically narrow to one treaty article, namely Article 7A, for two reasons. First, it is very difficult to measure compliance with the CEDAW as a whole. The treaty contains broad obligations that are difficult to define precisely. This is usually solved by focusing on the basic rights that are mentioned most explicitly in the treaty (Hathaway, 2002; Simmons, 2009, p. 255). Article 7A, which deals with political participation, is a case in point:

> State Parties shall take all appropriate measures to eliminate discrimination against women in the political and public life of the country and, in particular, shall ensure to women, on equal terms with men, the right: (a) To vote in all elections and public referenda and to be eligible for election to all publicly elected bodies. (United Nations General Assembly, 1979)

The second reason to narrow to Article 7 is because it is considered to be "a fundamental provision of the Convention, the implementation of which is essential to fulfilling its object and purpose" (Government of Finland, 1996) by many ratifying states. Nonetheless, we do not aim to generalize our findings to the whole treaty as it is possible that the relationship between social norms and compliance is different for separate articles of the CEDAW. As we do not provide empirical evidence for the other articles, that could be a focus for future research to explore.

3.1. Quantitative Data and Methods

We created a data set of 123 country-year observations covering 73 countries. Each country was assigned several country-years when it had several measure points over time. The number of country-years is determined by data availability from the World Values Survey and from the augmented macro-level data (see Section A for selection of countries in the Supplementary Material). The time period ranges from 1995 to 2008. There is a maximum of three measure points per country (1996, 2001, and 2007). The sample creates an unbalanced panel, because not every country is measured in every survey wave. Countries that have not ratified the CEDAW are excluded from the sample.

The dependent variable measures the effectiveness of Article 7A through the percentage of seats in national parliaments held by women. This indicator suffers from the same issue as many compliance indicators, as there is a misfit between our actual data and the precise requirements of the treaty (Hathaway, 2002, p. 1968). Yet, we believe this measure is appropriate, first, because it is more specific than other indicators. For example, the Gender Inequality Index is an often-used indicator, but it is too broad for our purposes. It includes reproductive health, percentage of parliamentary seats, and labour market participation in one single indicator. Second, the percentage of parliamentary seats is a highly reliable indicator. It is measured in the same way all over the world and has no sampling errors or reporting bias. Finally, also in other literature on women's political participation, this indicator is considered "strongly indicative of the success of countries in putting in place practices and institutions to achieve the requirements" (Hathaway, 2002, p. 1968).

The central independent variable is a measure of social norms regarding women in politics ("conservatism"). For this variable, we use a statement from the World Values Survey (three waves, from 1995 until 2007), which directly measures norms (i.e., shared beliefs) regarding women in political life: "On the whole, men make better political leaders than women do" (Inglehart et al., 2014). The original four-point scale was recoded such that a respondent either agrees or disagrees with this statement. The answers were then aggregated to percentages at the country level. Thus, a higher score on "conservatism" means a larger percentage of people per country agree that men make better political leaders than women do. We are aware that such an aggregated measure of social norms, which is a highly complex and multifaceted concept, is overly simplified. However, it does account for the critique that populations cannot be treated as homogeneous groups with no internal differentiation (Donnelly, 2007). Because it is measured in percentages, the variable accounts for such differentiation and does not treat the population as a homogeneous unit. We also control for several variables which were selected based on previous studies on compliance with human rights (Cole, 2015; Hathaway, 2007; see Section B in the Supplementary Material).

We apply a time lag of five years between the independent variable (and controls) and the dependent variable. We do so because if, at one point in time, social norms are indeed related to the percentage of women in national parliaments, we could expect to see some of that influence in a following leadership change. When there was no data available for the dependent variable in a specific year, data from the following or the previous year was used. In some cases, it was necessary to expand this to two years. For education, this was in some highly exceptional cases still not possible. Therefore, a maximum of nine years following or previous to the year, for which data was lacking, is used. Although nine years is a considerable time span, it is not expected that the level of education in a country will change significantly that quickly.

A multi-level regression analysis is used to explore the relationship between social norms and state compliance across countries controlling for changes over time. We are also able to explore whether or not the relationship is consistent across countries. We run four different models (M1–M4) including variables in a stepwise procedure. M1 is an empty model which examines how much variation in compliance can be attributed to between-country variation. M2 tests the impact of the control variables, whereas M3 includes the social norm measure as the main independent variable. M4 replicates M3 but additionally includes a random slope for the social norm measure in order to see whether the relationship between social norms and compliance varies across countries.

3.2. Qualitative Data and Methods

For the qualitative analysis, we looked for a country where social norms support compliance, as this enables a study of the underlying process. Based on an explorative analysis of one wave of the World Value Survey augmented with data of the World Bank, we identified a group of four countries with a large fraction of female representatives and a low percentage of respondents agreeing that men are better political leaders than women. This group consists of Sweden, Norway, Finland and the Netherlands (see Section A in the Supplementary Material).

From this group, we selected the Netherlands, first because of its reputation for being a progressive country with extensive women's rights and emancipation (Boerefijn & Goldschmidt, 2007). Second, and equally important, the Dutch parliament houses a party called Staatkundig Gereformeerde Partij (SGP; Reformed Party), which persistently excluded women from party membership and electable positions. This led to repeated critique by the CEDAW Committee, which concluded that the Netherlands was in violation of the treaty. Nevertheless, the Dutch Government refused to interfere in the party's affairs, and the party itself dismissed the Committee's comments. The party's constituency also preferred the status quo (Oomen, Guijt, & Ploeg, 2010). It was therefore all the more surprising that a woman should run for election for the SGP in 2013. She subsequently became the first female SGP city council representative. What happened, and how?

To answer this question, we conducted twelve in-depth semi-structured interviews and content analysis of media sources. Ten interviews were held with active SGP members, including the female representative herself, and two with experts on Dutch CEDAW compliance. All interviews took place between January and April 2014. The interviews were coded and analysed using ATLAS.ti. The content analysis is based on three different media sources, and provides additional contextual understanding of the respondents' statements and illustrates their experiences (for details on the selection of respondents and the qualitative data, see Section C in the Supplementary Material).

4. Quantitative Evidence

Detailed multi-level regression results are presented in Section D in the Supplementary Material, Table 1. Here, we discuss the main conclusions. Starting with the question, how much variation in state compliance can be attributed to within or across country variation, M1 shows that actually 90% of the unexplained variance in state compliance can be found across countries and only 10% within countries over time. When adding control variables in M2, we can observe that 32.28% of the variance in state compliance at the country level can be explained.

The main model is M3, which examines the association between social norms and compliance including relevant control variables. The variable that captures the conservatism in social norms (that is, the extent to which people agree that men are better political leaders) has a coefficient of -0.19 (with a standard error of 0.05). This is significantly different from 0 with $p < 0.001$. This negative association shows that the larger the share of a population adhering to conservative norms, the lower the compliance with the CEDAW. When adding the norm variable, the explained variance at the country level increases to 51.56%. A likelihood-ratio (LR) test indicates that adding social norms as an explanatory variable significantly improves the model's explanatory power compared to M2 ($p < 0.01$).

Finally, M4 adds a random slope for norms ("conservatism") to see whether country differences exist in the association between norms and compliance. The results show little to no difference in comparison to M3. An LR test confirms that adding the random slope to M3 does not significantly improve the explanatory power ($p > 0.99$). We can thus conclude that for our sample the association between norms and compliance seems to be consistent across countries.

In sum, our findings indicate that a population's social norms are significantly related to state compliance with Article 7A of the CEDAW, and that this effect is consistent across countries.

Given the fact that the presented estimates might be affected by influential cases (in this case countries), we also apply a robustness check in which we rerun the analyses excluding those countries which have been identified as influential (based on Cook's D, six countries have been excluded: Argentina, Bulgaria, Peru, Rwanda, South Africa, and Turkey). The results (see Table 2, Section D in the Supplementary Material) do not substantially change. The coefficient for norms ("conservatism") remains positive and significant and is slightly stronger than in the model including the influential cases.

5. Qualitative Evidence

Though very important, such quantitative findings tell us little about the processes that underlie the relationship between social norms and state compliance. For this purpose, we turn to the qualitative case study on the Netherlands. The Dutch generally support women taking up public functions; less than 20% agree that men are better political leaders. This progressive context has developed gradually over the years.

In contrast to this widespread acceptance of gender equality, there is one Dutch political party, the SGP, that excluded women from political office until recently. The party is the formal political organization of the community of orthodox reformed Christians in the

Netherlands. This group makes up about 10% of all reformed Christians, which measure about two-and-a-half million people out of the total Dutch population of about seventeen million (Oomen et al., 2010, p. 162). According to the SGP community, a woman's calling is not politics, but taking care of her family. Many women in this community willingly disregard their voting and membership rights, as they believe these are not in line with women's Biblical calling (Oomen et al., 2010, p. 169). Although the SGP's so-called "women's stance" is not popular with the rest of the Dutch society (Oomen et al., 2010), the party has continually occupied two seats in the Dutch parliament of 150 seats. Unexpectedly though, a woman, Lilian Janse, became party leader of a local SGP branch in 2013 and was elected as SGP city council representative in 2014. In the following section, we will apply the bargaining approach of new institutionalism to investigate whether this change can be explained by a bargaining process over social norms concerning women in politics.

5.1. Conflict of Interest

A first precondition for a bargaining process on norms to occur is the existence of a conflict of interest between two groups within a community over the changing of a dominant norm, in our case the SGP's women's stance (Knight & Ensminger, 1998). For religious-based ideological reasons, most SGP members did not want to accept women into politics (Oomen et al., 2010). Most of our interviewees argue that "we have a Bible which clearly states that God, from the creation of mankind onwards, really distinguished [between men and women]. And that is very valuable" (Respondent 10). For many years, this women's stance was regarded as the status quo within the SGP community.

The election of a female party leader in Vlissingen (a small harbour city in the South-West) meant a sudden break with the SGP community's norm. Two particular circumstances played a role. First, and most importantly, the Vlissingen branch could not find a willing male party leader for the elections, and were glad Lilian Janse was willing to take up the responsibility. Second, the branch was weakly represented in the council, and having a female candidate in the more emancipated Vlissingen was not likely to lead to a loss in votes—if anything, they might be able to win more votes than in previous rounds. This made a change in the branch's perception of the SGP's norm; women's political participation became more desirable than maintaining the status quo.

One can thus argue that a conflict of interest emerged within the SGP over its women's stance. The Vlissingen branch had interests in breaking with the old norm, while the national majority wished to uphold the traditional women's stance. At the same time, it must be emphasized that there was also considerable common ground between these seemingly opposed groups. All strongly believe that the Bible proposes a natural order, in which the man is seen as the leader of the family, and the woman, the main care-taker. The Vlissingen branch had no intention of changing that basic belief. The only issue at stake was what this basic belief meant for the role of women in politics. For the members in Vlissingen, a woman could participate in politics after finishing her main responsibilities in the family. In their view, the Bible does not state that it is not allowed. On the contrary, they felt the Bible clearly describes women who did participate in politics, taking the biblical figures such as the Queen of Sheba and Deborah as main examples (Respondent 4; Respondent 7).

5.2. Asymmetry in Resources

The second precondition for a bargaining process and possible change of norms is an asymmetry in bargaining resources between the two groups. An important resource is access to and control over norm enforcement methods. Informal methods of enforcement within a community concern rewards or social disapproval and ostracism (Knight & Ensminger, 1998, p. 106). Formal methods of enforcement include access to or control over official bodies, and most notably, initiation of court cases.

Within the SGP community, strong informal disapproval on the women's stance seems to have been largely absent. Also those who did disagree with the women's stance had little intention of changing it, considering party and community unity more important. In this respect, it seems that the Vlissingen branch had very little informal bargaining power. A very different picture emerges, however, if one takes into account the way the rest of Dutch society frowned upon the SGP's women's stance. All the interviewed respondents speak of strong social disapproval against the SGP community by a majority of the Dutch population because of its women's stance. This disapproval is experienced on a regular basis:

> If I tell them that I am on the candidates' list for the SGP, they compare you to the Taliban, who considers women to be less worthy than dogs. They do not give you a chance to really explain your position. (Respondent 10)

Most respondents consider such informal disapproval as condemnatory, and feel their norms clash with the rest of the Dutch society. Our media analysis confirms these experiences. Especially articles from the main left-wing newspaper tend to ridicule the SGP and its women's stance: "It's about a backward political party, we don't have to argue about that anymore" (Abraham, 2003). This conflict between the SGP and the large majority of the Dutch increased the bargaining power of the Vlissingen branch when proposing a new norm of women being electable, by supporting the candidacy of a first-ever female party leader.

Informal bargaining power is only part of the story, however. Access to, or control over formal enforcement mechanisms can also be influential in the bargaining process. For those wanting to change the SGP's women's stance, these were plenty. Dutch law made it possible to sue the party, if only one SGP woman was willing to do so. And yet, no SGP member did—not even the Vlissingen branch. The women's stance was part of the official regulations of the party, and no one wanted to change these via the court (Oomen et al., 2010).

Again, as with the informal method of enforcement, formal enforcement came from outside the SGP. In 2003, a group of Dutch NGOs sued the Dutch State for violating women's rights. This immediately put a great deal of pressure on the SGP community: "I even considered this to be threatening now and then. Apparently, we are no longer granted any space…in the democratic Netherlands" (Respondent 11). The community—even those who did not necessarily support the women's stance—was determined to fight for maintaining their rules and norms. Notwithstanding this, after almost ten years of court cases and appeals, the Dutch High Court ruled in 2010 that the Dutch State was indeed in violation of Article 7 of the CEDAW. As a consequence, the Dutch State became obliged to take measures to ensure women's political participation within the SGP. An appeal by the SGP to the European Court for Human Rights was dismissed in 2012. The Dutch state, reluctant to interfere, gave the SGP six months to come up with their own solution (Vroegindeweij, 2012).

In March 2013, the SGP formally changed its women's stance. This, however, did not cause a norm change within the SGP community. The party changed its statutes, so women could no longer be formally refused, but it kept an informal manifest that signified that women's political participation is against their calling (SGP, 2013). In addition, the local SGP branches were not required to change their statutes accordingly, as these are largely independent from the national party.

Nevertheless, the grounds for maintaining the status quo were weakening. Both the informal pressure from the Dutch population at large, and the court cases instigated by the Dutch NGOs had an impact in shifting the bargaining resources (i.e., power) from the proponents of the women's stance to the more progressive members of the SGP community, like the Vlissingen branch.

5.3. Enforcement

The final step needed in order to understand the bargaining process is an appreciation of the role of norm enforcement. When the Vlissingen branch announced its election of Janse as their party leader, the SGP community could no longer use formal methods to block this. Informal disapproval, however, was immediately exercised. The Vlissingen branch received numerous phone calls, e-mails, and letters of disapproval (Respondent 7). These came from other local branches and conservative individual members. Most were polite requests for Janse to step down, as her role was not in line with a woman's calling (Lilian Janse, interview). The national SGP board visited the Vlissingen branch, to ask whether they would be willing to reconsider. The Vlissingen SGP members felt confident in defending their position, and emphasized the new formal rules: "I told them of course not! Everything happened legally, according to our regulations" (Respondent 7).

Janse's appointment as party leader met with strong social approval from outside the SGP community. Interviewed members of the Vlissingen branch report that people congratulated Janse on the streets, or promised her their support in the elections:

> People approach me [and say]: 'Great that a woman is going to do it!' It is more about me being a woman of course. I get all kinds of positive comments about that. Outside the SGP community, actually only positive ones." (Lilian Janse, interview)

This external support made Janse feel that she was given "the status of heroine" (Lilian Janse, interview). Moreover, the approval was translated in votes during the city council elections, and resulted in the first political seat ever held by an SGP woman.

In summary, two elements seem to have jointly resulted in Janse winning her seat in the city council elections. First, the changing of the SGP's formal statutes, which happened after the Dutch authorities had lost the court cases initiated by the NGOs. This reinforced the second element, which was the strong informal enforcement. This informal enforcement came from widespread and strong support from the progressive Dutch majority. The media also reported on Janse very positively and the analysed newspaper articles seem to show a generally positive attitude towards her election. Second, there was also some support by the less conservative members within the SGP community.

Based on these qualitative findings, we argue that it was indeed a bargaining process over social norms that led to an increase in compliance. The conflict of interest within the SGP community over the women's stance was won by those in favour of changing it, due to their superior bargaining power. It is nevertheless too early to judge whether the norm change will be sustained. Even when some members of a community are convinced that a norm change is necessary, only continued informal support can guarantee long-term change. When such support is absent or insufficient, it remains likely that people will revert to honoring the old norm (Nee & Ingram, 1998, p. 120). Only time will tell whether the norm change within the SGP can be sustained. Until then, our results only allow us to claim to have described the start of a possible norm change.

6. Conclusion

This study seeks to provide empirical evidence concerning the relationship between social norms and compliance with human rights treaties. Our quantitative findings show support for the proposition that social norms are positively associated with compliance to Article 7A of the CEDAW. The larger the adherence to conservative norms on women's political participation, the lower the state compliance with Article 7A of the CEDAW. This relationship between norms and compliance appears to be constant across countries.

Our complementary qualitative case study provides evidence that bargaining over social norms is one of the processes underlying the observed quantitative relationship. In this process, superiority in bargaining resources is essential. If the group with the most resources favours change towards less restrictive norms (i.e., the possibility of women's political engagement outside the household) then the resulting bargaining will lead to an increase in compliance with CEDAW's requirements regarding women's participation in politics. This study shows that such bargaining superiority is not only related to the community concerned, but can also be facilitated by groups outside the community. With outside support, even a minority within a community may win the bargaining process. This finding might be interesting for those who aim to implement human rights treaties in local communities that at first sight appear opposed to these treaties.

Our empirical findings suggest that social norms should be added to the explanatory factors of state compliance with human rights treaties. As such, our study confirms the propositions of previous studies that social norms can help explain the wide variation in compliance we see in practice (Cortell & Davis, 2000; Fraser, 2019; Harris-Short, 2003; Zwart, 2012; Zwingel, 2012). They argue that compliance can be obstructed by populations when the content of a treaty does not match their social norms. On the other hand, populations can also support compliance when their norms match the content. Our study not only shows that such a relationship exists; it also explains why.

Even though the mixed-methods design provides a more thorough picture of the research subject than would have been possible by using only one method, time and space constraints do not allow us to use each method's potential to the fullest. A more elaborate qualitative study could lead to more detailed insights. For instance, this study sheds little light on the Dutch government's reluctance to interfere with SGP party matters, which might be related to a long tradition of protecting religious freedom. Finally, the qualitative part of this study increases the credibility that a causal relationship might exist between social norms and state compliance, as it identifies a process that underlies this relationship. Nonetheless, the relation might also work the other way around. The presence of women in politics could serve as an example, with the informal support of having more women in politics as a consequence.

This study establishes a first step towards a better understanding of the role of social norms in compliance with human rights. Challenges for future research lie in confirming, falsifying, and expanding the current results. Special attention could be paid to whether the bargaining process is also prevalent in other contexts, or why it might not be. The Netherlands is a typical example of a country with high compliance and a small share of conservatives. Additional typical cases, such as countries with low compliance and a large share of conservative people, could be researched.

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Conflict of Interests

The authors declare no conflict of interests.

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Article

How the Architecture of Housing Blocks Amplifies or Dampens Interethnic Tensions in Ethnically Diverse Neighbourhoods

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Abstract
This article explores how the architecture of neighbourhoods influences interethnic tensions in ethnically diverse neighbourhoods. We found that people of Dutch descent living in apartments in four storey walk-ups in ethnically diverse inner-city neighbourhoods seem less likely to feel threatened by ethnic diversity than people living in in similarly diverse suburbs characterized by larger housing blocks featuring inner courtyards and galleries. Further analysis reveals that the residents of these suburbs share various types of semi-public spaces and have competing interests in using them, whereas the residents of inner-city neighbourhoods share fewer semi-public spaces and therefore have more scope to choose when and how to engage in interethnic contact with other residents. We also explore residents' housing histories and examine differences between people who either have more negative or more positive views on diversity with regard to their active participation in various organizations. This last piece of the puzzle will be used to analyse the potential for both negative and positive messages about ethnic diversity to spread. Based on the empirical findings, we will formulate some building blocks that can help to further explain the level of perceived ethnic tensions in ethnically diverse neighbourhoods.

Keywords
diversity; ethnic tensions; housing; interethnic contact; neighbourhoods

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1. Introduction

Little research has been done so far in the Netherlands into why ethnic tensions in diverse neighbourhoods occur or, equally as interesting, why they do not materialize. This article examines this topic by analysing the possible influence of the physical environment in neighbourhoods through the following research question: How does the architecture of housing blocks and neighbourhoods amplify or dampen ethnic tensions in ethnically diverse neighbourhoods? Most research on interethnic contact and possible positive or negative outcomes has focussed on human conditions, such as the duration or intensity of the contact or differences in group characteristics (such as differences in socio-economic status). In this article we will explore the influence exerted by the physical environment in which contact occurs, by focusing on the types of housing in which residents interact daily.

We will use survey data from two research projects carried out in Amsterdam that allow us to distinguish between types of housing and obtain detailed information about the interaction between residents in these housing types. We will start out by exploring whether architectural differences are related to specific reactions among people living in ethnically diverse settings. The data presents differences in outcomes for two types of housing: inner-city apartments in four storey walk-ups in ethnically diverse working-class neighbourhoods, versus suburban apartments in housing blocks in ethnically diverse working-class neighbourhoods. In the second part of the article we take a closer look at how these differences can be explained. For this we use data obtained from the city council for two Amsterdam neighbourhoods, one of which typically features inner-city apartments, the other consisting of suburban housing blocks. We selected these particular neighbourhoods because although their ethnic composition is almost identical, they have the most polarized outcomes in Amsterdam in terms of social cohesion and ethnic tensions. We also explore residents' housing histories and examine differences concerning active participation in various organizations between people who either have more negative or more positive views on diversity. We will use this last piece of the puzzle to analyse the potential for negative and positive messages about ethnic diversity to spread. Based on the empirical findings of these two studies, we will propose elements that can help further the explanation of ethnic tensions in diverse neighbourhoods.

2. Theoretical Framework: Going Beyond the Interethnic Contact Hypothesis

In its early stages, research on ethnic tensions largely focussed on studying processes of decolonization. Horowitz published his seminal text "Ethnic Groups in Conflict" in 1985. Twenty years later Brubaker and Laitan (2004) argued that there is still a lack of clarity regarding what should be considered as ethnic conflict and what causes it. Since then, the number of articles has increased considerably and researchers from an array of disciplinary backgrounds, ranging from political science to social psychology and anthropology, have studied ethnic conflict and its causes. This article limits itself to interethnic tensions involving daily encounters in ethnically diverse neighbourhoods.

Allport was one of the first to extensively study interethnic contact and conflict. He developed the intergroup contact hypothesis in 1954, based on his research among Second World War soldiers in integrated platoons in the US army (Allport, 1954). Since then many researchers have both worked with and challenged the hypothesis that close interethnic contact will bridge prejudices and conflicts (see, for example, Amir, 1976; Árnadóttir, Lolliot, Brown, & Hewstone, 2018; Barlow et al., 2012; Brewer & Kramer, 1985; Paolini et al., 2014; Rothbart & John, 1985; Wright, Aron, Mc Laughlin-Volpe, & Ropp, 1997). Pettigrew and Tropp (2006) conducted one of the most comprehensive meta-studies on this topic. They analysed the results of 515 studies on intergroup contact and concluded that contact typically reduces intergroup prejudices. The results of the meta-analysis were controlled for by different age groups, geographical areas and contact settings. In reference to Allport's work, Pettigrew has always emphasized that certain conditions (equal status, common goals, intergroup cooperation and support of social institutions) must be in place for positive contact effects to occur (Pettigrew, 1998). Both Allport and Pettigrew warned us that competition or unequal status can fuel animosity between groups. Increased anxiety and threat can further enhance conflicts between groups (see Tropp, 2016). Based on the empirical findings in this article, we will explore a different path than the founders of intergroup contact theory. Instead of examining under which human conditions (e.g., differences in group characteristics, unequal status and power relations) interethnic contact can lead to positive attitudes, we will analyse which physical conditions in a neighbourhood context are related to either negative or positive attitudes.

3. The Influence of Architecture on Attitudes towards Diversity

We will first analyse whether different types of housing and architecture in semi-public spaces are related to different attitudes towards living in ethnically diverse settings, making use of a survey conducted in highly diverse neighbourhoods in Amsterdam. As part of a large-scale international survey, the Integration of the European Second Generation (TIES), the Dutch TIES survey was used to analyse the position of the Turkish and Moroccan second generation and a comparison group of people of Dutch descent in Amsterdam. For this purpose, respondents were sampled from the municipal register. The survey was conducted among 750 people between 18 and 35 years of age. Data from the register was used to draw a representative sample of second-generation Turkish and Moroccan respondents according to their actual presence in these neighbourhoods (for details about the sample design see Groenewold, 2008). This meant in practice that respondents were mainly sampled in neighbourhoods with a high percentage of migrants (many of them majority-minority neighbourhoods). On average, people of Turkish and Moroccan descent live in the poorest neighbourhoods (Crul & Heering, 2008). Despite the survey being ten years old, it is still one of the best data sets for studying the issues we are addressing here, because TIES also sampled a comparison group of people of Dutch descent of the same age living in these same neighbourhoods. The definition used to determine whether a person is of Dutch descent is that used by Statistics Netherlands (2020), the national statistical bureau, and is as follows: "A person born in the Netherlands, both of whose parents were also born in the Netherlands." The way the sample is drawn makes TIES the ideal survey for studying the reactions of people of Dutch descent to living in highly diverse settings.

The 23 Amsterdam neighbourhoods in which the survey was conducted are either working-class inner-city neighbourhoods where labour migrants settled in the

1960s and 1970s or working-class suburbs where migrant families moved to in the 1980s due to the availability of affordable larger houses and more green areas for children. Consequently, the average socio-economic status of people living in both types of neighbourhoods was very similar. In both cases, most of the housing was subsidized social housing.

The TIES survey contains several questions on housing and also collected data on the respondents' neighbourhoods. For the purpose of this article we conducted an explorative analysis to see which neighbourhood and housing characteristics were relevant in relation to residents' reactions to ethnic diversity. The best predictor for differences in attitudes towards ethnic diversity is a question in the TIES survey asking respondents if they think that living alongside people of a different ethnic background is either an enrichment or a threat to their own way of living. It is a five-point scale question in which the midpoint gives respondents the opportunity to say that it makes no difference.

We divided the residents into four groups corresponding with four types of housing we detected, based on the neighbourhoods they lived in and the number of floors in their buildings or housing blocks: (1) four storey street level apartments in inner-city working-class neighbourhoods; (2) four storey apartment blocks in working-class suburban neighbourhoods; (3) low-rise apartment blocks in working-class suburban neighbourhoods; and (4) high-rise (more than four-storeys) apartment blocks in working-class suburban neighbourhoods.

There were no significant differences between respondents living in the three types of suburban housing in terms of how they perceived living in an ethnically diverse environment. But we did find significant results when we placed them in juxtaposition with inner-city respondents. Generally, the people of Dutch descent in the TIES neighbourhoods do not feel threatened by living in a diverse setting. However, as we can see in Table 1, double the number of respondents living in suburban neighbourhoods stated that they felt threatened, compared to their peers in inner-city neighbourhoods. The correlation is significant ($p < 0.01$).

We controlled for whether respondents in these two types of housing differed on any particular individual characteristics. They did not differ in terms of socio-economic characteristics (five-point EGP coding scheme) or educational background characteristics. The majority of respondents (about three quarters) in both the inner-city and the suburban neighbourhoods had only been living there for five years or less, which makes sense given their relatively young age (18 to 35).

The people living in four storey walk-ups in inner-city working-class neighbourhoods usually shared their building with three or four neighbours, and normally only the ground floor would have access to a small private back garden. Children usually played in the streets, small local squares or nearby parks. The people in the suburbs either lived in four storey housing blocks with about seven apartments organized around a porch, or in a high-rise building with between fifteen and twenty-five storeys and shared galleries. These types of suburban housing usually have green areas between the blocks where children can play, or inner courtyards enclosed within the buildings. In the next section we will take a closer look at the type of interethnic encounters that these architectural differences produce and how they relate to attitudes towards diversity.

A further relevant finding from the data analysis is that more than three times as many respondents from the suburbs had been raised in Amsterdam in comparison to the inner-city respondents (39% versus 12%). The latter usually came from smaller cities (and thus less diverse neighbourhoods) throughout the Netherlands. Of those raised in Amsterdam, 58% of the suburban residents were still living in the neighbourhood they had grown up in. Given the ethnic composition of these lower-class suburban neighbourhoods, this group has more pre-existing experiences of living in an ethnically diverse context. Of these people, 19% stated it is (rather) threatening to live in an ethnically diverse setting, which is indeed a much higher percentage than among any other group. One may assume that interethnic contact when they were growing up in an increasingly diverse neighbourhood may have influenced their current attitudes. Naturally, we must be careful about drawing this conclusion as proper longitudinal data are needed to substantiate it, but qualitative research drawn upon in the next section also seems to point in this direction.

Table 1. People of Dutch descent (18 to 35 years of age) in ethnically diverse Amsterdam neighbourhoods. Survey question: "Do you think that living together with people of different ethnic origin is an enrichment or a threat to your own way of living?"

	Threatening	Rather threatening	Makes no difference	Rather enriching	Enriching	Total N = 232
Respondents in ethnically diverse inner-city lower-class neighbourhoods	1%	5%	15%	37%	41%	N = 78
Respondents in ethnically diverse suburban lower-class neighbourhoods	6%	7%	34%	26%	28%	N = 154

Source: TIES Survey (2008).

4. Amplifying or Dampening Interethnic Tensions: Neighbourhood Characteristics

In this section we will try to dig deeper into neighbourhood and housing characteristics using another survey carried out in Amsterdam by the municipal statistical bureau, or OIS (Onderzoek, Informatie & Statistiek), on interethnic tensions and conflicts in Amsterdam's neighbourhoods (Broekhuizen, van Marissing, & Wonderen, 2012; Wonderen & Broekhuizen, 2012). Of the twenty neighbourhoods studied, we looked at data published on two neighbourhoods that represent the two ideal types we distinguished in the previous section. The two neighbourhoods are at opposite ends of a scale measuring interethnic tensions between neighbourhood residents, making this the most extreme case comparison. By looking at the extremes we hope to gain insight into whether the architecture of these neighbourhoods in combination with the housing histories of the residents has the potential to either fuel or diminish tensions. The same research methodology was used for both neighbourhood studies (e.g., research design and format). The fact that their ethnic make-up was so similar provided yet another reason to choose these particular neighbourhoods for the comparison.

Before presenting the results, let us briefly describe the two neighbourhoods. The Jacob van Lennep neighbourhood, an inner-city working-class neighbourhood with a large stock of social housing, has relatively few interethnic tensions. Immigrants started moving into this neighbourhood in the 1970s. During this period, many people of Dutch descent who were uncomfortable with the neighbourhood's changing ethnic composition moved to satellite towns like Almere and Lelystad. From the 1990s until recently, when prices began to rocket, in a slow process of gentrification, young families of Dutch descent started moving to this neighbourhood because of the relatively cheap rents. Unlike the older inhabitants who had moved away, these newcomers were usually well aware of the neighbourhood's ethnic make-up before moving there, as it was known for being a typical 'immigrant neighbourhood.' According to the qualitative part of the research many newcomers even chose the neighbourhood for its ethnic mix.

The second neighbourhood, which has a lot of interethnic tension, is the Harbour Island West neighbourhood, a newly-built lower-class neighbourhood on the outskirts of Amsterdam with more privately-owned apartments than the Jacob van Lennep neighbourhood. The houses are often occupied by people of both immigrant and native Dutch descent who had previously lived in the increasingly expensive city centre, but also by newcomers to Amsterdam (both expats and people from other parts of the Netherlands). According to the qualitative part of the research, which included interviews with neighbourhood residents, some of the people in the Harbour Island West neighbourhood who expressed negative opinions about living in an ethnically diverse neighbourhood have been very vocal (both in neighbourhood or housing association meetings and in the media) and are major contributors to the negative atmosphere surrounding ethnic diversity in their neighbourhood (Broekhuizen et al., 2012). They are found among both people of Dutch descent and those of immigrant descent. The qualitative part of this study mentions that some of the people of Dutch descent had chosen to move to this new neighbourhood in the outskirts of Amsterdam because they had had negative experiences of living in an ethnically diverse inner-city neighbourhood. They had not, however, expected the newly-built neighbourhood to become equally multi-ethnic.

For the research 263 residents of 16 years and older were interviewed in the Harbour Island West neighbourhood, 155 of whom were of Dutch descent. The qualitative part of the research consisted of 51 in-depth interviews with residents and professionals. In the Jacob van Lennep neighbourhood 200 residents of sixteen years and older were interviewed, 120 of whom were of Dutch descent. Here, the qualitative part included 71 interviews with residents and professionals.

In both neighbourhoods, about half of the population is of Dutch descent. Both neighbourhoods accommodate established groups of immigrants and newcomers. In the Harbour Island West neighbourhood, almost half of the inhabitants are of Dutch descent (47%). Of the immigrant groups, residents of Surinamese descent form the largest group (13%) and those of Moroccan descent the second largest (10%). The remaining quarter comes from a multitude of countries (Broekhuizen et al., 2012. p. 77). The population composition in the Jacob van Lennep neighbourhood is very similar to that of the Harbour Island West neighbourhood. About half of the population is of native Dutch descent (53%). In the Jacob van Lennep neighbourhood people of Moroccan and Turkish descent form the largest migrant groups and the percentage of people of Surinamese descent is 6%. This neighbourhood houses a larger group of recently arrived immigrants from Eastern European countries (Wonderen & Broekhuizen, 2012, p. 87). Comparison of the socio-economic composition of the neighbourhoods shows that the residents in the Jacob van Lennep neighbourhood are more often members of the working class than the Harbour Island West inhabitants. The Jacob van Lennep neighbourhood still has a relatively large native Dutch, working-class population as well as many Moroccan and Turkish low-income first-generation and one-and-a-half generation families. The Harbour Island West neighbourhood has more families belonging to the so-called second generation, who are often upwardly mobile (Crul & Heering, 2008).

Ethnic tensions and conflicts differ substantially between the two neighbourhoods. The newly crafted Harbour Island West neighbourhood has by far the highest percentage of conflicts reported by residents and one of the lowest levels of trust of all twenty neighbourhoods studied in this city-wide research (Broekhuizen et al., 2012, pp. 79–80). Almost half of the Harbour Island West respondents (47%) reported "a lot of tension." A quarter (24%) stated that there is "a lot of conflict between different ethnic groups" and 24% reported having "little or no trust" in their neighbours (Broekhuizen et al., 2012, pp. 79–80). The study also provides insights into how respondents interpret these conflicts. Almost half of the respondents (48%) reporting tensions, stated that they are "caused by cultural differences between different ethnic groups" (Broekhuizen et al., 2012, pp. 79–80). More than a third of the respondents (38%) attributed tensions to "differences in norms and values" (Broekhuizen et al., 2012, p. 30). More than a third (37%) of the respondents reported having "negative feelings about certain ethnic groups" (Broekhuizen et al., 2012, p. 28). In the Jacob van Lennep neighbourhood, however, no major tensions were reported. The number of conflicts in this neighbourhood was on the other end of the scale: Compared to the Harbour Island West neighbourhood, almost three times fewer respondents reported tensions (16%) (Wonderen & Broekhuizen, 2012, p. 26). This also applies to conflicts between ethnic groups, 12% according to Wonderen and Broekhuizen (2012, p. 27). At 14%, the group that had little or no trust in their neighbours is also much smaller (Wonderen & Broekhuizen, 2012, p. 33). Residents who did report conflicts, put them in a different perspective: In the Jacob van Lennep neighbourhood, only 26% of those reporting conflicts attributed them to cultural differences. Most respondents in this neighbourhood framed conflicts in terms of age and generation: according to them, youngsters have conflicts with adults (Wonderen & Broekhuizen, 2012, p. 30).

The most important topic related to ethnic tensions mentioned by residents was youths "hanging out," loitering and being "a nuisance" to other residents in public or semi-public spaces such as corridors, staircases, or the pavement in front of the housing blocks or a nearby square (Broekhuizen et al., 2012; Wonderen & Broekhuizen, 2012; see also Tersteeg & Pinkster, 2016; van Marissing, 2014). The newly-built housing blocks in the New Harbour West neighbourhood have numerous shared semi-public spaces, such as an inner courtyard, shared corridors, lifts and a garage. Although the three or four storey walk-ups in the Jacob van Lennep neighbourhood have a shared staircase, residents in these houses share communal spaces with far fewer other residents and in a less anonymous setting than residents in the large modern housing blocks in the Harbour Island West neighbourhood. These differences in architectural design seem to have an important impact on everyday contact between neighbours. In this study, residents were interviewed in a survey about their everyday use of semi-public spaces, such as corridors, staircases and lifts and how they interact with each other in these places and in the neighbourhood. The survey included seven questions about irritations that could potentially arise from everyday contact and interaction in these places, whereby residents had to respond to statements such as "other neighbourhood residents do not correct their children if they are a nuisance to people in the streets," "neighbourhood residents have different norms and values regarding what is acceptable in the neighbourhood," or "neighbourhood residents have conflicts about keeping hallways or corridors clean." The outcomes in the New Harbour West neighbourhood for all seven questions show a significant relation with experienced tensions (all at the level of $p < 0.01$; Broekhuizen et al., 2012, p. 83). The comparison of the New Harbour West neighbourhood with the Jacob van Lennep neighbourhood is remarkable, since in the latter neighbourhood only one out of the seven statements about the use of semi-public spaces and the interaction between residents was significantly related to tensions experienced in the neighbourhood. This correlation ($p < 0.05$) is weak and was found for only one item: "Putting the garbage outside at the wrong time" (Wonderen & Broekhuizen, 2012, p. 93).

The qualitative part of this study hints at further explanations for the large differences between the two neighbourhoods. Young children (under age twelve) playing in the inner courtyards in the Harbour Island West neighbourhood are one of the main causes of perceived conflicts. Both residents and professionals interviewed report this. The inner courtyards amplify the sound of playing children, resulting in many complaints about noise (Broekhuizen et al., 2012, p. 69). Normal behaviour for young children at play was causing a nuisance for residents because of the architectural design of the housing. The housing blocks were accommodating relatively more young children than the designers of the buildings had foreseen. The second perceived nuisance was caused by teenagers, mostly boys, hanging out in corridors and hallways (Broekhuizen et al., 2012, p. 68). These teenagers are mostly of Moroccan, Antillean and Surinamese descent, which are the three largest groups in this age group. They were gathering in hallways and corridors as this relatively new neighbourhood had no other facilities where they could meet and is relatively far away from the city centre. On top of this, the rainy Dutch climate makes protected shelters a must. The Jacob van Lennep neighbourhood has no inner courtyards where children can play, and residents do not share an entrance to massive housing blocks. There are no hallways where teenage youths can 'hang out.' The design of housing blocks here limits the amount of involuntary contact between residents. Not only are everyday interactions in the two neighbourhoods different, respondents in the Harbour Island West neighbourhood also frame these conflicts through an ethnic lens more often, by accusing certain ethnic groups of 'misbehaviour.' More than a third (37%) of the respondents in the Harbour Island West neighbourhood pointed to specific ethnic groups that they thought were causing problems (Broekhuizen et al., 2012, p. 28).

Not only were there differences in the perception of experienced tensions, there were also differences with regard to contact. Residents of the Jacob van Lennep neighbourhood mention having significantly more frequent interethnic contacts. These contacts correlate with feeling safe and comfortable in this neighbourhood and seem to result in a generally positive climate: if negative experiences occur (and, of course, they also occur in this neighbourhood) they are less often labelled as being ethnically driven (Paolini et al., 2014). The balance between more positive and fewer negative interethnic contacts might prevent people from putting an ethnic label on incidents. In the Harbour Island West neighbourhood, on the other hand, some residents of Dutch descent were confronted with the very people they had tried to avoid at an earlier stage of their housing career by leaving their ethnically diverse neighbourhood. As Harbour Island West residents have more involuntary contact due to the architecture of this neighbourhood, the potential for tensions seems plentiful and tensions do indeed escalate (Árnadóttir et al., 2018; Barlow et al., 2012).

An important caveat for the Harbour Island West neighbourhood is that it is a new neighbourhood that all residents moved to at more or less the same time. This may have amplified differences because new residents have not moved in gradually as would have been the case in a more established neighbourhood. This, however, makes it a good case study, as under such circumstances it might be easier to identify which housing arrangements have the potential to turn minor tensions into conflicts.

5. Dampening or Amplifying Ethnic Tensions

In the previous section we demonstrated that there are significant differences between different types of neighbourhoods with regard to the number of residents with either negative or positive attitudes towards ethnic diversity. In the inner-city neighbourhoods, the people who see diversity as something that enriches their lives far outnumber those who consider it as a threat. In some suburban neighbourhoods, such as the Harbour Island West neighbourhood, the balance is different. More people there stated that they perceive diversity as threatening. Here, the fact that a number of residents had already formed negative opinions about living in a diverse setting at an earlier stage of their life makes it more probable that they now interpret interethnic interactions is a more negative manner. The architectural context that forces residents to share and, in some occasions, compete for the many semi-public spaces may amplify these negative feelings. In this final section we will try to add another piece to the puzzle of how and why interethnic contact results in tensions labelled as interethnic tensions—or not. Whether the discourse about interethnic tensions in the neighbourhood is spread and negative attitudes are amplified or, on the contrary, dampened also seems to depend on the way in which people with more positive or more negative attitudes towards diversity influence the climate in a neighbourhood. We looked into the rate of active participation in organizations among people who perceive diversity as a threat on the one hand and among those who think it is enriching on the other. The idea behind this is that both negative and positive attitudes towards diversity will probably be discussed with others in formal and informal conversations within these organizations. People with positive attitudes may dampen ethnically framed conflicts while people with negative attitudes may fuel them while spreading their ideas (see Crul & Lelie, 2017). Once more, we will make use of the TIES survey to analyse this piece of the puzzle.

First, we examined whether there was any difference between people with more positive and more negative attitudes towards ethnic diversity when it comes to participating in social, cultural, housing, trade union, sports and other organizations, which is reflected in Table 2. It turns out that there is a correlation ($p < 0.01$). People who stated that ethnic diversity is enriching participated in such organizations much more often. People with negative opinions were far less active in organizations. This means they have far fewer encounters with other people in organizations that could serve as a platform for their negative opinions.

One should of course be careful to generalize these findings by saying that negative opinions have much less traction in a neighbourhood setting than within an organization. Informal discussions on the street between neighbours, in shops or at the playground could be the places where people with negative attitudes vent their opinions. We have no information on the frequency of this type of interaction.

The frequency of participation in organizations is also strongly linked to a person's educational level. Residents

Table 2. People of Dutch descent between 18 and 35 years of age in Amsterdam neighbourhoods: Being active in organizations and their attitude towards ethnic diversity.

"Living together with people of different ethnic origin is an enrichment or a threat?"	Residents active in organizations	Residents not active in organizations
Threatening	50%	50%
Rather threatening	42%	58%
Makes no difference	77%	23%
Rather Enriching	86%	14%
Enriching	78%	22%

Source: TIES Survey (2008).

with a higher level of education participate in organizations more often. This is especially true for institutional organizations at the neighbourhood level, such as neighbourhood, housing and other social organizations (which are sometimes set up to promote contact between different residents in a neighbourhood). Higher-educated people living in lower-class neighbourhoods often play an important role in such organizations. This needs further research that our survey cannot provide. But we think that our findings point to an important piece of the puzzle regarding why tensions have built up to such an extent in the Harbour Island West neighbourhood. This neighbourhood was designed to mix people from different social backgrounds. Some of the residents responsible for exacerbating tensions were home-owners living in housing blocks that also contained rented social housing. Some of the residents who reported negative feelings about living in an ethnically diverse neighbourhood belonged to the higher-educated middle class. They were active in the neighbourhood and housing associations more often than residents from a lower-class background and this gave them a platform from which they could influence the climate within these organizations and raise ethnic tensions (see Broekhuizen et al., 2012, pp. 68–72). Ethnic tensions were not only experienced and played out between neighbours, but also became a topic at the institutional level of housing corporations and neighbourhood organizations and even the police. As one of the neighbourhood's professionals notes, these residents were quick to call in professionals as their natural allies, saying: "They even call the police when a three year-old riding his tricycle is making noise in the courtyard, because they want to drink their rosé on their balcony in peace" (Broekhuizen et al., 2012, p. 70).

6. Conclusion

The data points to residents of inner-city working-class neighbourhoods being less negative about ethnic diversity than their counterparts in suburban working-class neighbourhoods and that architecture plays an important role in this. People in inner-city working-class neighbourhoods share fewer semi-public spaces, such as galleries, inner courtyards, garages and lifts. This means that there is less unavoidable contact with other residents, and that contact, including interethnic contact between neighbours, takes place on a more voluntary basis. We also saw that suburban working-class neighbourhoods were more often home to residents with previous experience of living in ethnically diverse settings. Drawing on the work of social psychologists we suggest that previous interethnic contacts—both positive and negative—and their effects over time are another piece of the puzzle of why different types of neighbourhoods demonstrate an amplification or dampening of perceived ethnic tensions. However, to substantiate this, one would need a longitudinal research design. People with either positive or negative attitudes towards ethnic diversity are likely to affect the climate in a neighbourhood, both through their interactions with other residents and through the organizations they actively participate in. More crucially, participation in social organizations such as neighbourhood and community organizations can bring conflicts and tensions to an institutional level. Ethnic tensions can run high, as was the case in the New Harbour West neighbourhood, due to a cocktail of these mechanisms, circumstances and dynamics. In this case, some of the residents who moved to this neighbourhood had already developed negative attitudes towards ethnic diversity. The fact that the neighbourhood's architecture forced them to share, and sometimes compete for, semi-public spaces with residents from other ethnic backgrounds intensified these feelings. These tensions reached the institutional level as a number of these residents were vocal in neighbourhood organizations. Our article suggests that many conditions must coincide in order for interethnic conflicts to escalate to the point described in this particular neighbourhood. In general, our findings suggest that the balance leans towards a positive reception of ethnic diversity (based on positive contact, both in the past and the present) and that there are many checks in place to dampen any potential ethnic tensions. In all twenty-three Amsterdam neighbourhoods surveyed, those stating that ethnic diversity is an enrichment form the largest group, and since these people are also more active in social organizations, they will potentially influence the discourse on ethnic diversity at the institutional level in a positive direction and dampen negative attitudes.

Theoretically our findings show that in order to study ethnic tensions, we need an interdisciplinary framework that looks at both the individual and the group level and takes into consideration both institutional factors like the architecture of housing blocks and neighbourhoods and the effect of participation in social organizations. In practice this means intertwining the study of human and physical conditions. We propose that institutional conditions such as the architecture of housing and neighbourhoods and participation in social organizations are fruitful avenues for further quantitative and qualitative research.

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Conflict of Interests

The authors declare no conflict of interests.

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Article

Factors Influencing the Ability to Achieve Valued Outcomes among Older Long-Term Unemployed People

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Abstract

This qualitative study aims to explore the valuable functionings—things that people consider to be important—of the older long-term unemployed and their ability to achieve valued outcomes. Semi-structured interviews were conducted with 20 long-term unemployed people aged 45 and over. Participants were included through purposeful sampling. The theoretical frameworks of the latent deprivation theory and the capability approach were used to develop an interpretive analysis. Nine valuable functionings were identified: social contact, feeling appreciated, structure, feeling useful, meaningfulness, autonomy, financial resources, paid work, and being active. These valuable functionings were partly accessible through the activities that people performed, varying from physically active and physically passive activities to informal work. The functionings of meaningfulness, autonomy, financial resources, and paid work seemed to be difficult to achieve. We identified three groups. The first consisted of people whose work status changed when they entered the benefit system; for them paid work was still a valuable functioning, and they experienced the most difficulties in achieving valued outcomes. The second group also experienced a change in work status once they started to receive benefits, but those people adapted to their new situation by attributing greater value to other functionings. The third group had no change in work status, e.g., housewives who had applied for a benefit because they were not able to make ends meet after a divorce. This group did not experience a loss of functionings due to unemployment, nor did they try to achieve other functionings. The results of this study indicate a need for a more personalized, tailor-made approach, with an emphasis on an individual's valued outcomes instead of on rules and obligations.

Keywords
benefits; capability approach; latent deprivation theory; long-term unemployment; inclusion; older people; valuable functionings; welfare

Issue
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1. Introduction

Work is not always gratifying and can even have negative consequences. Graeber (2018, p. 11) stated that many workers hold bullshit jobs, "a form of paid employment" he says "that is so completely pointless, unnecessary, or pernicious that even the employee cannot justify its existence even though, as part of the conditions of employment, the employee feels obliged to pretend that this is not the case." According to him, such jobs largely occur in the private sector, particularly in the fields of finance, law, human resources, public relations, and consultancy. In a population of 100,000 workers, Dur and van Lent (2019) found that 8% perceive their jobs as socially useless. Most of these workers had jobs in finance and law or in jobs with simple and routine manual tasks, such as machine operators, assemblers, or order pickers. Even though there is a growing group of workers who consider their job to be useless or empty (Graeber, 2018; Paulsen, 2014), they also strive for a valuable occupation. A meaningful job not only provides an income but also important latent benefits such as structured time, activity, collective purpose, social identity/status, and social contact (Jahoda, 1982). In many European countries, social security programs provide financial compensation as a safety net for the unemployed (Social Security Administration, 2014). But the unemployed have less access to the so-called latent benefits of work than those who are employed (Feather & Bond, 1983; Paul & Batinic, 2010; Selenko, Batinic, & Paul, 2011; Stiglbauer & Batinic, 2012). The deprivation of these latent benefits leads to lower levels of mental health (Jahoda, 1982). Fryer and Fagan (1993) reported research that showed that this isn't always the case. The mental health of the unemployed can improve due to adaptive coping (Fryer, 1998). The impacts of unemployment on the latent benefits also differ according to the family member with men, women, and children in the household being affected differently (Fryer & Fagan, 2003).

In a review about the latent and manifest benefits (LAMB) scale, Muller and Waters (2012) stated that the relationship between access to the latent and manifest benefits of employment and psychological well-being is not direct or linear, but complex.

European countries developed social activation programs to support unemployed people in finding a job, even if it means accepting a bullshit job (van Berkel, de Graaf, & Sirovatka, 2012). It is debated whether this is a good strategy because, on an individual level, the costs can be higher than the benefits (Thomson, 2019; Timmermann, 2018). Nevertheless, society profits if as many people as possible work, since long-term unemployment increases the risk of poverty, exclusion, and health deprivation (European Commission, 2015).

In Western Europe, older workers face a much higher risk than their younger colleagues of long-term unemployment once they have lost their jobs (Duell, Thurau, & Vetter, 2016; European Commission, 2015). Only 17% of older people who had been unemployed for one to two years were re-employed. This percentage was even lower (approximately 10%) for older workers who had been unemployed for two years or more. Activation programs with a focus on the supply side of reintegration efforts such as job search assistance or training in specific skills (Nybom, 2013), have not been very successful for the older unemployed (de Graaf-Zijl, van der Horst, Erken, & Luginbuhl, 2015; Ranzijn, 2004). Age discrimination is one of the problems that these people face (Equinet, 2012; Porcellato, Carmichael, Hulme, Ingham, & Prashar, 2010; van Dalen, Henkens, & Schippers, 2009, 2010). A lack of up-to-date information about the labour market, no adequate network, and negative self-perceptions may also be barriers (Porcellato et al., 2010; Ravesteijn & Graafland, 2011), as are their loss of skills and obsolescence (European Commission, 2015; Young, 2012).

To a certain extent, unemployment can compensate for the loss of the latent benefits of work through other, non-work activities (Selenko et al., 2011). Having 'purposeful' activities or meaningful patterns of activity was found to reduce the stress associated with unemployment (Ball & Orford, 2002; Winefield, Tiggeman, & Winefield, 1992). Waters and Moore (2002) found that both solitary and social leisure activities were just as valued by the unemployed as the employed. Furthermore, both types of activities played a role in reducing latent deprivation and improving psychological health, with social leisure activities contributing more than solitary leisure activities. These findings suggest that doing activities which are valuable to a person will contribute to their well-being. This concurs with the starting point of the capability approach, which was introduced by Amartya Sen (1980, 2005, 2009). The capability approach offers a framework which focuses on what people value in life. These valued constituents can be expressed by so-called functionings, which represent states and activities that constitute a person's being "various things a person may value doing or being" (Sen, 1999, p. 75), or the very different activities and situations that people consider to be important (Alkire, 2002). Capabilities are the real opportunities, the freedoms people have, to achieve valuable functionings. So, capabilities reflect the freedom of individuals to do what they wish to do, to be who they want to be (Sen, 1999), and to choose any of the alternative combinations of functionings (Sen, 2005). Capabilities represent a person's opportunity and ability to achieve valuable outcomes, taking into account relevant personal characteristics and external factors; in other words, being able and enabled (van der Klink et al., 2016). The capability approach reflects a central theme within the idea of occupational justice; a philosophical perspective on the equitable distribution of societal resources that might contribute to a more just and inclusive society (Hocking, 2017). According to Wilcock and Hocking (2015, p. 414), occupational justice refers to equitable or fair opportunities and resources "to do, be, belong and become what people have the potential to be and the absence of avoidable harm." In a paper on social exclusion, Sen (2000) discusses social exclusion as capability deprivation. Being excluded from social relations can also lead to other forms of deprivation, thereby further limiting our living opportunities. Social exclusion can, thus, be a part of capability deprivation as well as a cause of a wide range of capability failures. Social exclusion can be regarded as a corrosive disadvantage in terms of Wolff and De-Shalit (2007), where a disadvantage in one domain is likely to spread its effects to other areas. Not achieving a functioning or capability iteratively suppresses the achievement of other functionings.

People can find valued benefits in meaningful jobs rather than bullshit jobs; that's why meaningful jobs are preferred. Seven values that are important to people in their work were identified by interviews among workers in the Netherlands: (1) use of knowledge and skills, (2) development of knowledge and skills, (3) involvement in important decisions, (4) building and maintaining meaningful contacts at work, (5) setting own goals, (6) having a good income, and (7) contributing to something valuable (Abma et al., 2016, p. 38). In this study, we will extend this work by applying the framework of the capability approach to the context of the long-term unemployed. Long-term unemployed are those who have been out of paid employment for at least 12 months but are still available for paid employment (OECD, 2016). We focus on the older long-term unemployed because returning to paid employment is very difficult for them despite the economic growth of recent years. Two research questions were formulated: (1) What are the valuable functionings of older long-term unemployed people? (2) Can older long-term unemployed people achieve the valuable functionings of work in their non-working lives?

2. Method

2.1. Design

Semi-structured interviews were conducted with long-term unemployed people aged 45 and older. There is no clear definition of what an older unemployed worker is. Some EU studies choose the age of 50 as a starting point, whereas others employ the age of 55 (European Commission, 2016). The age of 45 was taken as a starting point because statistics in the Netherlands have shown that from this point onwards, unemployed workers have greater difficulty regaining paid employment than younger unemployed workers. A qualitative study design was chosen because it elucidates data from the perspectives of the older long-term unemployed themselves. This approach opens the study up to authentic themes, independent from prevailing constructs, instruments, or questionnaires.

2.2. Sample and Procedure

Participants were derived from two social service departments in the northern region of the Netherlands, one located in an urban area (200.000 inhabitants) and the other in a more rural area (47.000 inhabitants). Each of the social service departments represented a different labour market region and provided benefits for three municipalities. Their activation programs are bound by national legislation and essentially do not differ much from other programs in the Netherlands. In essence, in the diagnostic phase, the programs make a distinction between the unemployed who need no support, those who are able to find a job with the support of the social services department, and those whose chance of finding a job is negligible.

The social services departments sent a letter to all clients fitting the inclusion criteria: aged 45 or over, applied for benefits in 2009 or 2010 and still received benefits on 1 August 2013. The letter introduced them to the research project and notified them that they might receive a phone call from a researcher to ask whether they wanted to participate and mentioned that participation was voluntary and would not have any consequences for their social benefits. The inclusion of respondents was regulated by a combination of saturation and purposeful sampling: we tried to create proportional variation in location (urban/rural), gender, age group (45–49, 50–54, 55–59, 60–67), and level of education. However, the level of education was often not registered, while the cases that were registered showed that a lower level of education was overrepresented. As a consequence, we decided that we could not use this sampling criterion. First, we divided the research population into rural and urban areas. Second, the possible participants were categorized according to the inclusion criteria of gender and age group. Third, we approached the people in each cell at random by selecting every fifth person in the cell. If a person did not want to participate, we approached the seventh person in the cell. This process was repeated until all characteristics were sufficiently represented.

A total of 202 people met the inclusion criteria, 148 from the urban area and 54 from the rural area. From these 202 people, 93 were approached to participate in the study. From those who were approached, 35 did not want to participate and 38 could not be reached due to outdated phone numbers or a lack of response. A total of 20 respondents were willing to participate in the study. The interviews were conducted in 2013 and 2014.

2.3. Participant Characteristics

In Table 1, the characteristics of the participants are listed. The mean age of the 20 participants was 54.5 (SD 5.25; range 46–64). Eleven lived in an urban area and nine in a rural area. Thirteen participants had a lower level of education, five of them had a medium level of education and two participants had a higher level of education. Ten people had been unemployed for five years or less and eight people for considerably longer. Two people were active in paid employment, either doing part-time seasonal work or participating in a program towards self-employment.

Table 1. Overview of the characteristics of participants in the study.

Participants	Gender	Age	Educational level	Duration of unemployment in years	Location
1	M	49	Low	3	Urban
2	M	50	Low	5	Urban
3	M	48	Low	10	Urban
4	M	51	Medium	10	Urban
5	M	64	Medium	11	Urban
6	F	58	Low	Never been in paid employment	Urban
7	F	58	Low	7	Urban
8	F	57	Low	2	Urban
9	M	50	Low	5	Urban
10	F	59	Medium	11	Urban
11	F	46	High	11; in trajectory towards self-employment	Urban
12	F	55	Low	37	Rural
13	M	52	Medium	3	Rural
14	M	49	Low	11	Rural
15	M	60	High	5	Rural
16	M	64	Medium	5	Rural
17	F	56	Low	5	Rural
18	F	50	Low	20	Rural
19	M	53	Low	4	Rural
20	F	60	Low	0; in part-time seasonal work	Rural

2.4. Interview

Semi-structured interviews were performed in Dutch with an average length of 1.5 hours. The interviews took place in the participants' own homes, except for two participants, who preferred doing the interview at their local social services department.

First, socio-demographic data were gathered: age, educational background, previous profession, and the length of the period of unemployment. Second, respondents were asked about their valuable functionings. These questions concerned their daily activities, why they performed these activities and how important they rated their activities on a scale of 1 to 10 (1 = not important, 10 = very important). The respondents were also asked whether certain valued aspects were missing in their lives and whether they thought that they were able to achieve these aspects. In addition, they could indicate how satisfied they were with their lives on a scale of 1 to 10 (1 = not satisfied, 10 = very satisfied).

The interview schedule was tested by the first author through three pilot interviews. These interviews were evaluated by the first author and discussed with the other authors, resulting in some small alterations to the schedule. This improved interview schedule was used in the subsequent interviews.

2.5. Analysis

Analyses were conducted using ATLAS.ti 7 software, a qualitative data analysis and research program. The audio of the interviews was recorded, transcribed, and analysed following the phases of inductive thematic analysis (Braun & Clarke, 2006). The interviews were coded independently by authors one and two for all the relevant topics that were discussed. Quotations were considered relevant if they were related to Jahoda's (1981, 1982) concept of latent and manifest benefits, or to the level of achievement of these benefits. After initial coding, demographic information was added for each participant. To develop an interpretive analysis, Jahoda's concept of latent and manifest benefits and Sen's capability approach were used by authors one and five to group the coded topics into potential themes. Codes were merged if they covered the same meaning, while codes were added if required by the data. Subsequently, codes were grouped into sets that shared a broader thematically related foundation, so-called families, while constantly returning to each quote to check its meaning in the context. Based on these families, in-depth descriptions were made of all cases in the study, containing information about work history, activities, benefits, functionings, capability, and well-being. Finally, the cases were analysed for similarities. The analyses were performed in Dutch. Quotations were translated into English by a translation agency.

3. Results

3.1. Valuable Functionings

The activities and situations that were considered important to the interviewees were social contacts, feeling appreciated, having structure, feeling useful, being active, meaningfulness, autonomy, financial resources, and paid work.

Social contact was mentioned as a valued functioning, for the contact itself (being around other people) as well as for feeling appreciated:

> I used to always be outside, always at work. It's hard for me now, always being inside, staying at home….I sometimes need contact with other people, too. For my language, for a lot of things….Being around people is important to me. (Participant 1)

> I really enjoy being around people. Especially older people….And when you see how these people think the world of me….I haven't had that feeling in years, of receiving the occasional compliment. (Participant 12)

Structure was mentioned as another important aspect in people's lives. They felt comfortable with some sort of regularity in their daily lives:

> I cycle a lot, I walk a lot. All of that is to maintain that work rhythm and stay reasonably fit. That way, if you do get hired, you won't have to deal with the transition. (Participant 13)

Feeling useful was also found to constitute a valued functioning:

> I can at least make myself useful for the €350 I still get from social services. So I told myself: Yes, I'll help that brother again tomorrow….I might not have a job in society, but I'm making myself useful. (Participant 6)

Meaningfulness was another functioning mentioned across the interviews. It implies being able to do the things that matter to you or that have added value for you personally. For example: "Translating literature. Poems and prose from Romanian to Dutch….It's my life's dream. When I was in secondary school, I dreamed of becoming a literary translator. It's satisfying. Satisfying to me" (Participant 11).

However, finding meaningfulness was found to be a real challenge. As one interviewee stated:

> I haven't had that feeling [meaningfulness] for the past three years. So you look for compromises. I have a car that I wash regularly. It's necessary on the one hand, and a way to occupy time on the other. Plus, you're outside. You try to get a sense of satisfaction out of it. But it's not the true sense of satisfaction, like when you're working every day. You try to get something out of it, but it's not really there. (Participant 13)

Autonomy was also mentioned as a highly valued aspect in people's lives. It was said that feeling in control of one's life, being able to make one's own decisions and being independent of institutions was important: "Yes, just to provide for yourself a little, so you're not dependent. That's important to me" (Participant 20).

This functioning was also difficult to achieve. Participants indicated that their autonomy was constrained by the social services:

> All the things you have to share. They know everything short of how many hairs you have on your chest and your bum. Hey, you might have to go and sell those for pillow stuffing or something. Aside from that, they want to know everything about you. (Participant 19)

Another valuable functioning that was mentioned was having sufficient financial resources, corresponding with Jahoda's (1981, 1982) manifest benefit and Abma et al.'s (2016) functioning income. Being able to afford to do something extra occasionally was something that respondents strongly desired: "What I would really like is to go out for a nice meal once or something like that. Go into the city sometime, doing this and doing that" (Participant 7).

Most participants mentioned that financial resources were hardly sufficient to provide for their livelihood, let alone to spend on treats: "You get knocked back and, hum, you can't keep up the lifestyle you've been accustomed to" (Participant 4). Because the three functionings of meaningfulness, autonomy, and financial resources were hardly accessible to a person on welfare, paid work was often said to be of importance: "Work is important. In plain terms, work makes or breaks it all, really" (Participant 13).

Paid work was therefore also considered to be a valuable functioning according to many participants in the study. Paid work is regarded as valuable not only for the work itself but also because paid work can generate access to other valuable functionings.

Being active, finally, was also considered to be important. Being occupied contributed to one's well-being because the alternative, doing nothing, would make one 'go crazy': "You have to stay busy. If you sit around all day, it's not good for your mental state. So you force yourself to stay busy" (Participant 13).

3.2. The Ability to Achieve the Functionings

People's ability to achieve the valuable functionings seemed to depend on an interaction between three characteristics in which participants differed, namely the extent to which their work status changed when they entered the benefit system, the value they attributed to having paid work, and the support they received from the social services. These characteristics are intertwined and will therefore not be discussed separately, but they are combined insofar as their outcomes show overlap.

3.2.1. Group A: Non-Achievers, Changing Work Status

A majority of the interviewees (Group A and B; N = 13, 10 men, 3 women) experienced a change in their work status when they became a benefit recipient. They had been active in paid employment in the past but had lost their jobs for various reasons. These people had experienced both the advantages and the disadvantages of paid work but were unsuccessful in finding re-employment and therefore entered the benefit system. For most of them (Group A; N = 9, 7 men, 2 women) it was difficult to adjust to their new, jobless lives:

> I've been out of work once in the past, but you can always find another job by applying. I can't search in my field anymore, though. And then suddenly the unemployment office isn't there for you and, yeah, that'll make you sick. (Participant 3)

These people were still very motivated to work. Men and women did not differ in that respect. Paid work still played a central role in their lives as a valuable functioning, their employment commitment was still high. Because they clearly had a worker identity, it was very frustrating for them to be unemployed and have little or no work perspective. They did not feel supported by their environment, any employers, or the social services. Participants all thought that their age was the main obstacle for employers. They often did not even receive a response to their application letter, which had a negative impact on their situation:

> I've done it all. Manufacturing, retail, dental receptionist. I always managed to find work. Up until 45, 46. Then it got really difficult. And then it's just over….It's depressing when you don't hear anything or when you get a rejection. And then sometimes I just don't apply for a long time. (Participant 17)

The interventions that were offered by the social services to this group, if any, were experienced as obstructive instead of supportive. This was especially the case if people were not allowed to do the things that they wanted (e.g., voluntary work) and/or were obliged to participate in activities that they did not consider useful (e.g., job application training). Hence, for this group unemployment made it difficult to achieve functioning autonomy:

> All of the restrictions, the unfairness, the obligation, you know…you have to do something but you're not allowed to do anything…because that's not possible or that's not okay, or there isn't any room. And then I think, hey, I would have gotten off the dole long ago if I'd just been allowed to do my thing. (Participant 16)

> I'm not even under obligation to apply for jobs now. So yeah, I, uh, no longer have to apply for jobs. Because they say that they don't know either what kind of work, hum. (Participant 7)

3.2.2. Group B: Achievers, Changing Work Status

Within the group of participants whose work status changed upon receiving benefits, there were also people (Group B; N = 4, 3 men, 1 woman) who could accept their new jobless lives and who attributed less value to paid work:

> I don't want to stress out about this, either. About the job that's never going to happen again anyway. I did at first, though. Wrote stacks of applications and the like. Then you just know, the odds are getting worse. That's when I think, okay you can put a huge amount of energy into it, but it's not going to lead to anything. (Participant 10)

Instead, they adapted to their new situation by starting to attribute more value to other functionings, such as social contact, feeling appreciated, having structure, feeling useful, being active, meaningfulness.

3.2.3. Group C: Achievers, No Change in Work Status

There was also a group of interviewees whose work status did not change when they entered the benefit system (Group C; N = 7, 1 man, 6 women). A few of them (n = 4) applied for benefits due to the termination of their relationship (e.g., through divorce) after always having taken care of the children and the household. These people had never been active in a paid job (or had been only a very long time ago); their spouses provided for them financially. Now that they had become single, they were still performing the same activities as they had before; only now, they were financially depended on the benefits they received. They did not have a worker identity and did not really miss paid employment for its latent benefits, because they had little or no experience with it: “My last job was in a nursing home in Groningen. I got married in 1976, which is when I quit” (Participant 12).

Other interviewees within this group (n = 3) had always had paid work and continued their activities in the economic domain; as a result, their work identity did not change either. Some of them did seasonal or part-time work while others worked off the payroll. Nevertheless, as their income was beneath the standard, they still qualified for the benefits. The interviewees whose work status remained unchanged, mostly women, were quite satisfied with their lives. This group didn't experience a loss of functionings due to unemployment and did not strive to achieve other functionings such as income.

The interventions applied by the social services differed between individuals. Some of them were basically neglected, while others were in a reintegration program. Despite the different interventions, participants felt supported in their choices. Most of the neglected people had the personal capacities to achieve their functionings and needed little support from the social services. The participants that were in a reintegration program evaluated this intervention positively. In conclusion, it seems that all of these people were enabled to achieve valued outcomes which contributed to their well-being:

> I'm very satisfied. Listen, I could get to the point where I sit down and be like: Oh, I've got it so rough, and, uh….Other people say that; they go: Oh, you've got it so rough. I don't think so. That's not how I am. (Participant 18)
>
> It's self-respect, is what it is. Ultimately, you managed to find paying work, contact with people who share the same interests. More positivity. Better presence. That's also good for the social contacts, good for the social life. (Participant 11)

4. Discussion and Conclusion

In this article, we used the frameworks of Jahoda's latent deprivation theory and Sen's capability approach to explore the valuable functionings of older long-term unemployed people and their ability to achieve valued outcomes.

We identified nine functionings which were noted as important across the interviews: social contact, feeling appreciated, structure, feeling useful, meaningfulness, autonomy, financial resources, paid work, and being active. These valuable functionings partly overlap with the valuable functionings that were found in a qualitative study among older people aged 63 to 93 years (Stephens, Breheny, & Mansvelt, 2015). Although most of them had reached retirement age, their functionings corresponded to a large extent to the benefits of employment that Jahoda (1981) described. This finding is also in line with a study by Paul, Vastamäki, and Moser (2016), which found no differences in the importance of life goals between employed and unemployed individuals.

The valuable functionings described above were at least to some extent accessible to people through the activities they were doing. As mentioned before, previous studies confirm the opportunities of unemployed people to access latent benefits (Selenko et al., 2011; Waters & Moore, 2002). However, we found that participants in our study differed from each other in achieving the outcomes that they valued most. People who had the ability to achieve valued outcomes were active in the same domains as people who did not have the ability to achieve these outcomes. However, the change in work status, the value attributed to paid employment and the support received from the social services influenced their ability to experience activities as a free choice and hence as a valuable outcome.

Most participants still had a worker identity and attributed great value to paid work, having a high level of employment commitment. This finding is partly in line with results from a meta-analysis by Paul and Moser (2006), which showed almost equal levels of employment commitment for both employed and unemployed people. It also corresponds with studies by Varekamp, Knijn, Bos, and van Wel (2014) and Shildrick, MacDonald, Webster, and Garthwaite (2012), which reported that a majority of the long-term unemployed would prefer a job over welfare benefits. Other participants acquiesced in their jobless lives in which paid work was not a valuable functioning. Either type of participant was active in a mix of activities, varying from physically active and physically passive activities to informal work. These activities were sufficient for achieving valued outcomes and well-being in participants who had no worker identity and did not aspire to paid work. This was not the case among participants who still highly valued paid work and who did not feel supported by employers or the social services. Not having the ability to be active in valued activities was experienced as frustrating. In sum, long-term unemployed people differ in the outcomes that they value and in the ability to achieve their valued outcomes, the value attributed to paid employment being crucial in experiencing these valued outcomes. This finding is congruent with studies by Creed, Lehmann, and Hood (2009), Hollederer (2015) and Paul and Moser (2006), who all found that high levels of employment commitment lead to lower levels of well-being in unemployed people. As a consequence, people who are willing to work but are expected to have low chances of re-employment seem to be especially at risk of health deprivation. They lack the necessary commodities to achieve their valued outcomes. Moreover, this group is being neglected according to the capability approach, because they are unable to find re-employment themselves and are not supported into work by employers or the social services. This can be seen as a form of occupational injustice because the environment "in which all people's opportunities to engage in occupation are just, health-promoting and meaningful" (Hocking, 2017, p. 33) is lacking.

Four of the valuable functionings—meaningfulness, autonomy, financial resources, and paid work—were reported as hardly achievable. An explanation for this finding could be that, at the time when the interviews took place, Dutch social security law conflicted with the capability approach's process and opportunity aspects of freedom. The process aspect refers to "having the levers of control in one's own hand" (Sen, 1993). The opportunity aspect of freedom is concerned with our actual capability to achieve. It relates to the real opportunities we have of distinguishing things that we can and do value, no matter what the process is through which that achievement comes about (Sen, 1993). The unemployed were either obliged to participate in programs that did not necessarily add value for them, or they were denied access to activities in which they did wish to participate, for example, voluntary work. In general, those with better chances of re-employment were supported more in their job-finding process than those with fewer chances in the labour market (Varekamp et al., 2014). Interventions designed for most people may be counterproductive for social or occupational justice because the values and desires of some groups are neglected (Bailliard, 2016). This finding illustrates that the valuable functionings of the welfare recipients were not always acknowledged or acted upon by the social services.

We have used the capability model as one of the frameworks to investigate our results. One of the aspects that distinguishes the capability model from many other models is that it is explicitly normative. It gives people the entitlement to be able and enabled to live a valuable and flourishing life, "beings and doings people have reason to value" (Sen, 1999). As such, the capability model is not only meant to explain, but also to act as an agent of change. Our study showed that the then prevalent social system led to social exclusion, experienced by at least the group that still had a worker identity. They felt socially excluded and had severe deprivations of important (latent) benefits and capabilities. They could not achieve these benefits in their unemployed state. This is partly due to how macroeconomic policies to reduce government budget deficits lead to a social policy based on the neo-liberal market-oriented welfare paradigm, with a strong emphasis on monitoring and strict law enforcement, and the tightening up the conditions for access to benefits, as well as a reduction in the levels of, and durations of, unemployment and disability benefits.

Several developments have led to a call for action and a paradigm shift. Firstly, policymakers have begun to realise that monitoring and sanctions, which are considered as traditional instruments within this approach, are costly to implement and often ineffective. Secondly, these doubts about the effectiveness of traditional instruments have been fuelled by new behavioural insights, such as positive health, positive psychology, and the capability approach which emphasize people's self-management, needs, and value assessments aimed at enabling them to live a good life. Thirdly, studies such as this reveal the de-humanising aspects of this policy to politicians and policymakers.

So, we see a paradigm shift in social policy in the Netherlands from workfare and activation to a social investment and capacitating approach. This paradigm shift has not yet been implemented in actual policy practices (Hemerijck, 2013, 2017) but has led to a sense of urgency especially at the level of municipalities culminating in the launch of local experiments which have similarities with basic income approaches to social policy (Groot, Muffels, & Verlaat, 2019).

A strength of this study was the use of in-depth personal interviews, which took place in the participants' own homes with the assurance of confidentiality. This informal setting enabled participants to talk at length and in-depth about their experiences of being unemployed. Another strength was that saturation was reached during the interviews. For this reason, we are quite confident that the findings are valid for other long-term unemployed people as well. Finally, we used two theoretical frameworks to develop an interpretive analysis.

A limitation was that we did not build in a feedback loop, a so-called member check, in which we would have checked our interpretation of the data with the participants (Doyle, 2007). In addition, we were not able to select participants fully in accordance with the purposeful sampling method, due to lacunas in the municipalities' registration system. The educational level of the unemployed was often not registered and their contact information was not always up to date. Therefore, it was quite difficult to approach potential participants.

This study resulted in some interesting findings regarding the values of the long-term unemployed and the accessibility of these values from a capability approach perspective, which can be helpful for professionals working with this target group. The findings illustrate the need for tailor-made support of unemployed people. A personalized approach through enhanced choice is viewed as a key mechanism for developing empowerment and independence in clients (Leadbeater, 2004). The capability approach offers an approach centred on the individual in his or her own context, with the emphasis on each individual's valued outcomes. A survey among a large representative group of long-term unemployed people could be useful to identify the number of unemployed people who might need this personalized approach.

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Conflict of Interests

The authors declare no conflict of interests.

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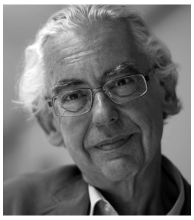

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Article

Meeting Boundaries: Exploring the Faces of Social Inclusion beyond Mental Health Systems

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Abstract
This article examines social inclusion in the context of the deinstitutionalisation of mental health care. It draws on a scientific evaluation of the Belgian reform of mental health care (2010), designed to assess the influence of organisational mechanisms on the social and care trajectories of service users. The findings highlight the ongoing challenge for mental health systems to support the inclusion of service users within the community, and the increasingly difficult access to mental health care for people with complex and chronic mental health problems. Drawing from Systems Theory (Luhmann, 2013) and the analysis of subjective experiences, this article delves into the complex processes of social inclusion using the empirically-grounded concepts of the patient role and the impatient role. By acknowledging the relational dimensions of social inclusion, this article argues that complementarities between two faces of the mental health system are key to achieving inclusion beyond the walls of institutions and within society at large.

Keywords
deinstitutionalisation; ethnography; mental health care; social inclusion; systems theory

Issue
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1. Introduction

Mental health care systems across European countries have undergone major changes since the mid-twentieth century. Growing public criticism of psychiatric hospitals drove policy makers to place increasing emphasis on the inclusion of people with mental health problems within society. The deinstitutionalisation of mental health care gradually gained international consensus, and efforts began to shift mental health care from hospitals to the community.

Despite the development of community mental health care, scientific evaluations carried out internationally have revealed undesirable side effects. People with complex and chronic mental health problems (PCCs) now face difficult access to mental health care (Novella, 2010). In the Belgian context, these evaluations have repeatedly pointed to excessive recourse to long-term hospital stays for those admitted. On a broader level, there is still an urgent need to facilitate social inclusion of people with mental health problems outside mental health institutions and within the community (Grard, Nicaise, & Lorant, 2015).

This article aims to address the complex relationship between the deinstitutionalisation of mental health care and social inclusion. It draws on a research project designed to assess the Belgian reform of mental health care (2010) and its impact on the social and care trajectories of mental health service users (Walker, Nicaise, & Thunus, 2019). The research results shed new light on the process of social inclusion for mental health service users. The qualitative data substantially widens the scope of social inclusion, often limited to citizens' access to services available within a given community, as it incorporates personal experiences of social involvement as full-fledged members of society. Drawing from these findings, this article raises two questions. First, how do contemporary mental health systems contribute to the process of social inclusion for people with mental health problems? Secondly, how can PCCs navigate towards social inclusion, in the context of their increasing exclusion from the mental health system's services?

This article refers to Systems Theory (Luhmann, 2013) in order to discuss the complex relationship between the mental health system and social inclusion. This theoretical framework is particularly relevant in tackling these complexities, as it draws a distinction between different types of systems which include social systems and psychic systems, each based on specific "modes of operation" (Luhmann, 2013, p. 188). In addition, it theorises the process through which these systems interact with one another and relate to their environment. The empirical contribution incorporates service users' subjective experiences of social inclusion. It highlights the performance of two roles, the patient role and the impatient role, and the contribution of the contexts created by different social systems in shaping these performances. Both roles are ideal types, each capturing distinctive characteristics of speeches and interactions, and leading to different pathways towards social inclusion.

By disentangling the concept of social inclusion in relation to mental health systems, this article brings the relational dimensions of social inclusion into the discussion, thereby addressing the complementarities between two faces of the mental health system: the mental health system per se and a system made up of alternative services. This article argues that these complementarities are key to achieving inclusion for people with mental health problems beyond the boundaries of mental health systems and within society at large.

2. The Two Faces of the Belgian Mental Health System

During the mid-twentieth century, psychiatric hospitals were strongly criticised for dehumanising patients and cutting them off from society. Social pressure encouraged a process of deinstitutionalisation and the World Health Organization supported the promotion of community mental health care (Sturdy, Freeman, & Smith-Merry, 2013), which values the emancipation of people with mental health problems. European countries began to launch reforms of mental health care which took various forms according to national specificities and institutional arrangements (Thunus & Schoenaers, 2017). They all had in common the emphasis placed on prevention, rehabilitation, and social inclusion. Overall, the deinstitutionalisation process unfolded in light of the synergy between social movements on the one hand, and the formal mental health system on the other.

In Belgium, the anti-psychiatric movement played a key role in promoting patient autonomy and social inclusion as important ideals among policy makers and mental health professionals. As of the early 1960s, these ideals inspired the creation of non-profit associations that developed innovative practices (Thunus, 2015). In turn, these inspired reforms in mental health care that were being launched at the same time (Bergeron & Castel, 2016; Feys, 2017).

After the first two reforms of mental health care, certain non-profit associations were included in the mental health system. Others remained external, but gradually started to collaborate with mental health services. In this article, these external services will be referred to as alternative services. Importantly, these do not form a homogeneous group, particularly as they developed across different sectors (e.g., health promotion and continuing education), they are subsidised differently, and they are subject to different regulations. By and large, alternative services offer alternative responses to mental health care without, however, objecting to the mental health system's formal services. The alternative nature of their approach is described in the following sections.

The Belgian mental health system, per se, first developed in 1948, when mental health was transferred from the judicial to the healthcare jurisdiction. This resulted in a rapid professionalisation and medicalisation of psychiatric hospitals (de Munck, Genard, Olgierd, Vrancken, & Delgoffe, 2003). The first mental health reform was launched in 1975 with the creation of community mental health services, defined as facilities for people with a wider variety of disorders. These services substantially diversified the mental health system's activities and enlarged its target population (Verhaegen, 1987).

The second reform of mental health care (1989) introduced Sheltered Housing (SH) and Psychiatric Nursing Homes (PNH). SH offers transitory accommodation where "activities are organised and support is provided to help residents acquire appropriate social skills" (Gerkens et al., 2010, p. 194). It abides by psychiatric rehabilitation principles and is geared towards social autonomy. PNH intend to provide "supportive permanent care for chronic psychiatric patients whose symptoms are stabilized" (Hermans, de Witte, & Dom, 2012, p. 289). In theory, both types of facilities conformed to the emancipatory ideals promoted by non-profit associations. However, it quickly emerged that SH and PNH were reproducing what psychiatric hospitals had initially been criticised for. Indeed, patients who no longer required intensive treatments were still not reintegrating in their home and local communities (de Munck et al., 2003).

Together, the first two reforms of mental health care supported the process of deinstitutionalisation. However, social inclusion beyond the walls of mental health institutions was still insufficient and recourse to psychiatric hospitals remained frequent (Grard et al., 2015). Indeed, the total number of psychiatric beds in Belgium remained too high in comparison to other European countries (World Health Organization, 2018).

In order to meet these challenges, the third reform of the Belgian mental health system was launched in 2010. The '107-reform,' named after a Hospital Act (art. 107) its funding is based on, was initiated through exploratory projects addressed to the general population. Each project was designed to create local networks in which services collaborate to provide five care functions: prevention and promotion; mobile teams; social rehabilitation; intensive psychiatric care; and alternative housing facilities (Federal Service for Public Health, 2010).

The 107-reform was intended to be comprehensive, and to include within each network not only all services belonging to the mental health system (the 'first circle'), but also alternative and social services (the 'second circle') that place the emphasis on service users' personal autonomy and social inclusion.

Despite efforts to overcome the challenges encountered during the previous reforms, scientific evaluations of the 107-reform highlighted major shortcomings. Indeed, alternative and social services (the 'second circle') were poorly integrated within the local mental health networks. This hindered the socio-professional reinsertion of mental health service users, and even exacerbated PCCs problems of accessibility to mental health care (Grard et al., 2015). These shortcomings have been associated with the increasing formalisation of admission procedures, a result of the collaborative networks' development (Walker et al., 2019). Furthermore, psychiatric hospitals' involvement in the reform's financing mechanisms has also played a role (Thunus, 2015).

3. Methods

This article draws on a research evaluation of the Belgian mental health care reform launched in 2010. This qualitative research was commissioned by Regional authorities in Brussels and was carried out in 2018 over a period of nine months. Its aim was to assess the influence of organizational mechanisms on service users' social and care trajectories, and to formulate policy recommendations drawing from this analysis. The research was designed to incorporate the main challenges since the reform's implementation in 2010, which include difficult access to mental health care for PCCs.

The research design consisted of four phases: (1) semi-structured interviews with network coordinators and service managers; (2) focus groups with current or former mental health service users; (3) focus groups with professionals; and (4) ethnographic fieldwork carried out in alternative services. Participants were recruited using a snowball sampling procedure through the boards of hospitals and ambulatory services, coordinators of mental health care networks, and service user organizations. The final selection of participants was made to include a wide diversity of sectors, organizations, professional disciplines, and functions. The research protocol was submitted to an Ethical Committee at UCL Saint-Luc that marked its approval, and all participants gave their consent to take part in the research.

The four phases were each associated with an intermediary objective. First, the semi-structured interviews aimed to gain insight into work and collaborative practices, as well as attitudes towards the reform's political objectives. Second, the focus groups with service users aimed to identify significant turning points within their respective social and care trajectories. The discussions raised key themes which were further explored in phase three involving separate focus groups with professionals who have direct contacts with mental health service users in their practice.

The ethnographic fieldwork was added to the initial research design in order to allow for a more diversified sample of PCCs. Indeed, few people with a history of difficult access to mental health care—either due to exclusion from services available or to their own rejection of these services—volunteered to take part in the focus groups. In fact, most volunteers were representatives involved in service user organizations. Thus, both authors carried out ethnographic fieldwork in alternative services, which are not formally part of the mental health system. The explicit aim of these services is not therapeutic, but rather to offer opportunities for people to build social ties within a local community, regardless of their mental health history. During their visits, researchers wrote down field notes whenever possible. These notes were drawn up from memory on a joint document after each visit, so as to complete each other's observations.

Altogether, the research included twenty-nine service users and twenty-seven professionals. Semi-structured interviews and focus groups were audio-recorded and transcribed. Thematic analysis of transcriptions and field notes was carried out using QSR International's NVivo 11 qualitative data analysis software.

Overall, the design and analysis followed grounded-theory procedures in order to approach the social inclusion of people with mental health problems as a social phenomenon, that is, as a process which continually changes in response to evolving conditions. The four interrelated research phases aimed to capture any potentially relevant conditions that contribute to understanding social inclusion, as well as actors' responses to these conditions. In keeping with the methodological framework, this research paid particular attention to participants' experiences and trajectories within and beyond the mental health system; and to the context in which they expressed their perceptions. Furthermore, the broader conditions related to transformations within mental health systems were iteratively incorporated within the explanatory analysis of social inclusion, using our theoretical framework (Luhmann, 2013). For further details regarding grounded theory procedures, the interested reader may refer to Corbin and Strauss (1990).

4. Social Inclusion and Social Systems

General definitions of social inclusion describe processes that aim to create opportunities for people to take part in society (Huxley, 2015). Scholars have approached social inclusion from numerous angles according to research traditions, time, and space (Allman, 2013). Two major dimensions underlie the wide diversity of approaches to social inclusion. On the one hand, material dimensions include access to basic goods, services, and social rights through social systems such as housing, health care, education, and labour. On the other hand, relational dimensions acknowledge experiences of social recognition regarding one's ability to take part in decision-making within communities (Vrooman, Hoff, & Guiaux, 2015).

The relationships between mental health systems and social inclusion entangle the material and relational dimensions of social inclusion in complex ways. Inclusion within the mental health system does not consistently entail inclusion within other social systems making up society (Wright & Stickley, 2013). For instance, stigma attached to those seeking mental health care hinders access to employment (Elraz, 2018; Stuart, 2006). Another example involves the medical diagnosis, which sometimes hinders self-definition as a full-fledged member of society through placing mental health service users "in a special role, separat[ing] [them] from the normal and healthy and requir[ing] submission to the authority of specialised personnel" (Illich, 1975, p. 75). The subjective experiences of people with mental health problems could help to disentangle the concept of social inclusion and incorporate its relational dimensions. A more comprehensive approach to the issue could take into account social experiences of inclusion and exclusion, as well as the social production and reproduction of these experiences (Allman, 2013).

Systems Theory (Luhmann, 2013) offers a valuable theoretical framework to tackle the complex relationship between the mental health system and the multiple dimensions of social inclusion. First, it draws a distinction between different types of systems which include social systems and psychic systems. Secondly, it theorizes the process through which these systems interact with one another and relate to their environment.

A system, according to Luhmann (2006), is delineated in terms of the differences with its environment. It is made of elements—such as the father role in a family system or the patient role in a health system, and relations between these elements (Orianne, Collette, Bastin, & Salmon, 2017, pp. 124–125). Systems are inherently auto-referential since they each create their own elements and relations, which are classified using internally developed references. The mental health system, for instance, is auto-referential as it develops its own references such as the *Diagnostic and Statistical Manual of Mental Disorders*, in order to classify its patient elements.

A system's environment is composed of other systems. Social systems theory draws a distinction between different types of systems, that is, organic, psychic, and social systems which are equally important. Indeed, a system is always included within another system's environment and neither type of system dominates the other. It follows that psychic systems, or human beings, are not included within social systems. Instead, they are included in social systems' environment and vice versa. Social and psychic systems are based on distinctive modes of operation. A social system is based on communication which raises information and gives meaning through the use of language, schema, and internal references. For instance, the mental health system provides a bio-psychological interpretation of personal problems which may have otherwise been interpreted according to spiritual or cultural references (Abbott, 2014). A psychic system is based on perception or one's ability to pay attention to environmental occurrences. Importantly, communication and perception are interdependent. Indeed, communication cannot go on if not responded to or perceived. It follows that "we then have consciousness in the sense of an orientation towards meaning, on the one hand, and ongoing communication, on the other" (Luhmann, 2013, p. 203).

"Structural coupling" (Luhmann, 2013, pp. 83–101) is the very process which connects psychic systems to social systems. It is based on language and related media enabling systems to know about and to relate to their environment. Through structural coupling, a social system's internal references, elements, and relations are applied to psychic systems, thus reducing or simplifying the latter's strong complexity. For instance, classification systems employed in mental health systems help to establish medical diagnoses which inform treatment and admission procedures. Conversely, reliance on these diagnoses helps people who experience mental health problems to restore order in messy situations, which in turn facilitates relationships with their immediate environment. This simplification process integral to structural coupling is essential for any system's survival. Indeed, a system's assimilation of raw and complex external elements and relations would threaten the boundaries that internal references make it possible to maintain (Dolfsma, Finch, & McMaster, 2011; Orianne et al., 2017).

Systems Theory helps analyse the relationship between inclusion within the mental health system and social inclusion through two main pathways. First, the mental health system struggles to include complex situations—PCCs—that are resistant to biomedical interpretations, thus threatening the system's boundaries and integrity. These situations typically involve a combination of long-term psychological, social, and economic dimensions. Mental health professionals tend to avoid them, as they are difficult to reduce to medical or psychological explanations (Novella, 2010). Furthermore, people with mental health problems themselves sometimes resist this type of simplification, which holds them responsible for what they may perceive as being dysfunctions within social systems such as employment or education, rather than dysfunctions within their own psychic systems.

Secondly, inclusion within the mental health system may come into conflict with inclusion within alternative social systems. Different social systems may attribute incompatible meanings to a given situation. For instance, the social systems of mental health care and employment may constrain people with mental health problems to play conflicting roles. In typical cases, this results in hiding mental health problems at the workplace in order to avoid losing a position (Elraz, 2018).

Finally, structural coupling affects both social and psychic systems. Indeed, a difference is produced as soon as the boundaries of two systems meet; in turn, this difference makes a difference (Luhmann, 2013, p. 91). For instance, a psychiatric diagnosis introduces a difference that may affect one's self-perception and relationships with other social and psychic systems.

The empirical material provides further insight into the process of connecting with several social systems based on different modes of operation. It delves into the subjective experiences of inclusion marked by social interactions occurring in different contexts and that contribute to shaping future interactions within the community. Articulating the theoretical framework with this empirical material conveys how two faces of the mental health system contribute to fostering social inclusion, thus introducing empirically-grounded answers to the questions this article raises.

5. Processes of Social Inclusion: An Empirically-Grounded Approach

This empirical section is the product of a grounded theory approach to the qualitative material (Corbin & Strauss, 1990). This approach helps move beyond the material dimensions of social inclusion, such as the availability of the mental health system's services, as it incorporates the relational dimensions of social inclusion. Indeed, the empirical material presented below contributes to conceptualising the relationship between mental health systems and social inclusion, in a way that specifies phenomena "in terms of conditions that give rise to them, how they are expressed through action/interaction, the consequences that result from them, and variations of these qualifiers" (Corbin & Strauss, 1990, p. 9).

This section introduces PCCs' main features as they relate to organisational challenges within the mental health system. Drawing from similarities between this subgroup and other service users, it then describes the performance of two roles, the patient role and the impatient role, and how they lead to different pathways towards social inclusion. The contextual contributions to these pathways conclude this section, with a focus on the scope of social inclusion.

5.1. The Struggle of PCCs within Comprehensive Mental Health Systems

The development of a comprehensive model of mental health care was designed to integrate mental health and social services in a way that could promote patient autonomy, encourage social inclusion, and cease the marginalization of people with mental problems. However, the deinstitutionalisation process has increasingly left out PCCs from the mental health system's services, despite them being particularly affected by social marginalization. The research results highlight certain characteristics of PCCs and mechanisms through which these adverse effects take shape.

First of all, the results highlight the multidimensional nature of PCCs situations as their most important characteristic. They often combine mental health problems with socio-economic vulnerability, substance abuse, or physical disability. These combinations prevent PCCs from meeting the increasingly strict admission criteria established by mental health services, which include hospitals and ambulatory services. Among these criteria, motivation to recover appears as an important obstacle given the complex combination of problems:

> The question is, how can they enter the mental health system in the first place? These people have to be highly determined to be admitted. Their problems are multidimensional and severe, but dealing with their mental health is often not their number one priority, this is an important obstacle. (General practitioner)

Furthermore, PCCs describe long-lasting situations due to social isolation and the lack of housing and employment. Those who do receive mental health care face the fragmentation between services and providers, which often leads to revolving doors between hospitals and home environments:

> These people have long psychiatric stories….They get discharged from hospital for six months, then they go back, then they get discharged again for a year, and then they go back….They are completely marginalized. (Medical director, psychiatric hospital)

Altogether, our research highlights the increasingly difficult access to mental health services and discontinuity of care for PCCs, a finding which is consistent with a widening body of literature based on many national contexts that promote community models of mental health care (Grard et al., 2015; Novella, 2010). By offering insight into personal experiences of social inclusion, the empirical data considers the relational dimensions of social inclusion and contributes to understanding how transformations within mental health systems shape these experiences. The study sample forms a highly heterogeneous group in terms of medical diagnosis ranging from mood to psychotic disorders; socio-economic status; and degree of involvement with mental health services over their life course. However, all participants have in common that turning to mental health care was subsequent to subjective experiences of exclusion from society. These involve feelings of long-term social isolation, or interpersonal conflicts occurring in various social systems such as family environments, school, or the workplace (Walker et al., 2019). The conceptualisation of these experiences was developed through rigorous analysis of participants' perceptions and interactions in keeping with grounded theory procedures.

5.2. The Patient Role: Endorsing Medical References, Maintaining Social Systems

Subjective experiences of social inclusion were expressed through the performance of two roles referred to as the patient role and the impatient role. These roles refer to ideal-types that conceptualise the most salient characteristics of participants' speeches and interactions. In line with a grounded theory approach, the roles are empirically-grounded concepts that enable to set aside individual specificities. This implies that their performance—a set of activities perceived by a set of observers (Goffman, 1959, p. 13)—is not assigned to particular individuals. Instead, specific persons may switch from patient to impatient role performances or the other way around over long periods of time.

Patient roles refer to participants who expressed their personal life narratives based on references typically employed within the mental health system, that is, from a medical perspective which is based on a medical diagnosis. Patient roles were most often performed by people having experienced long-term and uninterrupted trajectories within the mental health system, and who genuinely integrated the way this system interpreted episodes of mental distress. For instance, Emily refers to her physician's diagnosis to make sense of problems she encountered at work that led her to enter the mental health system:

> In the beginning, I was aware that I didn't know where I was going professionally, I was lost, and I didn't know what was wrong with me. When the doctor told me I was having a burnout, at least I could put a name on what it was….Then, it's a matter of accepting the situation, even just the word "hospital." I learned so much during those years in the psychiatric hospital.

For patient role performers, subjective feelings of social inclusion arise when significant others (Goffman, 1967) also acknowledge the medical diagnosis associated with their mental distress and adapt their attitudes accordingly. Emily's experience illustrates how references to a medical diagnosis can importantly mediate social relationships and eventually lead to feelings of social support and inclusion:

> Many people saw me as a strong woman, so they were surprised to find out I was having a burnout….But my body reached its limits, and I had to wait for people to accept that before receiving their support.

The mental health system appears as an important mediator for patient role performers to experience subjective feelings of social support and inclusion. However, further evidence suggests that this form of social inclusion remains limited to the mental health system and empathetic significant others. Indeed, patient role performers importantly struggle to expand subjective feelings of social inclusion beyond the mental health system's boundaries, such as the workplace in Emily's case:

> After two years [in the hospital], I wanted to try out some volunteer work, to challenge myself at work again….Since then, I've been involved in projects here at [association], I arrived as a mental health service user….At times, I'm very happy with volunteering two days a week but sometimes it's a problem because it's just volunteer work, not a real job! I mean it feels like a real job to me, but legally speaking, it's not a real job. I think they could pay me for what I do.

The findings highlight patient role performers' struggle to find a regular job that recognizes their status as a mental health service user, for instance, as a service user representative. Moreover, they reveal experiences of discrimination within other social systems on being primarily identified as people with mental health problems (Walker et al., 2019). Altogether, this data suggests that subjective feelings of social inclusion beyond the mental health system's boundaries and significant others remains a challenge for patient role performers.

5.3. The Impatient Role: Challenging System Boundaries

Performance of impatient roles describe alternative processes of social inclusion. Indeed, although impatient role performers also seek recognition and acceptance within multiple social systems, they do not want the mental health system to interfere. The following extract illustrates the performance of an impatient role, that seeks to achieve social inclusion on the basis of professional qualifications, as opposed to a medical diagnosis:

> That's what we need, a place in the community, where we're accepted the way we are….It could also be a job! [Psychiatry] treated me like I was crazy, but I wasn't crazy at all!…My civil status states that I'm disabled, a psychotic patient, but I don't want it to be that way. It's about time I live my life and society accepts me as the civil engineer that I am!

This extract illustrates how impatient role performers are opposed and irritated with the medicalisation of their life narratives. In fact, they often question medical references and express strong reactions regarding their use within the mental health system:

> They use a stupid system of classification. If you roughly look or behave like someone else, you're considered the same person. So to me, it doesn't make any sense. Every human being is different, has a different story and holds different beliefs. They label us so they can classify us and turn us into the victims of pharmaceutical companies. We're just pawns, they use us to create and maintain their own system!

Impatient role performers were mostly PCCs encountered in alternative services during the ethnographic fieldwork. A detailed description of these services and of their history furthers our understanding of how and why they attract this population.

Alternative services are not formally included within the mental health system, and were often created on the initiative of service users themselves and their relatives. They can be described as inclusive spaces which voluntarily de-emphasize both social and diagnostic categories in everyday interactions. These spaces are open to the public and covertly intend to integrate former or current mental health service users within mainstream society. They are mostly centrally situated and accessible to anyone passing by, regardless of their mental health history. Alternative services do not provide psychiatric or medical treatment, but allow for opportunities to develop ties within a local community through the organization of collective activities.

The coordinator of an alternative service explains its history and underlying philosophy. This association developed in the 1960s, during the anti-psychiatric movement. It aimed to find a middle ground between discharging patients without providing any alternative, and reproducing a different type of "total institution" (Goffman, 1961) providing all-inclusive care. Gradually, this association drifted away from the anti-psychiatric movement: "We used to identify as social activists, but now, we want to contribute to social change by being part of society" (interview with the coordinator of an alternative service). In fact, the association developed ties with institutions that are included in the mental health system and that sometimes introduce PCCs to this alternative service. This particularly occurs when PPCs have experienced a long and conflicting journey within the mental health system and are willing to leave this system. The coordinator describes the association as de-emphasizing psychiatric categories and more generally, as blurring the boundaries between patients, professionals and regular citizens. All visitors are considered members as soon as they step through the door, which creates opportunities to foster heterogeneous communities:

> This form of socialization within heterogeneous communities has important implications for the social inclusion of people with mental health problems. Alternative services help them develop alternative aspects of their identity through the co-construction of collective events based on personal or cultural interests. People with a long journey within the mental health system are so used to talking about their mental health problems, and to identifying as a 'patient.' We ask them to tell us another story! What do you want to do?

This approach seems to play an important role in limiting self-identification as a patient and fostering feelings of belonging to a community that goes beyond the mental health system. A participant reflects on the difference between a day hospital and the alternative service he has been going to this past year:

> I ask myself more and more, is it really that different? It also keeps you busy, gets you up in the morning, forces you to get dressed, meet other people, get together and chat….Except there's no medical jargon around it all, that's one thing out of the way. If I had to tell the difference, I'd say we engage in activities but they're not medicalised. We're not seen as patients!…I'm seen like a man.

Alternative services support a personal transformation process in which 'patients' are given opportunities to explore alternative roles. This process simultaneously contributes to removing the stigma of mental health. Indeed, alternative services de-emphasize social and diagnostic categories, and visitors cannot tell apart mental health service users from other visitors belonging to disparate social worlds. They are all primarily focused on the collective events which turn into intermediary objects. Stigma is also reduced through exposing the general public to non-conventional behaviours. A field note extract illustrates these parallel processes:

> The front door of [alternative service] situated in central Brussels is wide open. Though a small number of visitors are sitting and chatting on the sunny terrace as in other neighbouring cafés, most visitors are inside listening to an amateur piano player. Upon hearing the piano from the pavement, a young couple enters the space and walks towards the bar where they order two beers. The bartender, who the researcher identified as a mental health service user on previous occasions, serves the order while simultaneously displaying notable behaviours: repeatedly walks back and forth from wall to bar, mumbles to herself, slowly pours the beer bottles into glasses whilst spilling some onto the bar surface. The bartender informs the couple the beers are at an open price and the man hands over some coins. Surprised, the woman asks her partner why that is: "Dunno, I think this place is the association I heard about, something to do with mental health or the homeless." The couple moves onto watching the piano player and quietly comments on how talented she is.

Altogether, alternative spaces offer occasions for mental health service users to explore different roles through exposure to social interactions within the community. The co-construction of events within communities made of different social worlds mediates this process of inclusion within mainstream society. This contrasts with patient role performances, which limit social inclusion to a reduced network of mental health professionals, peers, and empathetic others that communicate using individual medical references. Finally, alternative services support a process of social inclusion that helps its members adapt to open and continuously transforming social systems where people come and go. A coordinator explains this requires minimal intrusion into people's lives. Members are encouraged to select from whichever references they need to make sense of the world and of where they stand:

> Not being intrusive means openness to any resources available within the community. Indeed, these people were often captive within the mental health system and want to get out of it, so we don't want to replace this system with another one…by imposing certain references. The alternative is to open doors and resources that exist within the community. We offer our members support as they explore these different resources, but we don't want to tell them what to do with them and where to go, nor do we want them to depend on us.

6. Discussion

This article addresses the challenge of achieving the social inclusion of people with mental health problems in the context of mental health care deinstitutionalisation. It employs a broad definition of social inclusion which acknowledges several dimensions, including access to services available within a community but also experiences of social involvement as full-fledged members of society.

The reorganization of mental health systems across Europe aims to promote personal autonomy and to support social inclusion for all. However, this process has substantially hindered access to services available within the mental health system over the past few decades, particularly for PCCs. Furthermore, those who do access existing services do not consistently experience feelings of social involvement within their community and of belonging to society. In order to address these complexities, this article raises two main questions. First, how do contemporary mental health systems contribute to the process of social inclusion for people with mental health problems? Secondly, how can PCCs navigate towards social inclusion, in the context of their increasing exclusion from the mental health system's services?

To address these questions, this article employed a theoretical framework that could support an in-depth discussion about social systems (such as the mental health system), and a conception of social inclusion which incorporates its relational dimension. Luhmann's (2013) Systems Theory was highly useful in this respect. According to Systems Theory, social systems develop and survive by maintaining a difference with their environment, which is made of other systems and human beings, who are referred to as psychic systems. Each system maintains its difference through communication, an essential mode of operation to establish relationships with its environment. A mode of operation implies the selection and simplification of events occurring within the system's environment, a process referred to as specification, which relies on internally created categories. Admission procedures are examples of categories created and employed by the mental health system to interpret situations occurring in its environment. Specification is integral to a system's survival. Indeed, should several social systems assign the same meaning to a given event, differences would dissolve and systems would be threatened.

Systems Theory helps understand the increasing exclusion of PCCs from the mental health system, as further evidenced by the empirical material. Indeed, while they combine biological, social, and psychological dimensions, PCCs easily resist the mental health system's specification which is rooted in biomedical interpretations. Their exclusion from this system helps maintain its integrity. Furthermore, if a system can only assign a specific meaning to a given situation, it poses a challenge for this situation to be included in multiple systems simultaneously (e.g., in employment and mental health care).

A grounded theory approach to the subjective experiences of people with mental health problems shed light on the process of establishing relationships between themselves, conceived as psychic systems, and their social environment. This analysis highlighted the performance of two roles: the patient role and the impatient role. Patient role performers learn to interpret their personal situations by relying on medical discourse. They identify with the medical diagnosis entitling them to mental health care. Although this role may offer opportunities to resolve social ties with empathetic others, it is simultaneously discriminated against by certain individuals and within certain social systems such as employment. Conversely, patient role performers sometimes self-exclude from these social systems by doubting this role is compatible with those required by other social systems. By and large, although inclusion within the mental health system can foster a subjective sense of social inclusion, it is often limited to the mental health system's boundaries.

In contrast, impatient role performers do not believe that medical references can account for their personal situations, nor do they want the mental health system to mediate their social inclusion. They seek opportunities to explore alternative references to make sense of the world and of their situation, and appreciate the support from alternative services during this process. Importantly, impatient roles support processes of inclusion that are not limited to the mental health system's boundaries, but that expand towards society at large.

The mental health system's mode of operation, or specification, contributes to answering the first question raised in this article. Indeed, it helps understand the limits of the mental health system's contribution to social inclusion. By fully endorsing this form of specification, people with mental health problems have very limited possibilities to develop social ties beyond the mental health system, that is, outside of mental health professionals, empathetic significant others or peers. Opportunities to explore or re-establish connections with other social systems, this article argues, is integral to processes of inclusion within broader communities.

The empirical material highlights alternative services' central role in facilitating this process of inclusion within society at large, through supporting connections between several psychic and social systems. The contextual and interactional elements described in the empirical section help understand how these services facilitate this process.

The coordinators conveyed alternative services' ability to self-define by marking a difference with their environment, which includes the mental health system. The essential difference lies in dissolving the status of patient which gives rise to an inclusive status of member, a reverse operation mode to specification which could be referred to as despecification. This difference is reproduced in alternative services' material and non-material characteristics—accessibility, openness, and diversity of social and cultural activities. It is further supported by members themselves. Indeed, they express deep feelings of being perceived as human beings taking part in society, where sitting down to have a chat appears in the foreground. Finally, despecification was observed in action which made it possible to assess its impact on social inclusion. Indeed, considering PCCs as fully-fledged members and taking part in social and cultural activities yields social ties between PCCs and other citizens. In this context, PCCs are given the opportunity to receive social acknowledgement for alternative attributes such as a particular talent, despite their mental health problem.

Based on Systems Theory, alternative services can be described as forming a social system of their own, since they communicate their difference which its members and other citizens perceive. As any social system, this system creates a difference which survives and persists through material and non-material communication. Unlike other social systems, inclusion within it does not rely on specification, but rather, on despecification. This system can be said to be on the flip side of the mental health system.

The answer to our second question regarding the pathways towards social inclusion of PCCs lies precisely in despecification. By bringing people together regardless of their social status around a social or a cultural activity, alternative services form a system that offers them the possibility to connect with society at large.

Altogether, this analysis disentangles the social inclusion of people with mental health problems. It replaces a dichotomous approach according to which a mental health service user is either included or excluded from society. Drawing from the empirically-grounded concepts of patient and impatient roles, the connections between psychic and social systems are unsettled and dynamic; they depend on the relationship between one's perception of a complex personal situation, and the meaning which a social system assigns to the same situation. Examining these relationships shed light on how they are created, restrained, or stimulated through specification in mental health systems, and despecification in alternative services.

Based on this analysis, the complementarities between the mental health system and alternative services seem central to achieving social inclusion beyond the mental health system and towards society at large. Indeed, the alternation between specification, within the mental health system, and despecification within alternative services, enables to regularly suspend roles and social positions, thus making room to explore new roles in several social systems.

7. Conclusion

The argument developed throughout this article suggests policy recommendations. Incorporating the relational dimensions of social inclusion highlights the complementarity between the mental health system and a system made up of alternative services. Both systems supplement each other at different times in order to mediate between people with mental health problems and social environments. This mirrors the trajectories of those who alternate between patient and impatient role performances at different points in time. The complementarities between both systems are deeply intertwined with their contrasting modes of operation—specification and despecification, which they must each maintain in order to survive. On this basis, a suggestion for effective public action in the field of mental health would be to strike a balance between both systems in terms of political and financial support, while maintaining their modes of operation. Furthermore, intensifying the relationships between these social systems would enable service users to benefit from their complementarities.

A priori, this article's analysis is limited to the Brussels Region where the research drawn on was carried out. However, the deinstitutionalisation process and the challenges for PCCs are observed in many OECD countries. Thus, future research could initiate an international comparative analysis focused on the articulation between social systems and the trajectories of PCCs.

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Conflict of Interests

The authors declare no conflict of interests.

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Article

Mutuals on the Move: Exclusion Processes in the Welfare State and the Rediscovery of Mutualism

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Abstract
Declining welfare states and increasing privatization of the insurance sector are leaving an increasing number of people, particularly in Europe, without insurance. In many countries, new initiatives like Friendsurance (Germany), Broodfonds (the Netherlands), and Lemonade (US) have emerged to fill this gap. These initiatives, sometimes called peer-to-peer insurance, aim to make insurance fair, transparent, and social again. Resembling 19th-century mutuals, they pool premiums in (small) risk-sharing pools. We compare eleven new mutuals with respect to their institutional, resource, and member characteristics and find two broad typologies. The first bears the most resemblance to the 19th-century mutuals: Members are (partly) responsible for governance, there is no risk differentiation, premiums are fixed and low, and insurance payouts cover basic expenses only and are not guaranteed. The second group, while also applying risk-sharing and redistribution of unused premiums, is organized more like the present-day commercial insurers it reacted against, e.g., with refined InsurTech methods for risk differentiation and a top-down organization. We thus pose that, while both groups of new insurers reinvent the meaning of solidarity by using direct risk-sharing groups (as is central to the concept of mutuals), they have different projected development paths—especially considering how, in case of further growth, they deal with problems of moral hazard and adverse selection.

Keywords
collective action; institutions; insurance; mutualism; resilience; risk-sharing; solidarity; welfare state

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1. Introduction

Be it in the fields of climate and energy, health care and welfare states, politics and governance, or banking and insurance, when it comes to solving collective problems, the shortcomings of market and state have increasingly come to light. Over the past two decades, this has sparked a revival in collective action in many countries globally, displayed by the rapid increase in the number of cooperatives in agriculture, energy, and infrastructure. People are joining forces to establish and strengthen institutions for collective action (ICAs) to solve problems that have not been solved to their satisfaction by traditional suppliers (De Moor, 2015).

Parallel to this development in collective resource management, similar developments in the service sector can be noted, particularly in insurance, where new initiatives such as Friendsurance (Germany), Broodfonds (the Netherlands), and Lemonade (US) emerged out of a mounting discontent with the way insurance is currently organized. These insurance organizations, many of which refer to themselves as peer-to-peer (P2P) insurance, aim to reinstate fair, transparent, and social insurance. Although their name suggests a one-on-one relationship between those involved, in practice they go back to mutual insurance principles as laid down centuries ago, pooling premiums in (small) risk-sharing pools that introduce many-to-many relationships between members.

Historically, the earliest mutual insurance associations (mutuals) can be traced back to the guilds in the first wave of collective action in early modern times (1500–1800), but the current initiatives emulate the mutuals that emerged over the 19th century during the second wave of collective action, with its culmination in 1880–1920 (De Moor, 2015). Friendsurance (Germany), for instance, evokes villagers that established mutual risk-sharing arrangements in the event of fire, where neighbors would help build a new home, while Axieme (Italy) takes the fishermen and ship owners that helped each other by putting money in a common treasury for boat repairs as its example. That they do not refer to the earlier guild insurance is because the 19th-century mutuals usually focused on insurance services only, whereas guilds formed multi-purpose organizations in which insurance was part of a larger package of collective services (van Gerwen & van Leeuwen, 2000).

Following their 19th-century counterparts, we observe that the new initiatives generally base their insurance model on four principles: solidarity, transparency, fairness, and innovation. Solidarity is invoked by relying on risk-sharing in subgroups, with policyholders supporting each other with money from a common fund. Transparency is achieved by abandoning the large bureaucratic systems and making do with minimum sets of rules and clarity about insurance eligibility and payouts. Fairness is implemented by returning (some share of) unused premiums to the policyholder rather than to the insurer's profit. Innovation, finally, is where the new initiatives move beyond the historical model. Based on the assumption that 21st-century InsurTech (e.g., online exchange platforms, artificial intelligence, blockchain) has a primarily positive impact on collective action, they apply this to create large solidarity networks in our current societies.

With this article, we aim to provide a better understanding of why these new initiatives are emerging, and in so many different countries. What needs do they respond to? Do they represent a revival of mutualism or is this an entirely new institutional development? Can we expect these initiatives to play a role in the insurance sector of the future? With the 'oldest' initiative established in 2006, there is little experience to base such predictions on. However, we do have a wealth of knowledge on the development of mutuals in the past. By comparing characteristics of mutuals past and present as well as contextual developments leading to their rise (and demise), we aim to provide preliminary insights into the role these new initiatives play in our current societies, their future chances, and what factors appear crucial for their resilience.

A historical outlook is particularly helpful in reference to classic insurance problems of moral hazard and adverse selection. Moral hazard occurs when insured people increase risky behavior or decrease loss prevention (*ex ante* moral hazard; Arrow, 1971) or file exaggerated or even fraudulent insurance claims (*ex post* moral hazard; Adams, Andersson, Jia, & Lindmark, 2011). Adverse selection occurs when insurances attract an above-average number of high-risk members (Akerlof, 1970). The general consensus is that historically, mutuals were better able to deal with these problems than early market and government insurers (Emery & Emery, 1999; Harris, 2012). The ascribed reasons (social control, fairness, solidarity) are what the new initiatives likewise use as arguments for their case. While it is too early to state whether they succeeded in this mission, we can compare whether they are likely or certain to get into trouble due to their institutional structure.

For this purpose, we compare eleven insurance initiatives (currently) active in twelve countries, established between 2006–2018, on the basis of their institutional, resource, and user properties, which are derived from De Moor's (2015) three-dimensional model of resilience in ICAs. First, however, we lay the contextual groundwork by sketching the relevant wider economic, societal, and institutional embeddedness of these initiatives. Why are they emerging now? What pressing issues in the insurance sector are they responding to? Similarly, we provide a general outline of the historical development of mutuals. Only in comparison can we start to understand which role the new initiatives, still in their infancy, may take in our future societies.

2. The Wider Insurance Landscape

2.1. The Crisis of the Insurance System

When it comes to national insurance systems, countries have traditionally been categorized as utilizing private (US), public (Norway, Sweden, Finland, Denmark, UK, Italy, Canada), or mixed (Germany, France, Austria, Switzerland, Belgium, the Netherlands) models for organizing insurance (Lameire, Joffe, & Wiedemann, 1999). This classification marks how the majority of insurance is organized; all countries with established insurance systems at least offer some form of public insurance—particularly for unemployment, disability, and retirement—for some subgroups (e.g., Medicaid in the US). Private insurers, however, are quickly gaining ground in all (particularly European) countries, as principles of neoliberalism have provided the economic justification for delegating the provision of social insurance (like health insurance) to private insurers (Natalier & Willis, 2008). While this process might seem more apparent in 'mixed insurance' countries, it is also taking place in countries (such as Sweden) that have traditionally been characterized as public (Sunesson et al., 1998).

At the same time, little has been done to accommodate new risks introduced by recent demographic transitions. Aging populations (longer retirement, elderly care), higher divorce rates (child support), and increasing unemployment put pressure on the capacity of the welfare state (de Vroom & Øverbye, 2017; Parkinson, 2011). Moreover, while universalist benefits are, in principle, at everyone's disposal, their implementation increasingly causes social exclusion. Eligibility is dependent on citizenship and salaried employment, which conflicts with changing demographic profiles of a globalized world (Taylor-Gooby, 2006). The condition of citizenship, for one, excludes the growing number of (labor) migrants from social benefits in most European countries (Baldini, Gallo, Reverberi, & Trapani, 2016; Lehtonen & Liukko, 2015): While there are large differences between European countries in the extent of exclusion, with exclusion in most Mediterranean countries double or triple the size of that in Scandinavian countries, exclusion is substantial everywhere (Baldini et al., 2016). The condition of salaried employment, secondly, deprives the growing number of self-employed workers of benefits, leaving them uninsured or at the mercy of private insurance companies (van der Linden, 2008).

These private insurers introduce increasingly detailed forms of risk segmentation by unpooling risks (Ericson, Barry, & Doyle, 2000). While based on principles of actuarial fairness (i.e., you pay according to your needs), this mainly serves to increase profit. The repercussions of such differentiation are that premiums have become increasingly expensive for high-risk groups, if they are accepted as clients at all. Hence, the groups of people that are excluded from insurance expand, and those who do have insurance report lower levels of trust in their insurer (Lehtonen & Liukko, 2015).

The new insurance initiatives, therefore, respond to problems with both state and private insurance arrangements. By borrowing aspects of historical mutualism, they believe they can reshape expectations of insurance and alleviate some of the financial pressures that make the benefits offered by existing parties so expensive (or unaffordable).

2.2. A Historical Mutual Insurance Framework

Risk-sharing through mutual insurance has been around for so long that to summarize it in a few paragraphs is impossible within the limits of this article. For excellent discussions of mutuals throughout history, we refer the interested reader to the book of van Leeuwen (2016). For this article, which puts new mutuals central, a basic overview suffices.

The mutuals that emerged in the early 19th century were the product of age-old mutually dependent social relations that took shape in local guilds and credit economies (Ismay, 2015). These mutuals arose in many different countries, but scholarly discussions largely focus on mutuals in Europe (e.g., the UK, the Netherlands, Spain), the US, and Australia (Downing, 2012; Harris, 2012). In these discussions, scholars often distinguish between mutuals that covered life risks (e.g., health, funeral) and non-life risks (e.g., fire, agriculture). While membership figures tentatively suggest that risk-sharing groups in the latter were smaller (van Gerwen & van Leeuwen, 2000; also according to the authors, at least for the Netherlands, membership figures suggest that, in general, non-life mutuals had less than 100 members, while the majority of life mutuals had fewer than 500 members), the general consensus is that all early mutuals had relatively small risk-sharing pools, which gave them a comparative advantage over early market or government insurers in dealing with problems of adverse selection and moral hazard (both *ex ante* and *ex post*), as signaled by the lower number of claims (Adams et al., 2011; Emery & Emery, 1999; Harris, 2012; van Leeuwen, 2016).

The risk-sharing groups were usually composed of people who lived in the same community, so they could vouch for each other and monitor each other's behavior (van Gerwen & van Leeuwen, 2000). This reduced problems of adverse selection, as they had a rough estimate of the type of risk admitted in the pool. Once admitted, members were expected to take on some responsibility in governance and to participate in social events (Downing, 2012). Thus, traditional mutualism consisted not only of voluntary arrangements to contribute to a common fund (de Swaan & van der Linden, 2006, p. 184), but served social needs as well (Harris, 2012, pp. 1–2). The social bonds and affinity that were created this way kept occurrences of moral hazard low, as it felt wrong to most people to take (excessive amounts of) money from their fellow group members. Moreover, informal monitoring and social punishments (e.g., loss of reputation) scared off those who might have still been inclined to do so.

As the 20th century approached, the membership figures of mutuals grew quickly. This increased organizational complexity, which in many cases meant that traditional ownership structures were modified to ease decision-making and minimize potential conflicts. Ultimately, this often entailed a transition towards managerial and corporate governance models, in which the management was in the hands of a managerial board consisting of external professionals. In most organizations, members only retained—to some degree—*ex post* decision control (Chaddad & Iliopoulos, 2013). Moreover, despite the fact that the large mutuals were initially often structured like umbrella organizations, with members still subdivided within multiple, relatively small risk-sharing groups, conviviality within these groups quickly waned, which reduced their ability to monitor each other (Downing, 2012).

Essentially, this means that mutual insurance had a different definition in the early 1800s than it does today, and this is a consequence of the evolution mutuals have gone through over the past two centuries. Nowadays it is usually the large, private, not-for-profit insurance companies (such as the US-based Liberty Mutual Group) that come to mind (de Swaan & van der Linden, 2006, p. 12). Many of these companies evolved from 19th-century small-scale mutuals (van Leeuwen, 2016).[1] Their defining characteristic still is that they are (partly) owned by their stakeholders and have—at least on paper—a responsibility to them for their operations (Lehtonen & Liukko, 2015). Members are, for instance, given the right to select management, and any profit should either go to them or into the company. This is in contrast to stock insurers, which are owned by shareholders and usually see the production of wealth for shareholders as their primary function (Cummins, Weiss, & Zi, 1999). However, while ownership has always been central to mutual insurance, the actual voice members have in organizational matters has decreased to such a degree that nowadays it is largely void of meaning (Chaddad & Iliopoulos, 2013). Moreover, the meaning of solidarity gradually changed in the evolution of mutual insurance companies. Large-scale anonymous structures have come to replace the old systems, which were smaller and more focused on direct solidarity.

It is the traditional conception of mutual insurance that fits well with the new insurance initiatives. They, too, revert to subdividing the member-base into smaller risk-sharing groups, thereby promoting solidarity and giving the policyholders, to varying degrees, a say in the design of the institution (albeit not necessarily through ownership). Hence, while they explicitly present themselves as different from mutual insurance companies, which they treat on a par with stock insurers, the term 'peer-to-peer' might mainly be a modern rebranding of the age-old principle of mutualism.

Essentially, while for mutual insurance companies the defining feature that survived over time is formal ownership by immediate stakeholders (and by extension that profits are retained within the company), the new initiatives borrow solidarity-related aspects (risk-sharing groups, redistribution mechanisms) from the historical model that they consider apt for reducing moral hazard. A cautionary note is in place here, for although these aspects indeed made many historical mutuals successful, the same reliance on small groups and informal social control imposed fragility. If moral hazard did occur undetected, for small mutuals it more often led to financial problems or even bankruptcy (de Swaan & van der Linden, 2006; van Leeuwen, 2016). Larger market insurers might have had more moral hazard occurrences, but also had the financial stability to cope with them.

3. Theory

A comparison of the new insurance initiatives requires a common framework. The initiatives in different countries largely developed independently, so such a framework helps to pinpoint differences and (particularly) similarities that may not be obvious at first. For this purpose, we apply the three-dimensional framework of De Moor (2015), originally developed for historical analysis of the functioning of commons and other ICAs, to mutuals. We see structural similarities between mutuals and ICAs, so this framework can reveal where the institutions are more fragile. The framework poses that three dimensions should be considered when evaluating cooperation for the production, use, and management of a collective good: the resource, the users, and the institution. Applied to mutuals, these reflect the insurance pool, the policyholders, and the mutual. These dimensions are tightly interrelated and resilient cooperation is the result of striking a proper balance between them.

The institution entails the overarching organizational form as well as all rules and regulations regarding both user and resource. The resource dimension encompasses everything related to the construction and use of the resource, i.e., the premiums (that together form the insurance pool) and insurance payouts. Finally, the user dimension concerns who makes up the member-base, i.e., whether the group is open or closed, small or large, homogeneous or heterogeneous. There are myriad interrelations between these dimensions: Group characteristics follow from institutional rules of entrance; resource characteristics are the result of institutional rules and users' demands and needs; resource and institutional characteristics influence which users join, and so forth. These interrelations are captured by the balance in efficiency, utility, and equity (Figure 1).

Since insurance primarily serves to protect against financial loss, efficiency is often the main balance considered. Literature that disputes the premises of the tragedy of the commons (Hardin, 1968) stresses that institutions, with properly defined rules and norms, are vital to avoiding overuse and thus to not overriding the resource's carrying capacity. Efficiency then results from the interaction between institution and resource, as the institution sets the rules of access and use that largely determine resource availability (Ostrom, 2005). For mutuals, these rules arrange financial matters of creating the fund (e.g., setting premium levels) and payout from the fund (e.g., determining coverage and eligibility). They should ensure that no more is claimed than is saved in the pool, but should simultaneously avoid underuse. When more is saved than is needed for payouts, premiums are too high and the balance is likewise inefficient. For historical mutuals, efficiency clearly improved over time. Initially there was little knowledge on how many claims should be expected, what contribution rates were necessary to cover those claims, and how eligibility should be judged. Over time, the mutuals started to professionalize by applying basic risk differentiations on crude categories of, for instance, age. Current mutual insurance companies maximize efficiency by using complex tools to calculate

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[1] This is not to say that all 19th-century mutuals grew into large mutual insurance corporations. In fact, only a minority (mainly those that merged and professionalized) survived. Following intensifying public debates over what voluntary mutuals lacked (e.g., no coverage of prime risks like old age and industrial accidents), the vast majority were taken over by the welfare state (which would cover a broader variety of risks). Others, particularly in the non-life domain, ultimately, had to cease operations in competition with commercial insurers (van Leeuwen, 2016).

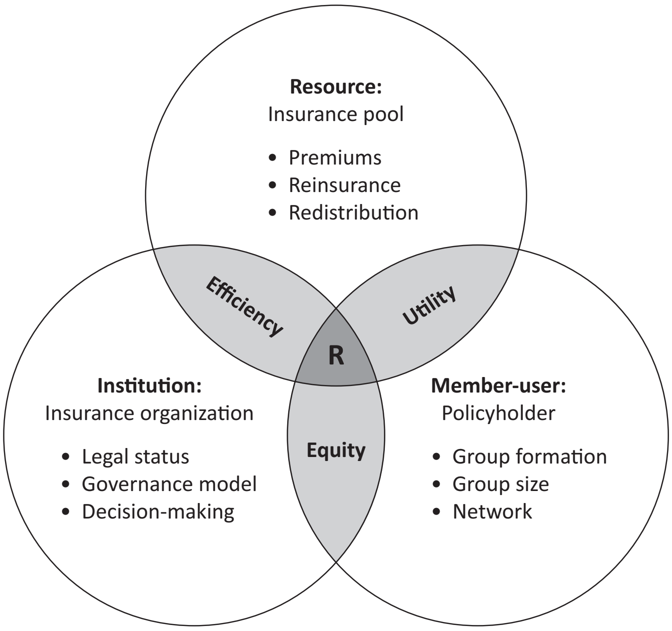


Figure 1. A three-factor approach to the functioning of mutuals, adapted from De Moor (2015). Note: R stands for Resilience.

individual risk probabilities and adjusting premiums accordingly. Moreover, they reinsure part of the premiums with external insurance companies who pay the insurance if the local pool were still to be depleted.

In addition to financial performance, social aspects form important indicators for the functioning of mutuals and other ICAs. In the framework, this is captured in the evaluation of utility and equity. Utility represents the balance between users and resource. Rather than assessing resource management, utility asks whether the resource is sufficient for the users' needs. For the historical mutuals, utility was achieved by combining various types of support. While it is true that initially payout was usually limited (both in amount and duration), being able to receive some benefits did alleviate members' most urgent needs (Emery & Emery, 1999; Harris, 2012). Moreover, while coverage was not guaranteed, this was compensated for with additional services (e.g., social support). Over time, financially utility improved as payouts got higher and more secure, but the utility derived from social functions decreased. Moreover, while the introduction of risk differentiation may have been positive for low-risk groups, for others it meant that insurance became more expensive. In other words, utility may be perceived in different ways and vary among members within a mutual group.

Lastly, equity is achieved when users feel heard. It has long been recognized that ICAs in which members participate in the decision-making process are more likely to survive because involvement enhances reciprocity and solidarity (Ostrom, 1990). It bestows feelings of responsibility in members and makes them committed to the institution's success. Moreover, institutions characterized by member involvement appear more resilient as they are better capable of change than those governed top down (De Moor, 2015), most likely because involved members better understand why, and which, changes are needed. For historical mutuals, equity was initially given a key role (through bottom-up organization and decision-making). Over time, it seems that improvements in efficiency have come at the expense of equity, as these changes were set in motion by professional board members or external managers.

In general, resilient institutions manage to balance equity, efficiency, and utility. In practice, however, balance is often achieved on two of these at the expense of the third (De Moor, 2015). For the historical mutuals, for instance, equity and utility seemed to have come at the expense of efficiency in the early 19th century, while efficiency replaced equity throughout the 20th century. We assess such matters for the new initiatives as well. By comparing the new insurance alternatives on the use of risk differentiation, reinsurance methods, and strategies for profit (i.e., characteristics of the resource and the institution) we assess their balance regarding efficiency. Risk differentiation and redistribution policies (part of the fairness goal of all initiatives) will be used as indicators for how the initiatives work towards utility. Finally, how governance decisions are made and whether policyholders have a say in drafting their rules help us assess the role they give to equity.

4. Methods

The number of new mutual-like organizations is rapidly increasing, although most are (still) small in size. Moreover, while they use digital tools for their organization, most still focus on local (national) markets, communicating in their respective languages, which makes it difficult to get a count of the number of active initiatives. Our inventory of new insurance initiatives was based on mentions in blogs and news reports as well as presence on social media (Twitter/Facebook). For this purpose, we used the search terms 'peer-to-peer OR P2P OR crowdsurance OR new' and 'mutuals OR mutualism OR insurance.'

We inventoried 57 initiatives (active and inactive, see Tables A1 and A2 in the Supplementary File) that were established between 2006–2018, with the majority (39) founded in 2015 or later. With the exception of Latin America and most of Africa—where local micro-insurances are ubiquitous, but no accounts of institutionalized and digitalized initiatives were found, possibly because their insurance sectors are less developed generally and internet penetration rates are low(er)—comparable initiatives are being established everywhere. The majority are European, although some of the pioneers started outside of Europe (e.g., TongJuBao in China, PeerCover in New Zealand) and several initiatives (e.g., Teambrella, VouchForMe, WorldCover) ignore national borders altogether.

Of the 57 initiatives, we selected 11 for a more thorough review (Table 1), simply because we could collect sufficient information about them. For the others, websites provided too little information, content was only available in foreign languages, and/or we could not get in touch with a representative of the organization. The selected initiatives cover different parts of the world as well as different insurance products. Still, we note that caution is warranted in contemplating these initiatives' success, as most new mutuals, with the exception of Friendsurance (~ 150,000 policyholders) and Lemonade (~ 425,000), have a relatively small member-base (with Versicherix not even officially launched yet).

4.1. Measures

To compare the institution, resource, and user dimensions of the insurance organizations, we derive two or three characteristics per dimension. For the institution, we compare whether the initiatives use non-profit (e.g., cooperative, association) or for-profit (stock insurance) organizational forms and to what extent users are involved in decision-making. For the resource dimension, we outline whether the initiatives use risk-differentiation and reinsurance and what share of the premium they potentially redistribute over the users. The user dimension, finally, is characterized by outlining whether the initiatives set limits to group size and whether the initiatives devise and promote means of communication among members.

5. Results

5.1. Basic Characteristics

Table 1 signals that the new initiatives offer a broad range of insurance, both in the life and non-life domain. Particularly noteworthy is that several explicitly state that they insure everything, including what is not insured by other insurers or the welfare state (e.g., pet or family insurance). Sometimes this alternative insurance offer is how they market themselves (e.g., the family insurance of TongJuBao). Others merely create the platform and invite (groups of) people to use this platform for any insurance they have in mind (e.g., Besure).

In the non-life domain, there is an emphasis on insurance types that enable some form of standardized risk differentiation and have relatively stable, mostly one-off insurance payouts (e.g., motor, pet, or travel insurance). These insurance types may be particularly suitable for mutual insurance, because they lower the uncertainty with respect to how much insurance is needed when claims are filed and for how long.

In the life domain, most mutuals historically focused on burial insurance, because all members need it at some point and moral hazard will be limited. When health insurance was offered, this was made feasible through minimal coverage that was capped at a limited number of consecutive months (van Leeuwen, 2016). We see this strategy in use again for the new insurance types that insure health or disability. These organizations are a direct response to the privatization of insurance that was previously offered by the welfare state. Broodfonds, for instance, started after the Dutch state abolished the Disability Act for self-employed workers in 2004. With this abolishment, the Netherlands no longer offered social security arrangements for self-employed workers to cover sickness and disability. Instead of taking out a disability insurance with a private insurance company (which for most self-employed workers is too expensive), the Broodfonds emerged as a cheaper and social alternative. The insurance provided is usually only a minimum income replacement and for a certain number of months (e.g., two years for the Dutch Broodfonds). This way, they make insuring more unpredictable risks manageable.

5.2. Institutional, Resource, and User Features

Before reflecting on overall balance, we outline the main institutional, resource, and user features, categorizing the initiatives based on two or three characteristics. For more detailed information per initiative, we refer the reader to Tables A3–A5 in the Supplementary File.

With regard to the institution, a dichotomy arises when we compare the initiatives based on their organizational form and decision-making structure (Table 2). All top-down-organized initiatives are start-ups by entrepreneurs wishing to disrupt the insurance sector with a model that, institutionally, maintains the standard, for-profit structure (albeit as social enterprise in the case of SharePeople), but introduces innovations mainly in user and resource characteristics. Initiatives with bottom-up structures, on the contrary, started as local solutions that later scaled to associations or cooperatives (e.g., Broodfonds, CommonEasy) or were designed within the platform-economy movement before looking for users

Table 1. Overview of new mutuals included in review, sorted by founding year.

P2P insurer	Year (founded) * launched	Country	# Policy-holders	Type of insurance
Broodfonds	(2006) 2011	Netherlands	> 20,000	Life: Income protection for self-employed workers
Friendsurance	2010	Germany, Australia	~ 150,000	Non-life: Deductibles of insurance offered by 175 insurance partners (e.g., household, liability, motor)
CommonEasy	(2014) 2016	Netherlands	< 1,000	Life: Income protection for self-employed workers
TongJuBao	2014	China **	> 20,000	Life: Divorce; child abduction; family migration
Lemonade	(2015) 2016	US	~ 425,000	Non-life: Renters'; home
Teambrella	2015	International ***	< 500	Non-life: Motor; bicycles; pets
Versicherix	(2015)	Switzerland	0	Anything policyholders need insured
Axieme	2016	Italy	> 2,000	Anything policyholders need insured (e.g., professional risk; casualty & property)
Besure	2016	Canada	Not disclosed	Anything policyholders need insured
Tribe	2016	Norway	> 2,500	Non-life: House; furniture; motor; health; travel; pets
SharePeople	2017	Netherlands	< 1,000	Life: Income protection for self-employed workers

Notes: * Added only if the launch year differs from the founding year; ** TongJuBao is looking for a market in Europe and the US under the name P2P Connect; *** Teambrella is currently active in Argentina, Germany, Peru, Russia, the Netherlands, and the US.

that would shape the actual rules of governance (e.g., Besure, Teambrella). These initiatives make the users responsible by involving them in the design of operational rules.

Roughly the same categories apply for the resource characteristics. The top-down insurers use InsurTech technologies to calculate individual risk profiles, which are refined over time and translate into highly differentiated premium levels. Moreover, they cooperate with established insurers to guarantee payout when the local insurance pool is exhausted (Table 3). This is how they claim to provide high utility for everyone, but for low-risk groups in particular (for whom extensive risk differentiation should generate lower premiums than with regular insurers).

The bottom-up initiatives start instead from the premises of equality and inclusion and do not differentiate based on (in their opinion) subjective risk profiles. To keep premiums low, their payouts usually do not provide full coverage; instead, they primarily want to make minimal support available to everyone. Therefore, they do not cooperate with established insurers for external reinsurance either. The larger (and older) initiatives (Broodfonds and TongJuBao) do have internal reinsurance systems that operate across the risk-sharing groups, but initially all mutuals in this category pose the basic risk that payouts are not guaranteed: If the pool is depleted, losses are not covered.

A resource characteristic that distinguishes all new initiatives from regular insurers is their use of redistribu-

Table 2. Categorization based on organizational form and decision-making structure.

		Organizational form	
		For-profit, stock	**Social enterprise, association, (platform) cooperative**
Decision-making	**Provider**	Axieme, Friendsurance, Lemonade, Tribe, Versicherix	SharePeople
	Both		Broodfonds, CommonEasy, TongJuBao
	User		Besure, Teambrella

Table 3. Categorization based on risk differentiation and reinsurance policies.

		Risk differentiation	
		Yes	**No**
Reinsurance	**External**	Axieme *, Friendsurance, Lemonade **, Tribe, Versicherix	
	Internal	Lemonade[2]	Broodfonds, TongJuBao
	None		Besure, CommonEasy, SharePeople, Teambrella

Notes: * Axieme, Friendsurance, and Tribe act as brokers so reinsurance is arranged by the insurance carrier they connect the policyholder to; ** Lemonade uses external reinsurance as backup for internal reinsurance.

tion policies. Based on a fairness notion that premiums contributed to the pool are only meant for insurance payouts, all initiatives return at least some share of the unused premiums at the end of the term (usually one year). While we do observe that the maximum redistribution share is lower for the for-profit initiatives (which also invest part of the premium in external reinsurance), the share is substantial everywhere (Figure 2).

For member characteristics, finally, we find that communication within risk-sharing groups is possible (and stimulated) only in the bottom-up mutuals (Table 4), who base this on the idea that communication fosters commitment directly by creating agreement on rules and payouts, and indirectly by fostering cohesion and solidarity. However, when we divide the initiatives based on whether or not they pose restrictions on the maximum size of risk-sharing groups, the resulting division cannot be explained. The initiatives that pose such restrictions are Besure (which compels groups to set limits, but gives them freedom to decide on these limits), Broodfonds (20–50 members), Friendsurance (exactly 10), and Tribe (at most 10).

While the chosen limits vary per initiative, they are implemented out of a belief that the number of people towards which solidarity can be invoked is limited. When group members are anonymous or when groups exceed a boundary beyond which social norms can no longer be maintained, risk-sharing is no longer believed to reduce moral hazard. The other initiatives, contrarily, believe in the strength of large numbers and argue that solidarity is not directed towards specific others but generalized to the group as a whole. This is an interesting discord, as there is no agreement on optimal group size in research on ICAs either. Collective action is argued to benefit from larger groups, as it allows for a better spreading of risks, but larger groups are also considered detrimental for cohesion and therefore the willingness to cooperate (Olson, 1965; Poteete & Ostrom, 2004). We return to this issue in the discussion.

5.3. The Balance on Efficiency, Utility, and Equity

Apart from the ambiguity regarding group size, the new initiatives can be conceptualized as falling into two cate-

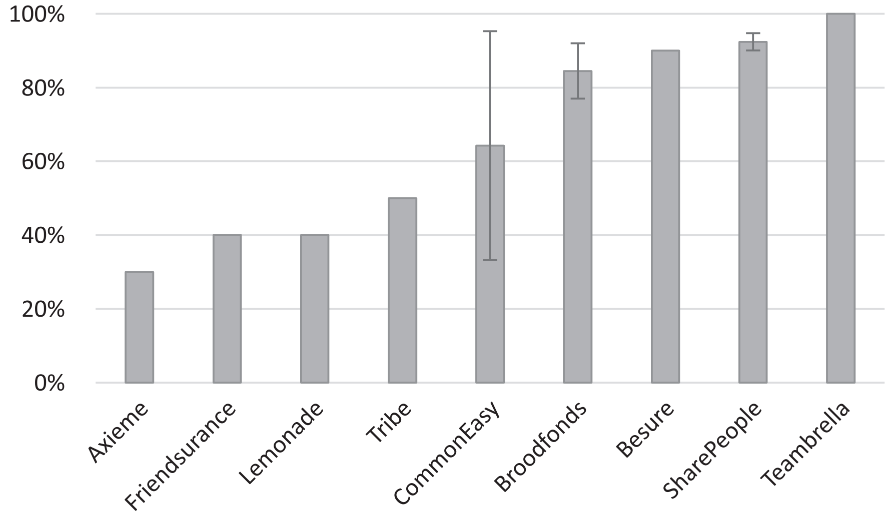


Figure 2. Maximum premium redistribution per organization. Notes: Information is missing for TongJuBao and Versicherix; the redistribution percentage for CommonEasy, Broodfonds, and SharePeople fluctuates because the amount unavailable for redistribution is a fixed (absolute) fee regardless of the premium level. See Table A6 in the Supplementary File for calculations.

Table 4. Categorization based on communication and group size configurations.

		Communication among users	
		Yes	**No**
Group size restrictions	**Yes**	Besure, Broodfonds	Friendsurance, Tribe
	No	CommonEasy, Teambrella	Axieme, Lemonade, SharePeople

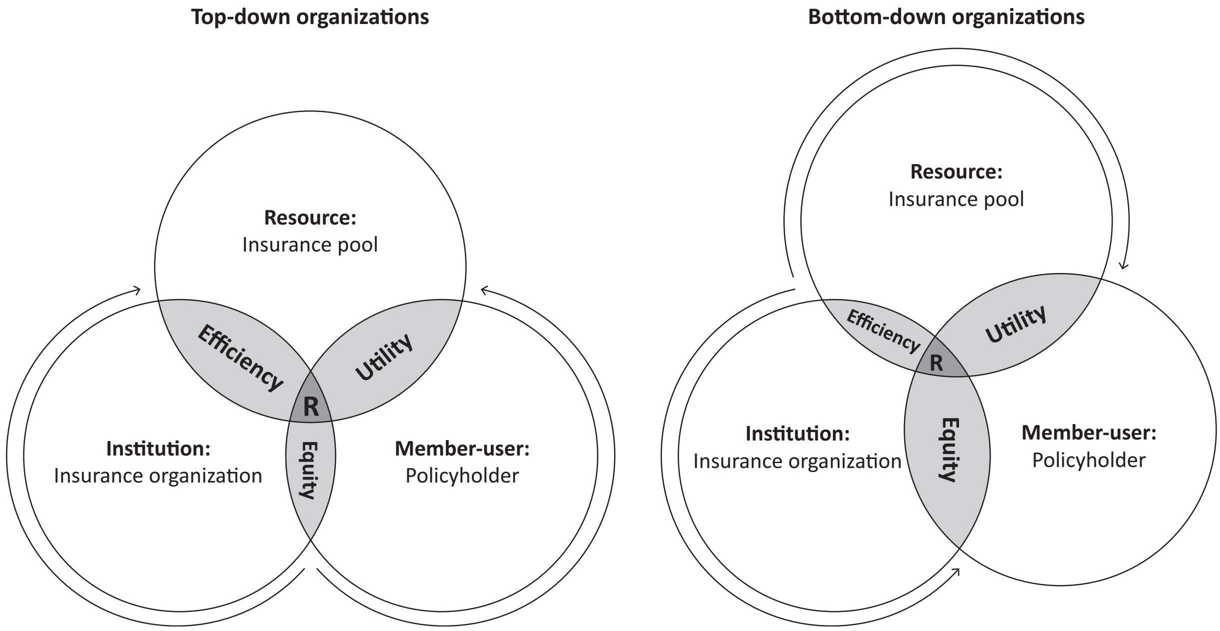
Notes: Information on Versicherix is missing; members of Tribe do group with members they already know, so they likely do communicate via other means, but this is not structured through (or stimulated by) the mutual.

gories. The top-down organizations use risk-sharing and redistribution as innovative tools, but institutionally they resemble modern market insurance structures, while the bottom-up organizations largely resemble their 19th-century counterparts—including the fact that they cannot promise the same degree of security as regular insurance companies do. Organizations of the latter type therefore unmistakably represent a revival of mutualism, operating between market and state, while the first category might be better classified as a new alternative within the market insurance sector.

The difference in how the two categories balance on efficiency, utility, and equity makes clear why. First, the dichotomy translates into a different vision of utility. While organizations in both groups emerged to better answer to policyholders' needs (i.e., the utility domain) than their state or market counterparts, they differ in how they perceive these needs. The top-down organizations envision optimal utility in an insurance policy that most accurately reflects actual needs (i.e., with premiums that most meticulously represent actual risk profiles). With this vision they aim particularly to improve utility for low-risk members. The bottom-up organizations consider utility to reflect a minimum security level for everyone, including high-risk individuals that may have difficulty taking out an insurance policy with private insurers. Whether this vision fits everyone's needs or ultimately results in problems of adverse selection (i.e., risk-sharing groups with an above-average number of high-risk members; Akerlof, 1970) remains to be seen.

The implementation of utility is thus unevenly balanced towards different target users, but at least improving utility constitutes a core concern for all new insurance initiatives. An assessment of the balance in efficiency and equity, however, signals the clear division between the two types of organizations. Typically, top-down organizations strive for utility and efficiency at the expense of equity, while the bottom-up organizations strive for utility and equity at the expense of efficiency (Figure 3). That is, the first group organizes the risk-sharing groups such that exactly the right amount of premiums is paid, but can only do so by fixing the institutional setup and not giving members a say in how the group should organize itself. While this makes the pool governance and the decision-making process more efficient, the consequence of low member involvement might be that they perceive less procedural justice, e.g., on premium sizes or payout eligibility.

The second type of organization leaves much room for members to decide upon their internal structure and


Top-down organizations

Bottom-down organizations

Figure 3. Balance configurations for the two types of new insurance initiatives. Note: R stands for Resilience.

criteria for payout eligibility, which, although it enhances feelings of procedural justice, can result in a lengthier and more difficult decision-making process and less efficient management. Although with time efficiency may increase when decision-making processes have consolidated and the formation of trust has rooted within the organization (De Moor, 2015), currently both types of organizations seem to balance two dimensions at the expense of the third. If the two types of organizations continue down this road, it stands to reason that, when they do grow up to be solid insurance alternatives, these initial differences will become more marked.

When we consider the number of members as a first indicator, for instance, it should be noted that some of the top-down organizations (Friendsurance, Lemonade) have larger member-bases than the bottom-up mutuals. This is without doubt related to the fact that top-down structures make it easier for members to sign up. New members are not responsible for creating a risk-sharing group with all corresponding institutional demands, whereas in bottom-up organizations they first have to find sufficient interested others to form a pool with, and subsequently have to reach agreement on how they want to organize cooperation. Even when new risk-sharing groups can start from some basic institutional framework, this may imply a higher threshold for joining. Hence, the top-down organizations are more likely to grow, and to do so more quickly, in the coming years.

At the same time, this rapid growth and lack of member involvement raises the question of how the concept of solidarity will develop and whether the top-down organizations will manage to keep their role and meaning different from those of regular insurers. Simply forming a risk-sharing group by itself may not be sufficient; social identities have to be constructed to stimulate members' willingness to help others or prevent them from filing excessive or fraudulent insurance claims (i.e., moral hazard). Without active conveyance of solidarity and helping norms, the top-down organizations could develop in the direction of regular insurers, albeit with a different internal structuring of how insurance payouts are arranged.

With regard to the bottom-up organizations, it should be noted that so far, few have managed to secure a solid position as insurance alternatives. Some have had difficulties in getting off the ground (e.g., PeerCover in New Zealand), while others (like HeyGuevara in the UK and InsPeer in France) have stopped their operations after a few years. The uncertainty that comes with these organizations (no full coverage, no payout guarantee) might be too big of a step to take for people who have gotten accustomed to the availability of insurance in the welfare state. Hence, if the bottom-up mutuals want to become serious insurance alternatives, they have to reduce this uncertainty—for instance (like Broodfonds) by creating their own reinsurance system. The crucial task here is to do so in a way that does not jeopardize the established equity. A potential pitfall of further institutionalization (and bureaucratization) is that it may come at the expense of key values like responsibility and transparency.

6. Conclusion and Discussion

So why, then, do we see new mutual-like organizations popping up in many different countries? What needs do they answer to and do they answer them sufficiently? How are they organized and what are the institutional parallels between these otherwise independently evolving initiatives? Can we expect these alternative organizational forms to proliferate and succeed in the long run? While the phenomenon is recent, the questions are not: They have been asked—and answered—with respect to historical mutuals as well. These mutuals emerged in the classical liberal era (early 19th century) due to inadequate public provisions with respect to, e.g., poor relief (Ilcan & Basok, 2004). They grew in popularity quickly, succeeded in alleviating their members' immediate needs, and ensured sufficiency by offering additional immaterial (social) support (Emery & Emery, 1999). At the same time, their voluntary organization and freedom to pose membership restrictions meant that large parts of the population were never covered by mutual insurance arrangements. In the 20th century, the mutuals' services were therefore increasingly incorporated by the state, making mutuals the founding fathers of the modern welfare state (Beito, 2000). Elsewhere, the mutuals professionalized to compete with the growing number of market insurers, trying to find a niche between market and state in which they could offer the same levels of security while maintaining their member involvement and ownership advantage (Schneiberg, 2002).

Even though the new mutuals movement is still in its infancy, we have seen that the story of their rise is unmistakably similar: to answer to the inadequate insurance provisions of market and state, this time in the neoliberal era. Will the rest of the cycle repeat as well? Although it is too early to say (we would be comparing a development of two decades to one of two centuries), our review does indicate that, already in their foundation, the new insurance organizations seem to divide themselves into a group that aims to cater particularly to the needs of high-risk individuals, thereby rethinking the conceptions of solidarity and universalism as implemented by the welfare state in the life domain, and a group that targets particularly the needs of low-risk individuals, mostly in competition with the traditional market insurers in the non-life domain. It is therefore not unimaginable that, when the two insurance types manage to secure a solid position within the existing insurance landscape, they may likewise affect the organization of both the welfare state and market insurers.

This would, however, require that they learn from the 'mistakes' made by their historical counterparts. We have seen that while all new mutuals are attentive to ensuring utility, there is room for improvement in their balance on either equity or efficiency. If the organizations are to follow their current development path, the top-down organizations risk ending up similar to today's mutual insurance companies, having aspects of mutual insurance on paper (in this case, risk-sharing groups), without reaping the benefits in practice. Feelings of solidarity and trust—crucial to keeping moral hazard occurrences low—may gradually be forgotten as the risk-sharing group becomes more abstract and anonymous. For the bottom-up organizations, on the other hand, neglecting the balance on efficiency might become problematic if mutuals encounter problems of adverse selection. Low premiums and zero-to-limited risk differentiation might, as we have also seen in the development of historical mutuals (van Leeuwen, 2016), make the new mutuals particularly attractive to high-risk individuals. Risk-sharing groups with an above-average number of high-risk members may encounter difficulties when the number of claims exceed the resource's carrying capacity. For the new insurance initiatives to become resilient, it is therefore vital that they improve their balance regarding efficiency or equity, without harming the established balance on the other dimensions too much.

In light of these conclusions, a word of caution is in order. While we have stressed repeatedly that the initiatives are still in their infancy, it should also be noted that our inventory of new mutual-type insurance initiatives is by definition incomplete. We by no means claim to have a complete overview; after all, new mutualist organizations may be being set up as we speak. Since the initiatives develop largely independently of one another, it is difficult to get a grip on the available experience, and we cannot claim that a third organizational form is not being, or will not be, developed.

Frankly, the study of the role and development of new mutualism is only just beginning. While we can learn from historical experiences, many questions remain unanswered. First, as we have already touched upon, the historical mutuals—not just those 19th-century mutuals referred to in this article, but the older forms of guild insurance as well—have also known various different development paths. Some professionalized within the bottom-up framework and, similar to Broodfonds and TongJuBao, drafted multilevel reinsurance systems to cater their insurance to more members without losing the small-group benefits of informal sanctioning and control mechanisms. Others, especially towards the 20th century, transformed into top-down organizations in order to compete with private insurers. It is to date unclear, however, why some mutuals survived while others did not. This signals that much more can be learned about institutional resilience from a direct comparison between some historical and current cases—to improve both the current institutions' resilience and the understanding of the historical mutuals' demise. Which institutional features are crucial for resilience? And which may potentially be harmful? More detailed case-by-case comparisons may yield insight into how the mutuals adjust over time and can restore their balance towards resilience.

Secondly, more insight into the role of group size and solidarity is warranted. While scholars have attempted to estimate optimal community sizes (Casari & Tagliapietra, 2018; Dunbar & Sosis, 2018), we know little about why certain community sizes seem to work well. What is the number of people to whom one can act on the basis of solidarity? Does solidarity even have to be directed at specific individuals or can it be generalized to a collective group identity? The mutuals that apply restrictions to group size base these restrictions on common-sense intuitions, but how accurate are these? Given that risk-sharing groups are the foundation of the new mutuals, but their limits range from 10 to 50 to (in theory) infinity, it is pertinent that we gain a better understanding of the relation between group size and solidarity. Do solidarity feelings increase or decrease depending on the size of the risk-sharing group? And is this relation even linear?

Finally, we know that differences in the institutional setup have important implications for individual and social factors that shape willingness to participate in mutuals. Institutions could, for instance, both enhance and crowd out solidarity motives (Bowles, 2008). To illustrate, whether or not the mutual provides an internal platform for communication matters a lot for how solidarity is perceived in practice, i.e., as generalized or the outcome of a direct interdependence between members. How do institutions shape social dynamics like a mutual sense of belonging or internal social norms? What role do such dynamics play for the willingness to participate (and more specifically, to support others)? And lastly, to what extent can digital communication platforms invoke social dynamics similar to those that work in offline, localized communities?

Further research on the interplay between institutional, social, and individual factors will enhance our understanding of the functioning of the new mutuals (and by extension other ICAs) in our current societies, and ultimately increase insights into the role such initiatives are projected to play in the future.

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Conflict of Interests

The authors declare no conflict of interests.

Supplementary Material

Supplementary material for this article is available online in the format provided by the authors (unedited).

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