# Co-production of Peer-to-Peer Care Practices

## The Case of a Social Innovation in Elderly Care

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**Abstract:** This study analyzes the co-production of peer-to-peer interactions as a social innovation that utilizes older people's resources as a means for providing public care. We ethnographically explore an initiative named Give&Take that aims to establish peer-to-peer care among older people. We draw on a practice perspective with respect to care and its organization while also being influenced by the conceptualization of sociomateriality. The study illustrates the co-production of peer-to-peer care within a social innovation at the intersection of formal and informal care. We show how care practices and their specificities clash with institutionalized logics in the co-production of care. In conclusion, we argue that considering how care practices are shaped by a set of institutionalized logics in public innovations enhances our understanding of the co-production of care that draws on older people's resources. These findings are of importance to innovations following EU policies on co-production and active aging.

**Keywords:** care practices; peer-to-peer care; ethnography; aging; sociomateriality.

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# 1. Introduction

Studies of innovation in public welfare often investigate digital means used, for example, to register, store, and handle data. In contrast to these studies, this article explores an initiative aiming to innovate older people's opportunities to socialize and care for each other (also called peer-to-peer care) as a means of public care. The innovation in this study resembles other Scandinavian innovations that aim to create specific active aging activities through co-production involving both technology and older people's resources (see Lassen et al. 2015). These "welfare technologies" (Östlund et al. 2015) resonate with the European Union's (EU) active aging and welfare policy frameworks (see European Commission 2011).

Concerning public services, co-production is a measure that involves citizens in the design and implementation of services to enhance their delivery (Brandsen and Honingh 2018) by, for instance, tapping into users' (or citizens') expertise and pairing it with professionals' competence (Osborne and Strokosch 2013). Hence, co-production contrasts to viewing older people as passive receivers of public services.

Innovations in elderly care aim to delay older people's needs for formal care by utilizing older people's resources to self-care (Pols 2012). Care solutions that delay such needs also have to be flexible and have the ability to adjust to person-centered requirements, making co-production involving both the public sector and older people crucial. Meanwhile, a lack of understanding of the constitutive aspects of technology and aging (Wanka and Gallistl 2018) and an emphasis on interventionist (Peine and Neven 2019) instrumental logics (Cozza et al. 2020) often lead to the construction of doable problems (Lassen et al. 2015, 17), which are said to contribute to the failure of many innovations (see Peine and Neven 2019; Wanka and Gallistl 2018; Östlund et al. 2015). Furthermore, older peoples' acts of resistance within and towards innovation projects are often overlooked, creating tensions and paradoxes (Yndigegn 2016).

Innovations in public care constitute specific arrangements that provide complex conditions for co-production where different interests (often involving both business and the common good) have to be reconciled. Such innovations need to align with not only the economic values of efficiency and effectiveness, but also the administrative values of the appropriateness underpinning legitimacy (Bekkers et al. 2011). In addition, if we follow what may be referred to as the specificities of care practices (Mol et al. 2010) and try to tap into citizens' resources to care for themselves and others, it is easy to understand that innovations that submit the care of older citizens to the rules and regulations of public discourse (in line with the logics of effectiveness and appropriateness) risk losing the efficiency and strength in the care they set out to utilize.

Understandings of innovations in care are often based on evaluations of single projects and pre-defined effects, which are produced by the out-

comes of an innovation itself (Mol et al. 2010). Less research has focused on how this type of complex arrangement of material technologies, fostering common good, shapes and diffuses into practice in social innovations. Viewing innovations as specific arrangements, we may talk about them in terms of “arenas” for wider interaction that co-produce practices (Peine and Neven 2019). Our understanding of the conditions of co-production of care in social innovations that link to broader policy arrangements and the tensions that may emerge between different logics thus needs further attention.

A sociomaterial perspective allows us to better understand the co-production of care for older people. For this purpose, we ethnographically explored one specific case: the EU-funded innovation project Give&Take. Through social and digital innovation, this project aimed to empower older people’s independence by helping them realize their unmet potential to carry out tasks in the realm of public welfare. The Give&Take project is, in many respects, a typical co-design innovation following a Scandinavian political agenda of “welfare technology,” as described by Östlund et al. (2015). Therefore, it is a good opportunity to explore the constitution of care practices and what tensions occur in this kind of social innovation. Our paper focuses on one of the project’s Danish sites.

To develop the understanding of the sociomaterial arrangement of the co-production of peer-to-peer care practices within social innovations, this study had two main questions: (1) How do the sociomaterial arrangement of the Give&Take innovation co-produce opportunities for older people to care for each other?, and (2) What tensions emerge within the co-production of peer-to-peer care, and how do actors navigate these?

This study illustrates the co-production of peer-to-peer care within a social innovation at the intersection of formal and informal care. It emphasizes two actors within the social innovation: the digital technology (a peer-to-peer platform) and the older people who participate in the innovation. We postulate how theory regarding care practices may enhance understandings of the co-production of care in social innovations linked to broader policy arrangements concerning public care and the common good.

## 2. Understanding the Co-production of Care in Social Innovations

To understand the constitution of (peer-to-peer) care in social innovations, we draw on a practice-based perspective (Gherardi and Rodeschini 2016; Mol et al. 2010). Taking practices afforded by both human and material actors as the central unit of analysis brings together traditions of

Science and Technology Studies (STS), design (Shove 2014), and, we argue, studies on care practices. This enables us to understand how and under what conditions care is enacted. We explore how the workings of different logics enter the constitution of sociomaterial practice by creating opportunities for action, and how these logics unfold in practice. With logics, we refer to arrangements of norms and values that link institutions and actions. In their practice, actors are able to enact and adapt institutionalized logics to specific conditions (Boltanski and Thevenot 2006; Rolandsson 2020).

We are influenced by sociomaterial perspectives that recognize the contribution of material artifacts on different types of interactions between an actor and material objects. That is, emerging sociomaterial arrangements involve different affordances that precondition activity (Gibson 1977). These affordances are not the outcome of the artifact alone nor of the actor alone; they are part of a broader sociomaterial construction both shaping and being shaped in complex interactions between multiple social actors and material objects (Orlikowski and Scott 2008). Our focus has thus been broadened to include both things and humans as part of the care arrangements that make up social innovations. To understand the constitution of peer-to-peer care, we consider the sociomaterial arrangement that arise as part of a broader policy dimension related to the public good and public care (for further discussion, see Hultin and Mähring 2014). In this view, the healthcare organization, a specific technology (in this case, the Give&Take peer-to-peer platform), and users (here, older citizens) are three dimensions of a broader interaction of things and humans that constitute possibilities for the enactment of care.

Innovations aim to find solutions through new ways of organizing, which involves making use of new ideas or inventions in practice (see Sørensen and Torfing 2011). Innovations are arenas for the creation of shared definitions of phenomena and practices linked to aging, thereby reframing the norms and practices of aging (Peine and Neven 2019). In the public sector, innovations attempt to overcome different logics and provide conditions for actors to co-produce network arrangements that may pick up "wicked policy problems" (Bekkers et al. 2011, 8). The Give&Take platform exemplifies the reframing of norms and practices in conjunction with digital technology in public care services, intending to activate older citizens to co-produce solutions to welfare problems.

Social innovations aim to achieve socially recognized goals in innovative ways (Manzini 2013). The empirical case in this study aimed to design co-production between older people and care professionals. Bringing the expertise of service users and professionals together is a common goal in co-production to enhance the delivery of public services (Osborne and Strokosch 2013). Further, this study assesses co-production at the intersection of formal and informal care that involves professionals and encourages older people to participate in public care delivery.

Such innovating has been portrayed as problematic by, for example,

Brandsen et al. (2017), who argue that governments encouraging citizens to participate through, for instance, self-organization of spontaneous citizen initiatives, easily manufacture conditions that undermine the essence of such initiatives.

Public care organizations are guided by values of efficiency, effectiveness, appropriateness, and the logics of consequence. In contrast, Mol (2008) and Mol et al. (2010) point out that what is "good" in care practices, such as attentiveness or specificity, is not necessarily efficient or appropriate. Furthermore, when shaped to fit into a public framework and made public, the specificities of care risk being lost, together with its capacity and strength. As Mol and Moser (Mol et al. 2011, 84) state about defining or setting boundaries around care practices, "Where objects are tinkered with, where ways of working are developed, boundaries get contested, unstable, take a variety of shapes." Prioritizing specific definitions and aspects of care and aging, and making these targets for innovative measures, may mask why people need care in the first place, as well as cause additional work rather than efficiency in care provisions (Pols 2010).

Care is as an ongoing sociomaterial accomplishment that can be traced in various practices (Gherardi and Rodeschini 2016, Mol et al. 2010). Such styles or workings are not innate human capacities, and technologies are not passive in care practices, even if they do not act on their own. Technologies may be, for example, normative actors, as they help enact different sets of problems that influence care practices (Mol et al. 2010). As argued by Mol et al. (2010, 11), "A noisy machine in the corner of the room may give care, and a computer can be good at it, too." In this view, care practices are the enacted possibilities offered by sociomaterial arrangements in the shape of humans and objects as an open set, which arise as part of a broader policy dimension.

The analytical implications of this perspective involve observing how care is enacted as part of the sociomaterial arrangement of a specific situation; that is, we look for potentials or opportunities for care fostered in and by assemblages of technology and humans (cf. Orlikowski and Scott 2008). The "art is to compare and contrast different situations of care and to wonder which lesson might transport between them" (Mol et al. 2011, 86), leaving care practices and words "unbounded enough to adapt them to local needs and circumstances" (Mol et al. 2011, 84). Attending to the specificities of one particular social innovation (in our case, the Give&Take project) at the intersection of formal and informal care may develop our understanding of how sociomaterial arrangements co-produce opportunities for the enactment of care, what tensions emerge as part of such co-production and how actors navigate these.

## 3. A Study of the Co-production of Care Practices as a Social Innovation: The Give&Take Project and the Walking Groups

The Give&Take project (Give&Take 2019) was a three-year (2014–2017) interdisciplinary co-design project funded by the EU Ambient Assisted Living program (AAL). The project involved collaboration between three research institutions in Denmark and Austria, a Danish municipality, and two private companies based in Denmark and Portugal and aimed to develop a digital peer-to-peer platform (the Give&Take platform) for older people. These actors designed the platform to support and organize the sharing of favors, things, and services among older people. In Denmark, where elder care is mainly a welfare state responsibility, the state has set out to provide a stronger user orientation in the provision of care, calling upon the participation of older people in developing new health concepts. Therefore, there has been an increased amount of innovations aiming to strengthen older people's capabilities through innovative welfare technologies and collaborations with citizens (Lassen et al. 2015). Hence, Denmark is an excellent case to explore this kind of co-production innovation.

The empirical site of this study was a walking group, one of the project's local contexts or "living-labs," where the innovation was developed. The walking group started as a public initiative that followed a municipal policy to create new and complementary welfare solutions through co-production involving older community members. We consider, in retrospect, how the Give&Take innovation developed since its inception in 2014 and its situation as of 2019.

The municipality's idea behind the walking group was that the group would self-organize after a few months of public support. The Give&Take platform intended to address the absent linkage between the walking group's participants and the municipal services. It also aimed to sustain the walking group's activity, which the municipal staff from the beginning worried would dissolve without their support. Over six months, the Give&Take project worked to adapt and integrate the platform into the group and provided the walking group a community page, as well as trained its members to use the platform.

To get an insider's depiction of how care practices among older people were co-produced in this specific milieu, we adopted ethnographic tools and techniques (Emerson et al. 2011). We conducted fieldwork for eight months from May to December 2019, which included five instances of participatory observations of the walking group's events, informal conversations with the walking group's participants, 60 hours of observing activity on the Give&Take platform, and conducting three individual interviews. The first author (ES) interviewed two older persons who were using the Give&Take platform and one municipal staff member who ini-

tiated the group. In the interviews, which were audio-recorded, transcribed, and lasted up to 60 minutes, we used interview guides with open-ended question sets that followed our emerging conceptual ideas to direct the conversation. ES also analyzed five individual interviews previously conducted as part of the Give&Take project, as well as written and visual materials (both pictures and videos) linked either to the Give&Take project or the municipality's care services. One author (SY) also participated in the Give&Take innovation and conducted participatory observations in the walking group when the innovation project took place (during 2014–2017).

To guide our ethnographic exploration, we adopted the principles of grounded theory (Charmaz 2014). We gathered empirical materials and continuously carried out analyses by letting codes and ideas about them pinpoint directions for further empirical and theoretical exploration. ES gathered and analyzed the data, but all authors took part in a critical discussion to reflect on ES's and SY's ethnographic observations, as well as the analysis of the empirical material. ES coded the materials using a constant comparison method (as part of grounded theory) to search for meanings and actions associated with the co-production of care in this specific social innovation, as well as what tensions emerged and how the actors navigated them. Throughout the analysis—especially when creating conceptual categories and theories—we theorized the shapes of possibilities, established connections, and asked questions about the data. Moreover, ES assembled her experiences and observations by composing field notes and memos. All authors participated in finalizing the manuscript.

Before the participatory observations with the walking group took place, ES informed the participants about the study's research intentions and project, and that interaction with the researcher implied the potential gathering of data for the current study. All participants agreed to have ES conduct participatory observations. Before the interviews, ES collected informed consent from the participants. The participants were also notified that their observations and activity on the digital Give&Take platform might be observed by ES and SY during the participatory observations. Those persons with access to the Give&Take platform agreed to have ES observe their activity. Regarding the analysis of material gathered at previous occasions as part of the Give&Take research project, informed consent from the participating researchers was gathered. This study follows the principles outlined in the Declaration of Helsinki.

## 4. The Sociomaterial Arrangement of the Co-production of Peer-to-Peer Care within Give&Take

In this section, we portray the sociomaterial arrangement of the Give&Take project, how care was co-produced by different actors, and what tensions this co-production gave rise to, as well as how the actors handled these tensions. We focus on the opportunities fostered in particular by the Give&Take platform and the interactions of the participants.

### 4.1 The Give&Take platform and how it shapes care practices in the walking group

Routines and artefacts are part of the enactment of peer-to-peer care in the walking group. For example, the care center where the group met up, which allowed the participants to sit down after the walk to chat, and the coffee machine that ensured there was coffee for these occasions, were essential for the enactment of care. The local walking routes, the abled bodies (those who can walk), the older peoples' relationships with each other, their integrity as a group, and their undertakings to self-care were other vital conditions for these care practices. The participants noted that the walking group was about "more than just walking." One member even described it as "therapy." While walking two-by-two or in smaller groups, conversations spanned different topics, including difficult ones, such as loneliness:

> "Yeah, on Monday walks there is someone who supports me. At home, I am alone and do not have anyone to talk to other than myself. Therefore, it is always nice […] because there is someone to talk to while walking and when having coffee together. It is actually the best day." (Noah, 86 years old)

The Give&Take platform was yet another dimension of the sociomaterial arrangement that shaped (and continues to shape) the care practices in the walking group. The platform allowed social relationships to intensify, the activities of the participants to be traced (thereby allowing the municipality to supervise the co-production and self-organization of the care service), the walking group's attendance to formalize, and for distributing responsibilities concerning the walking group's organization and the care for other participants. Below, we elaborate on these opportunities afforded by the platform.

#### 4.1.1 Intensifying social relationships and allowing for care among participants

The Give&Take platform's member page encouraged everyone to upload a profile photo and brief information about themselves, along with their preferences for helping and being helped by other members. This enabled all participants to connect faces and information to others within the group. When the participants were introduced to the Give&Take platform, this enhanced their familiarization with one other. At the point of implementation, the older people had been attending the walking group for only three months, so not all of them knew each other by name. By sharing information about themselves—such as pictures of their grandchildren or information about their wedding anniversaries—via the platform, the participants got to know more things about each other. These actions opened up additional subjects for conversation during their weekly walks and allowed the members to become more familiar with one another, thereby permitting greater involvement in, and concern for, each other's daily go-about.

The Give&Take platform also expanded the opportunities to care by encouraging communication about and participation in activities outside the walking group. For example, three people in the group participated in another weekly event together outside the walking group, which one of the members declared made them closer to each other:

> "[…] because we talk more often, and sometimes we accompany each other back and forth [to the walking group or the other activity] and stuff like that." (Lily, 83 years old)

Moreover, the platform allowed care to occur outside the weekly activity and from a distance; for example, one participant discussed sending greetings to another member who had been through surgery and therefore did not attend the weekly walk:

> "I wrote to Emma, who had surgery due to cataracts, and wished for her to get well soon. I wrote that I had the surgery myself, and it went well. I also wrote to Anne when she had a plastered arm and wished for her to get better." (Margaret, 84 years old)

The platform constituted part of the sociomaterial arrangement that allowed for and shaped the group's endurance and stability (i.e., through the intensification and expansion of their social relationships, especially in the beginning); however, these relationships may have evolved under other conditions, too.

#### 4.1.2 Traceability of the walking group's activity

During the implementation of the platform, one participant was encouraged to upload a screenshot of the walking tour and attach a comment to it. The screenshot showed the data tracked via GPS during

their weekly walk, including the route, distance, and speed they walked. The comment provided information on the group's experience of the walk and noted anything extraordinary:

> "We had a nice walk through the cemetery. Today, we were a large group of about 15 [people]. The conversations were lively […]. We had guests from a Christian daily newspaper with both a journalist and photographer." (Excerpt from The Give&Take platform)

The platform thereby allowed the municipal staff to track the activities of the walking group, as well as the older people's attendance. These forms of visualization allowed the staff to steer the walking group into a format that aligned with the municipality's perspective of the group's functioning in terms of, for instance, effectiveness and efficiency. For example, the municipality could follow the development of the group's walking activity and compile the information to see if the older people made any progress concerning their physical health. This visualization also allowed the staff to follow whether someone was not attending the walks, for example, whether there was a risk of a person dropping out and needing extra support, and simply to keep track of how the innovation worked.

### 4.1.3 Formalizing attendance and distributing responsibility

While the platform intensified familiarization between the participants and expanded their care relations beyond the boundaries of the weekly walking activity, it simultaneously helped formalize their involvement in the group. This formalization was supported as they were provided their own Give&Take community where their roles as members were visualized. Similarly, by enabling the municipal staff to communicate with the group as members of a community, the staff could promote the formality and appropriateness of the group's activities. For example, they could ensure that the group included all older people, no matter if they had close relationships with others in the group, and keep the group open to necomers. As one participant explained, even if a person did not know the others, this person could communicate via the platform:

> "It is really helpful in case you don't have anyone's phone number or there is no one you can call. Then you just enter [the platform] and write that you are not coming."(Lily, 83 years old)

The platform enabled the municipal staff to distribute responsibilities for care and support a particular format of the walking group's practices. As previously mentioned, the group was encouraged to upload a screenshot tracking their route with GPS. This occurred after the municipal staff posted a request on the platform asking if anyone could take on the

responsibility of uploading their route's GPS tracking:

> "Dear walking group, I want to ask you if you would care to be part of a little experiment. Could you document the length of your Monday walks to see if there is any development? […] I imagine that it could be nice for you to see how long you have walked and if you have possibly made progress. […] I hope you have the guts for it?"(Excerpt from The Give&Take platform)

One person was already tracking the walking route via GPS, so she took on the task. The other participants rarely wrote or uploaded anything to the platform. By uploading the GPS tracking each Monday, the participant took on the task of securing content to the platform. She was aware that the others saw her posts and continued to do so out of concern for the other participants:

> "We were asked if we could document the walk, and I said I could do it. […] I don't really care if the route is uploaded to the platform, but then, I've asked if we shouldn't stop uploading it, but the [other participants] are like, 'No, it is so much fun to know where you have been walking when we are not attending the walk' [laughs]. We walk almost the same route every time." (Irene, 80 years old)

## 4.2 The older people's resistance to formalization

The platform's distribution of responsibility and the formalization of the participants' membership in the group met some resistance from the participants, who emphasized their integrity and control over the group and their activities, as well as guarded their boundaries concerning more formal responsibilities regarding organizing the group or caring for other participants. While they were happy to help and did care for each other, the participants argued that participation in the group was supposed to be highly voluntary and without formal obligations. As one participant declared:

> "I feel like this 'walking group thing' should be for me! […] and for me to take part whenever I feel like it. I really want to be part of the group, but not all sorts of other things. But, I mean, I really want to be of help […]." (Irene, 80 years old)

As an example of this voluntary help, the municipality encouraged new participants (i.e., vulnerable older people recruited through home visits) to join the group. One day, when an older man attended the group for the first time, one participant gave her number to the man in case he needed to get in touch with someone about the walks. In other words, she willingly took on responsibility through her own initiative, but resisted being obliged to do so in a more formal way and per the instructions of

the municipality. We now elaborate on how the participants took part in co-producing care.

### 4.2.1 Emphasizing control over the walking group

The older people's attitudes toward the municipality and the Give&Take project were rather halfhearted. Their care practices connected to self-care and familiarity with other participants, routines, and artefacts, such as the key to the care center where they met up or the coffee machine there, rather than the cares or concerns of the municipality. From the participants' perspective, their routines maintained the walking activity. These routines consisted of a particular time and day that the group met, as well as a set place to meet. The group always walked, regardless of the season or weather. As one of the members noted,

> "We have one rule, and that is that we always start walking at 1:30 pm." (Noah, 86 years old)

When asked if they could manage without the platform, one participant of the walking group declared:

> "Yes, of course. We have! We had a walking group, and then Give&Take and the municipality came and were really keen on developing their thing […]." (Lily, 83 years old)

However, the walking group did result from the municipality's initiative, as directed at policies involving citizens' co-production of care services, and when the participants were invited to start using the Give&Take platform at the end of 2015, they did not have the same routines implemented in 2019.

Furthermore, the key to the care center where they met up and the coffee machine there (both crucial for the care activities to take place and to link the older people to the walking group) were provided by the municipality.

### 4.2.2 Safeguarding one's own boundaries

The older people were also keen to maintain the boundaries pertaining to their involvement in the group and with the other members. Although the Give&Take platform (and the older people's use of it) intensified their relationships, they withdrew from invitations that entailed "fixed" interactions. One example was to meet outside the walking group "just for a coffee," as the Give&Take project intended. As one participant explained, this could entail more than "just a coffee":

"To have coffee or lunch together with someone from the walking group. That was really the idea of Give&Take, that you should organize that kind of stuff if people wanted to go to the movies or such, but we don't do that. […] I try to stay out of that because I'm afraid to be caught up in the situation and that the other person might become too dependent on me." (Irene, 80 years old)

Here, the specific type of interaction aimed to intensify the participants' relationships was linked to a risk of being drawn into taking on unwanted care responsibilities. While the participants allowed for closeness in their relationships, the walking group setting created some boundaries for this closeness, as well as for the responsibility of others and the walking group as a whole. The meetings on Monday at 1:30 p.m., the walk, and the coffee after, which always ended at 3:00 p.m., framed a start and end of the walking group activity. It was very rare that these lines, which safeguarded the participants and that the platform attempted to loosen, were crossed.

### 4.2.3 Caring without taking on personal responsibility

The participants cared deeply about their walking activity and through it about each other, such as through the procedures attached to it. The group was firm on not deviating at all from their established routine unless everyone was willing and able to take part in the change. They always made sure that they included everyone—and that no one took on personal responsibility for their decisions on, for example, where to walk:

"We tend not to go anywhere else besides the usual walking group or the walking route. […] If you don't agree or not everybody thinks it is a good idea, we don't go there. Then you have to go there on your own." (Noah, 86 years old)

If they wanted to walk at another location, they still met at the same place and took the bus together from there. They did not want anyone to miss the trip because they made changes. On one occasion, a participant reported pain in her foot and had to stop during one of the walks; however, she insisted,

"No, I'll keep walking, or I'll just turn back. You should keep walking!" (Lily, 83 years old)

She ensured the walking activity would be maintained and that no one else assumed responsibility for her. By taking responsibility for themselves but not for the group or others (unless voluntarily), and

expecting this from others, the participants cared for the walking activity without having to take on personal responsibility for each other.

## 5. Tensions Regarding the Co-production of Care: Effectiveness, Efficiency, and Appropriateness

The sociomaterial arrangement of the co-production created opportunities for peer-to-peer care between the participants to take place. The arrangement included the older people's ability to meet, be together, and get to know each other; the care center where they met to walk and have coffee afterward; their routines and independence; and the flexibility and voluntary character of their attendance. However, tensions occurred regarding the effectiveness, efficiency, and appropriateness of the activities that made up the care service. While the older people stressed control over the group, the municipality emphasized its need to ensure the walking group's alignment with the municipality's principles. As one municipal staff member explained regarding the "loose" format and setup of the co-production:

> "[…] This peer-to-peer model is very loose; it is much more difficult to manage the result to develop in the direction you want it to, and it requires that you have a much looser working frame to work within. […] This group is more such a 'we all do it together ad hoc' group […] so who is it really that we can go to if there is something that doesn't work?" (Alex, municipal staff)

For the municipality, it became an issue of who was to take on the responsibility to ensure, for example, the walking group's appropriateness. The goal of the co-production as part of the Give&Take project was to create conditions for a new welfare service by supporting older citizens' ideas concerning activities enabling them to meet and be together. One necessary condition was the group's ability to self-organize, which they did, for example, by maintaining their walking group routines. However, in the municipality's view, their self-organization was problematic. The municipal staff member explained that,

> "When they have walked together for some time and if they are not that big of a group […] they might become tighter and close themselves as a group. That is all right if there are four people who are personal friends, but then that is not a group that we should cooperate with because that you cannot support [as a municipality]." (Alex, municipal staff)

To the municipality, the group had become inappropriately bound by close relations between the participants. Attempts to make the group less

informal by formalizing their attendance through the Give&Take platform failed. The older people did not share this view and believed they were open to newcomers. However, the older people's unwillingness to take on more formal responsibilities impeded the municipality's attempts to distribute responsibilities for the walking group (i.e., taking responsibility for newcomers). Both present (as well as potential) participants expected the municipal service to be responsible for allotting new participants to the walking group. One municipal staff member described such an occasion:

> "Recently, we had an incident with a citizen who called and said, 'I was out there [where the walking group meets] and there was no one there, so that group can't exist anymore.' He was very upset with us for having advised him to go there. So, then I needed to get in touch with someone to find out—does the group still exist so that we may allocate people there? Then there was one woman who was ill, and she was the one I was in contact with, and she didn't really know. This can be difficult alright […]." (Alex, municipal staff)

The municipality's attempts to manage and link the group to the co-production via the Give&Take platform required tying the participants to the platform. Hence, for the municipality to manage them, the municipal staff had to work to draw the older people to the platform, which required more engagement from the municipality to handle the co-production structure they set out to make. This work impeded the rationale for effectiveness and efficiency, as associated with the previously mentioned logic of consequence (Bekkers et al. 2011).

The participants' response to attempts to tie them to responsibilities was to distance themselves from the municipality. However, the walking group was dependent on the conditions the municipality supported; the care center where the group met to sit down after walks and the coffee machine there were both crucial for the care activities to take place and for linking the older people to the walking group. For the municipality, questions remained concerning the walking group's access to the care home where the group met:

> "I'm not sure how to put it, but they shouldn't use our resources as a small private group." (Alex, municipal staff)

If the municipality withdrew from the co-production of the walking group, the participants' care practices, which included caring for the activity itself, others, and themselves, would be difficult to maintain. At the same time, there was no sign of their care practices becoming more effective, efficient, or appropriate. The inability of the municipality to manage the walking group created other problems, including how to co-produce care at the intersection of formal and informal care.

## 6. Discussion and Conclusion

The digital platform and the participants constituted a sociomaterial arrangement involving the interaction of humans and objects fostering possibilities to enact peer-to-peer care as part of the Give&Take innovation. The digital platform provided opportunities to intensify the participants' relationships and for care to take place outside the weekly walking activity's setting. Furthermore, it allowed the walking group's activities to be traced, thereby allowing the municipality to influence the group by formalizing attendance and distributing the responsibility for care within the walking group. The older people's ability to enact care linked to practices of being attentive to oneself and others, contesting boundaries, and protecting one's integrity (i.e., withdrawing from more formal care responsibilities). However, as the participants stressed the group's and their own integrity, they impeded the opportunities provided by the platform.

Tensions arose as the Give&Take platform aimed to facilitate opportunities for the municipality to supervise the co-production of care among the participants, but the older people resisted such supervision and showed little interest in using the platform. These conditions eventually left the municipality with the same issue that the platform aimed to solve: how to efficiently and appropriately manage the co-production for the municipality to produce a legitimate care service that builds on self-management and peer-to-peer interaction. What unfolded were unresolved tensions regarding the appropriateness and efficiency of the co-production, which implies that competing logics inform involved actors when they set out to co-produce peer-to-peer care (cf. Boltanski and Thévenot 2006, Mol et al. 2010). We now attend to these tensions.

### 6.1 The co-production of peer-to-peer care practices

Similar to many other Scandinavian co-production innovations and "welfare technologies" (Östlund et al. 2015), as well as the EU's policies and intentions to develop specific sets of active-aging activities (Lassen et al. 2015), Give&Take asked older people for particular versions of care (cf. Pols 2010). To co-produce peer-to-peer care, the innovation invited participants to exercise independence, responsibility, and manageability but discouraged them from becoming too self-governed, informal, or "uncontrollable." The Give&Take platform mobilized problems that influenced such practices. This mobilization focused on the promises of the Give&Take technology and the municipality's expertise and interest. Such focus has previously been portrayed by, for example, Lassen (2015) and is said to lead to the failure of many innovations in aging (see Peine and Neven 2019; Wanka and Gallistl 2018) and, consequently, to more work for those who provide care (Pols 2010).

Within public care, innovations try to overcome different logics by creating new, innovative solutions for the co-production of care (Bekkers et al. 2011). In the Give&Take project, institutionalized logics (i.e., effectiveness, efficiency, and appropriateness) molded the emerging co-production between the municipality and older people. Consequently, the co-production became more about administrating care resources (by managing the older people) than actual care. As the ability to care by principles that are unfixed, general, and manageable was lost, so were the possibilities to utilize the strength of the older peoples' care practices (cf. Mol et al. 2010). In other words, the "resources" which were to be utilized and that unfolded in older people's care practices could not be made "doable" (Lassen et al. 2015), in line with the norms and values underpinning institutionalized logics.

Characteristics such as attentiveness or specificity considered to be good in care practices are not necessarily efficient or appropriate (Mol 2008). In their care practices, the older people demanded a certain degree of freedom and rejected subordination to the municipality's management. We can view their withdrawal from the co-production as resistance overlooked in the innovation (cf. Yndigegn 2015). This, we argue, exemplifies how innovations in public care that try to tap into citizens' resources need to handle the somewhat loosely bound nature of care practices (see Mol et al. 2010). When developing the workings of care, its boundaries are contested and take a variety of shapes (Mol et al. 2011), causing tensions to arise between logics of care and institutionalized logics.

By offering co-production, the Give&Take project also fostered a sort of partnership. The innovation's loose character allowed for care practices to occur and develop while simultaneously (loosely) linking the older people to the municipality through, for instance, obligations to self-care, be active, and organize the walking activity. The findings imply that these activities were characterized by a certain equality or at least inclusiveness that may also have served the older people. We may therefore see the platform as a boundary object (Star 2010) that enabled co-production of care where both the municipality and the older people continued to meet social demands and obligations in relation to each other, despite a somewhat loosely organized co-production arrangement (cf. Allen 2020). However, obligations still guided the connections between the older people and municipality.

## 6.2 Theoretical implications for practice

Our study shows how care practices unfolded in a specific social innovation that aimed to co-produce peer-to-peer care for older people by tapping into their resources. We showed how care practices, their specificities, and logics clash with institutionalized logics enacted in the co-production of care. We argue that considering the logic of care

practices (Mol 2008; Mol et al. 2010), together with the logics of effectiveness, efficiency, and appropriateness in public innovations from Bekkers et al. (2011), expands our understanding of the co-production of care that involves citizens' resources—something that prevails especially pertaining to EU policies on co-production and active aging. Such consideration may enhance the chances of creating co-productions that serves and benefits from older citizens' care practices. Future research may look into what kinds of ties this type of co-production generates and what the effects of these ties are. Regarding tensions, more research is needed on the tensions between managing and self-managing in relation to co-production.

Instead of treating social innovations of care for older people in terms of failure or success stories, social innovations may be understood as arenas where possibilities to care are enacted as part of the sociomaterial arrangements. By taking practices as a central unit of analysis, we may bring together traditions of STS, design (Shove 2014), and care in this endeavor. If recognizing how and under what conditions co-production of care following EU policies on active aging (see European Commission 2011) is enacted in innovation projects, we may use these projects as arenas to improve our understanding of the sociomaterial constitution of care (see Peine and Neven 2019). Opening up these innovations for analysis might invite discussions about good and bad that are suited for developing the organization of care. As noted by Mol et al. (2010), care is not always fun and successful: it is work; to care is to persist and to keep on tinkering.

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