JOURNAL OF LONG-TERM CARE

Examining Citizens' Views on What Matters in the Allocation of Social Care Resources in the Netherlands

RESEARCH

SANNE C. STIKKELBROECK
PHILIPA P. M. MOS
VIVIAN T. RECKERS-DROOG
*Author affiliations can be found in the back matter of this article

LSE Press

ABSTRACT

Background: Demographic ageing and increased longevity are driving demand for social care. In the Netherlands, local councillors and policy advisors face complex decisions about how to allocate scarce social care resources. While local decision-makers have considerable discretion, they remain accountable to citizens. A recent study examined their views on what matters in allocating social care resources. However, little is known about citizens' views, even though such insight is important for ensuring legitimate and responsive decision-making.

Objective: To examine citizens' views on what matters in the allocation of social care resources in the Netherlands.

Methods: We conducted a Q-methodology study with 24 citizens. Participants ranked 39 statements reflecting considerations underlying decisions on the allocation of social care resources. We used factor analysis followed by varimax rotation to identify clusters in the rankings. We interpreted the clusters as viewpoints using the resulting factor arrays and qualitative data from post-ranking interviews.

Results: We identified four distinct viewpoints, reflecting different value orientations: removing access barriers and autonomy; investing in social care; supporting income-based differentiation to ensure equal access; and balancing budget constraints with respect for autonomy. The viewpoints differed particularly regarding income-based differentiation, individual preferences and autonomy, and financial sustainability, while also showing agreement on several considerations.

Conclusions: Citizens have different views on what matters in the allocation of social care resources, indicating that there is no single perspective to guide these decisions. At the same time, areas of agreement provide common ground that may support legitimate and responsive decision-making.

CORRESPONDING AUTHOR:
Philipa P. M. Mos, LL.M
Erasmus University Rotterdam, Erasmus School of Health Policy & Management, Burgemeester Oudlaan 50, 3062 PA Rotterdam, The Netherlands
mos@eshpm.eur.nl

KEYWORDS:
Social care; resource allocation; priority setting; public preferences; Q methodology

TO CITE THIS ARTICLE:
Stikkelbroeck, S.C., Mos, P.P.M. and Reckers-Droog, V.T. 2026. Examining Citizens' Views on What Matters in the Allocation of Social Care Resources in the Netherlands. *Journal of Long-Term Care*, (2026), pp. 375–386. DOI: https://doi.org/10.31389/jltc.585

1. INTRODUCTION

The demand for long-term care is rising due to demographic ageing, increased longevity, and the growing prevalence of chronic diseases (OECD, 2023, 2015; Werner *et al.*, 2024). The rise in public expenditures on long-term care is a pressing policy issue for many welfare states (OECD, 2023, 2015; OECD/European Commission, 2024). To contain expenditures and promote independent living, the Netherlands introduced the Social Support Act 2015 (Wmo 2015), envisaging a shift from institutional long-term care to social care (House of Representatives of the Netherlands, 2014; Maarse and Jeurissen, 2016; Vermeulen, 2015). Social care services, which encompass domestic help, mobility aids, housing adaptations, transport services, day activities, and informal caregiver support, aim to support individuals to live independently at home, promote societal participation, and encourage informal caregiving (House of Representatives of the Netherlands, 2025).

To enhance efficiency and provide tailored support, the transition from institutional to extramural long-term care also included the decentralisation of the responsibility to provide social care. Concurrently, municipalities receive a non-earmarked budget from the national government to allocate across various policy domains, including social care (Maarse and Jeurissen, 2016). Locally elected councillors and non-elected policy advisors have considerable discretion to shape local social-care policies and allocate resources accordingly (Bakx *et al.*, 2020; Kroneman *et al.*, 2012; Maarse and Jeurissen, 2016). However, these budgets are limited, and local decision-makers must decide how to allocate social care resources (Mos and Reckers-Droog, 2024).

Based on previous research on the views of local decision-makers on what matters in the allocation of scarce resources in social care, these decisions may include restricting access to services or shifting greater responsibility onto informal caregivers (Dijkhoff, 2014; Mos *et al.*, 2025). Thus, these decisions have considerable impact on citizens' lives, and the acceptability of these decisions may depend on whether they reflect their values and priorities. In healthcare, involving the public in resource allocation is increasingly recognised as a way to enhance fairness, transparency, and social support (Daniels and Sabin, 2012; Gustavsson and Lindblom, 2025).

Public views on how the costs of social care should be shared between the state and individuals have been examined in the United Kingdom (UK) (Clarkson *et al.*, 2018; Read *et al.*, 2021). However, public views on the allocation of social care resources may vary across countries, depending on financing and cultural norms and values pertaining to informal caregiving (Mos and Reckers-Droog, 2024). In the Netherlands, for instance, social care is primarily publicly financed and the limited insight into public views on this topic hampers the systematic consideration of citizens' perspectives in decision-making.

The aim of this study was, therefore, to examine citizens' views on what matters in the allocation of social care resources in the Netherlands. To meet this aim, we built on the study previously conducted among local decision-makers in the Netherlands (Mos et al., 2025). By identifying where citizens differ and where they find common ground, the results of this study can help decision-makers recognise and consider citizens' value orientations when making social care allocation decisions, thereby contributing to the legitimacy of these decisions.

2. METHODS

Q-methodology is a mixed-methods approach for studying subjectivity and identifying diverse viewpoints on complex, value-laden topics (Brown, 1996; Watts and Stenner, 2014). Participants articulate their views by ranking a set of statements reflecting relevant aspects of the topic and explaining choices in a post-ranking interview (Stephenson, 1952). Correlations between participants' rankings are analysed to identify clusters of similar rankings, which are then interpreted and described as distinct viewpoints, using both quantitative ranking data and the qualitative data. We conducted this Q-study in three steps, which we describe below. We reported the study in accordance with the Standards for Reporting Qualitative Research (SRQR) checklist (see Supplementary Materials S1).

2.1 DEVELOPMENT OF THE STATEMENT SET

For this study, we adapted the statement set previously used to examine the views of decision-makers on what matters in the allocation of social care resources in the Netherlands (Mos *et al.*, 2025). The original set was based on a framework comprising seven themes and 36 categories derived from a systematic review on the underpinnings of resource-allocation decisions on social care (Mos and Reckers-Droog, 2024). The framework was complemented by consultation of experts on the Dutch policy context, which resulted in the inclusion of one category, i.e., 'Characteristics of the municipality'. Supplementary Materials S2 details the framework underlying the statement set.

We adapted the original statements to align with the language, abilities, and understanding of citizens. To do so, we asked ChatGPT to rephrase the statements at B1 language level, and we then reviewed and refined the output to formulate the final statements. We conducted a pilot test with one participant to assess the comprehensiveness and comprehensibility of the statement set. The participant was instructed to

indicate when statements were ambiguous or complex, and based on that, we made minor adjustments to improve phrasing consistency. The final statement set is presented in Table 1.

2.2 DATA COLLECTION

We collected data from Dutch-speaking citizens in the Netherlands between February and March 2025. Sampling was performed by the first author using a convenience sampling approach, while seeking variation in characteristics and experiences that may be associated with citizens' perspectives on resource allocation and priority setting in health care, including sex, age, education level, political affiliation, recent social care use, and informal caregiving (Boxebeld *et al.*, 2024; Read *et al.*, 2021; Rotteveel *et al.*, 2021; van Exel *et al.*, 2015). Participants were initially recruited through the first author's personal network, followed by snowball sampling to recruit additional participants.

The interviews were administered in-person by the first author at participants' homes. After receiving instructions (see Supplementary Materials S3), participants first sorted the statements into three piles (disagree, neutral, and agree), and then arranged them on a sorting grid from 'disagree most' to 'agree most'. These categories correspond with positions 1 to 9 on the sorting grid (see Figure 1). Following the Q sort, participants explained their rankings in an interview, focusing on statements positioned at the extreme ends (i.e., positions 1, 2, 8, and 9).

	PERSONAL CHARACTERISTICS	% (*n*)
Age	18–39	37.5 (9)
	40–59	37.5 (9)
	60+	25 (6)
Sex	Female	50 (12)
	Male	50 (12)
Level of education	Practical education	45.8 (11)
	Academic or higher professional education	54.2 (13)
Political affiliation[a]	Left	33.3 (8)
	Centre	20.8 (5)
	Right	37.5 (9)
	Not indicated	8.3 (2)
Use of social care services (less than one year ago)	Yes	8.3 (2)
	No	91.7 (22)
Informal caregiver	Yes	29.2 (7)
	No	17 (70.8)

Table 1 Sample characteristics ($n = 26$).

[a] Political affiliation was distinguished based on the positioning of Dutch political parties in the Election Compass ('Kieskompas', n.d.).

2.3 ETHICS

We obtained ethical approval for this study from the Internal Review Board of Erasmus School of Health Policy & Management, Erasmus University Rotterdam (ETH2425-0534). Before participation, we informed participants about the purpose and procedure of this study and asked them to give their written consent for using their data for research purposes. We explained that participants could withdraw from the study at any time without explanation.

2.4 DATA ANALYSIS

We analysed the ranking data using the dedicated software Ken-Q Analysis Desktop Edition (KADE) (Banasick, 2019). To identify shared viewpoints among participants, we conducted by-person centroid factor analysis followed by varimax rotation. In Q methodology, factor analysis is conducted by person rather than by item: participants' rankings of the statements are correlated with one another to identify participants who ranked the statements in similar ways (Watts and Stenner, 2014). Each resulting factor represents a shared viewpoint among participants whose rankings are highly correlated. Factor loadings indicate the extent to which an individual participant's ranking is associated with each viewpoint (Watts and Stenner, 2014). We explored different factor solutions based on quantitative and qualitative criteria. The quantitative criteria included: Eigenvalues >1 for each factor (used to assess whether a factor accounts for sufficient variation in participants' rankings to warrant further consideration); the scree plot (used to visually identify the point at which retaining additional factors adds relatively little explanatory value); at least two participants with positive factor loadings above the significance threshold of 0.315 ($p < 0.05$; significance threshold calculated as $1.96 * (1/\sqrt{39})$, where 39 is the number of statements) and uniquely loading on each factor ('exemplars'), and weak-to-moderate correlations between factors within a solution (Cohen, 2013). These criteria supported a maximum of five factors. For the three-, four-, and five-factor solutions, we generated factor arrays to facilitate comparison and interpretation of the viewpoints. A factor array is a composite ranking of the 39 statements for each factor and represents how a hypothetical participant perfectly correlated with that factor would rank the statements (Watts and Stenner, 2014). We compared the three-, four-, and five-factor solutions based on their statistical properties and the extent to which they provided a meaningful and coherent representation of the data, drawing on the qualitative interview data from exemplars to support interpretation.

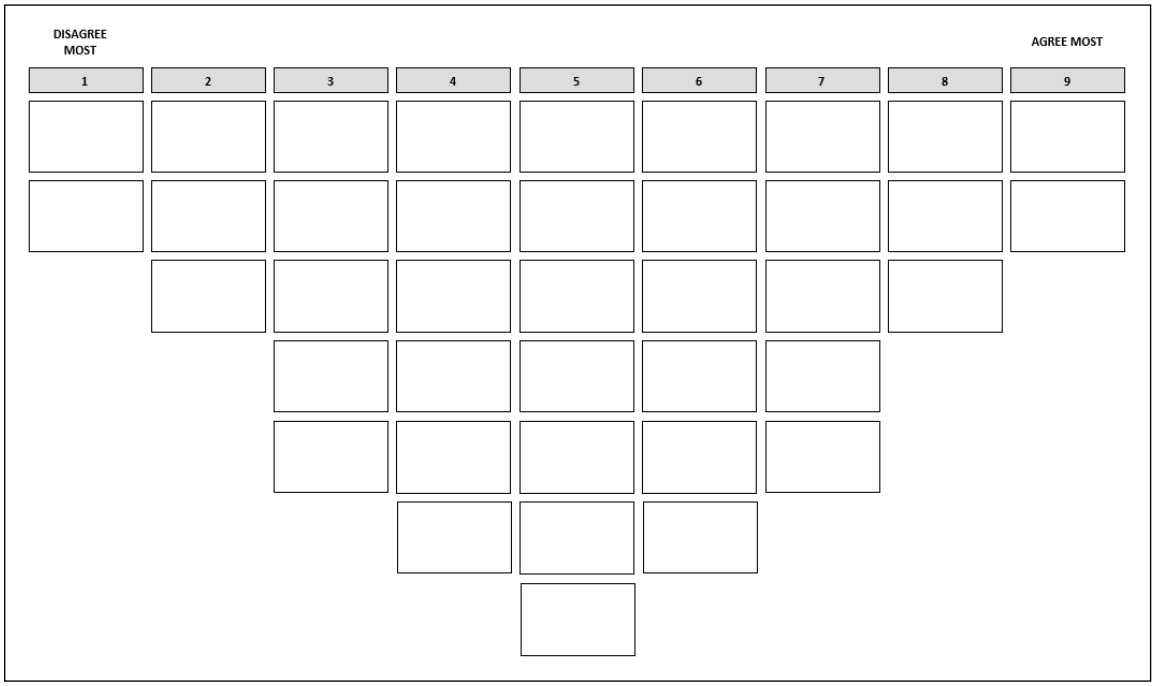


Figure 1 Sorting grid used for ranking the statements.

Subsequently, we used factor arrays to interpret the factors as citizens' viewpoints on what matters in allocating social care resources. To develop narratives for each factor, we examined the characterising statements positioned at the extreme ends of the factor array (i.e., those with a rank score of −4, −3, +3, or +4). Then, we inspected distinguishing statements with a statistically significantly ($p < 0.05$) different position in a factor array compared with others. After that, we reviewed the full factor array to identify additional considerations relevant for interpretation. We also inspected consensus statements with no statistically significantly different position between any pair of factors. Finally, consistent with Q methodology (Watts and Stenner, 2014), qualitative data from the post-ranking interviews with exemplars were considered to support, contextualize, and enrich the interpretation of each factor. The interview data were not analysed separately using a qualitative analytical framework but were considered specifically in relation to the characterising and distinguishing statements for each factor. Verbatim quotes of exemplars were used to illustrate and support the interpretation of the factors as viewpoints.

3. RESULTS

3.1 SAMPLE CHARACTERISTICS

We collected data from 24 citizens in the Netherlands. The sample characteristics are presented in Table 1. The age range within the sample was 18–85 years. The sample is evenly distributed across sex and education level. Of the 26 participants, two had used social care services less than a year ago and seven participants were informal caregivers.

3.2 FACTOR SOLUTION

We selected a four-factor solution based on the quantitative and qualitative criteria outlined in the Methods section. Correlation patterns in the three- and four-factor solutions suggested that the fourth factor represented a distinct viewpoint. Furthermore, the factor arrays in the four-factor solution yielded interpretations that were coherent and consistent with the views expressed by exemplars during the post-sorting interviews. Table 2 presents participants' factor loadings. Eigenvalues ranged from 6.39 to 1.19, and together, the four factors explained 48% of the total variance in the statement rankings. The factors had 10, 5, 2, and 3 exemplars, respectively. The correlations between the factors were $\rho = 0.346$ for 1 vs. 2, $\rho = 0.220$ for 1 vs. 3, $\rho = 0.294$ for 1 vs. 4, $\rho = 0.002$ for 2 vs. 3, $\rho = 0.191$ for 2 vs. 4, and $\rho = 0.118$ for 3 vs. 4.

One participant (ID17) showed a statistically significant negative correlation with factor 3, indicating a near-opposite viewpoint. In Q-methodology, such bipolar factors can be split into two distinct factors. However, as only one participant would load on this factor, we did not include an additional factor and excluded the participant from the factor before constructing the factor arrays.

3.3 VIEWPOINTS

Table 3 presents the factor arrays for each of the four factors, with distinguishing statements presented in bold. In the following sections, the four factors are described as citizens' viewpoints on what matters in resource allocation decisions on social care. We present the numbers of the most relevant statements within parentheses with a hashtag (#), followed by their position in a factor array, e.g., (#18,+4). The positions of distinguishing statements are presented in bold. Verbatim quotes of exemplars

ID	FACTOR 1	FACTOR 2	FACTOR 3	FACTOR 4
9	**0.741**	0.203	−0.022	0.240
16	**0.725**	0.024	0.158	0.155
15	**0.648**	0.084	0.102	0.064
6	**0.594**	0.251	−0.038	−0.121
5	**0.578**	0.463	−0.162	0.072
22	**0.560**	−0.028	0.125	0.095
12	**0.544**	0.256	0.013	0.091
24	**0.529**	−0.073	0.043	0.295
23	**0.403**	0.276	0.217	−0.153
20	**0.365**	0.181	0.228	0.083
21	0.043	**0.817**	−0.075	0.286
17	−0.267	**0.757**	−0.330	−0.128
11	0.284	**0.729**	0.095	0.110
4	0.348	**0.676**	0.327	0.071
18	0.372	**0.535**	0.145	−0.167
1	0.191	0.033	**0.561**	0.003
2	0.096	−0.169	**0.397**	0.228
8	0.205	−0.008	−0.504	0.159
7	0.319	0.217	0.125	**0.560**
10	−0.076	−0.122	−0.231	**0.576**
19	0.145	0.110	0.145	**0.494**
3	0.608	0.449	0.393	0.289
13	0.130	0.189	0.217	0.161
14	0.406	0.419	−0.026	−0.106
Eigen values	6.39	2.02	1.40	1.19
Explained variance (%)	19	15	6	6

Table 2 Factor loadings.

Bold denotes a defining Q sort for a factor, meaning that the Q sort loads statistically significantly ($p < 0.05$) on the factor and is uniquely associated with it. The significance level is calculated by 1.96*(SE), and the standard error (SE) is defined as $1/\sqrt{N}$, where N is the number of statements in the statement set: $1.96 * (\mathrm{SE}) = 1.96 * \left(1//\sqrt{39}\right) = 0.315$. The second criterion is met when the square of the correlation coefficient is larger than the sum of squares of correlation coefficients on the other three factors.

are presented in italics and indicated by participants' identification number, e.g., ID12.

3.3.1 Viewpoint 1

Citizens holding viewpoint I emphasise that everyone needing support should receive social care, and that the municipality should differentiate to ensure that all who need support can achieve an equal level of quality of life (#19,+2), but that everyone should benefit (#3,+2). They furthermore emphasise that the municipality should address barriers that hinder access to social care; the application process should be accessible to individuals who do not speak Dutch fluently (#17,+4), and those who are less adept at navigating the system should not be disadvantaged (#39,+3). The type of disability, i.e., physical or mental, should not be relevant in allocation decisions (#34,−4),

> 'Support should be available and accessible to everyone who needs it. It should not matter whether someone is articulate or knows their way around. People who cannot do this well themselves should be supported.' (ID23)

While the municipality may differentiate between individuals to remove barriers to social care, citizens upholding this viewpoint disagree with income- or wealth-based differentiation. The municipality should not allocate most of the budget to individuals with lower incomes or less wealth (#28,−2) nor should they

#	STATEMENTS	VIEWPOINTS*			
		VI	VII	VIII	VIV
1.	If the municipality does not have enough money to help all residents who need social care, it should use money from another budget.	+0	+2	+1	**−3**
2.	Due to the high demand for social care, the municipality must set limits.	−1	+0	+1	**+2**
3.	The municipality should give more social care to some residents than others, as long as disadvantaged residents also benefit.	+2	**−1**	+2	+2
4.	Residents should have a say in how the social care budget is spent.	+0	**−3**	+0	+0
5.	The municipality should spend the budget in a way that benefits as many residents as possible.	**+3**	**+4**	−2	+0
6.	Residents who need social care should be able to choose which support they receive from the municipality and which from their informal caregivers.	+2	+0	+1	+3
7.	The municipality should consider the composition of the municipality's population.	**+1**	−1	−2	+0
8.	Providing support is primarily the responsibility of informal caregivers, the municipality supplements that.	−3	−4	**+0**	−4
9.	Spending on social care is more important than spending on other things, such as a sports field or a library.	**−3**	+1	+0	**−4**
10.	Providing intensive support at home is not the responsibility of the municipality, but the municipality should still pay for residents who cannot get that support elsewhere.	**+2**	+0	+0	+0
11.	If the municipality provides a lot of social care, residents will feel less responsible for providing informal care to their relatives.	−2	−2	−1	−1
12.	The municipality should give residents the support they need, but no more.	**−1**	+2	−1	+1
13.	The municipality can provide more social care if it makes agreements with providers about the price and quality of support.	+0	+0	−1	−1
14.	It is important that the money spent contributes to what residents consider important for their independence and participation in the community.	**+2**	−2	−3	**+4**
15.	Residents have a right to the social care so they can do the things they consider important for their quality of life.	**+1**	**+0**	−4	−3
16.	The municipality should weigh the costs of social care against what it delivers for residents.	**−1**	+0	+1	+2
17.	Applying for support should be made easy for residents who have difficulty speaking or reading Dutch.	**+4**	**−1**	+4	**+0**
18.	The municipality cannot always meet residents' high expectations about access to and quality of social care.	+0	−1	+0	**+3**
19.	The municipality should give more social care to some residents than others to ensure that everyone can achieve the same quality of life.	+2	+3	**−2**	**+1**
20.	The municipality may deviate from national government policy when spending the social care budget if that helps to meet the needs of residents.	+1	+1	+3	+0
21.	The municipality should consider the growing number of residents who want to continue living at home and need social care to do so.	+1	+2	+1	−1
22.	Residents who urgently need short-term support should be helped sooner than residents who need long-term support.	**−2**	**+1**	**−1**	**+3**
23.	The municipality should first provide general support to everyone who needs it before offering tailored support to a smaller group of residents.	−1	**+1**	−1	−2
24.	The municipality should support informal caregivers so they can continue to care for their relatives.	+4	+2	+2	+2
25.	Providing tailored support is so important that the municipality may spend a large part of the budget on a small number of residents.	−2	−1	−2	−1
26.	The municipality should pay providers of support enough so they remain financially viable and can continue offering support in the future.	+0	+0	+2	+4
27.	There is no objection if one municipality makes different choices about spending the budget than another, even if this leads to differences in social care provision.	−2	−2	−1	−2
28.	The municipality should spend most of the budget on residents with lower incomes or less money.	−2	−4	**+2**	−2

(Contd.)

#	STATEMENTS	VIEWPOINTS*			
		VI	VII	VIII	VIV
29.	The municipality should spend more money on social care because residents cannot be admitted in the hospital or a nursing home.	+1	+3	**+0**	+2
30.	The vision of the political parties in the municipal council should be decisive in how the budget is spent.	−4	−3	−4	−2
31.	More money can be spent on high-quality social care.	+1	+2	+2	+1
32.	The municipality should also consider the preferences of residents with different cultural and religious backgrounds.	**+3**	**−3**	−2	−2
33.	The municipality should limit the demand for social care from residents with high incomes.	−3	−2	**+4**	−3
34.	The municipality can treat residents with physical disabilities differently from those with mental disabilities when spending the budget.	**−4**	+1	**−3**	+1
35.	Residents who have access to care in a nursing home should not receive social care from the municipality.	−1	−1	**−3**	**+1**
36.	Social care is so important that a large share of the budget can be spent on it.	+0	**+3**	+1	−1
37.	An important goal of social care is to prevent situations where living at home becomes impossible, and residents have to move to a nursing home.	+0	**+4**	+0	+0
38.	The municipality should ask residents with higher incomes or more money to pay a higher personal contribution to receive social care.	**−1**	**−2**	**+3**	**+1**
39.	The municipality should ensure that people who are good at arranging support do not receive more social care than those who are less good at it.	+3	+1	+3	**−1**

Table 3 Statements and factor scores.

curb demand for social care from individuals with high incomes (#33,−3).

Citizens upholding this viewpoint furthermore believe that decisions should reflect individuals' needs and priorities, rather than the vision of the local political parties (#30,−4). Cultural and religious backgrounds should be considered (#32,+**3**), as well as what individuals perceive as important to be independent and participate (#14,+**2**). Moreover, citizens holding this view emphasise that individuals should have the freedom to decide which support they receive from the municipality and from informal caregivers (#6,+2).

> 'The municipality or the informal caregiver shouldn't decide something for someone else. So that people themselves should simply be free in [deciding] what they do and do not want from the municipality or the caregiver.' (ID24)

Citizens with this view agree with sharing the caregiving burden between the municipality and informal caregivers (#8,**−3**) and recognise the crucial role of informal caregivers. They believe the municipality should support them to continue to care for their relatives (#24,+4).

> 'We should acknowledge that informal carers need support too, they're a key part of the system. They make sure that people who need care receive it. They need to be able to maintain that care and to feel how important their role is.' (ID15)

In conclusion, citizens holding this viewpoint advocate for removing barriers to access to social care. Moreover, they believe that personal autonomy should play a considerable role in decisions on the allocation of social care.

3.3.2 Viewpoint 2

Citizens holding this viewpoint emphasise agree that preventing the institutionalisation of individuals is an important objective of social care (#37,+**4**). The municipality should consider the growing number of individuals who wish to remain living at home (#21,+2) and allocate sufficient resources to social care because of the limited capacity of nursing homes (#29,+3). Furthermore, they reject the idea that informal caregivers are primarily responsible for social care, which also emphasises that they believe the municipality is responsible for providing support for individuals in need of support (#8,−4).

> 'It is great when informal caregivers want to help, but there's probably often someone from the municipality who knows exactly what to do, and that makes things a lot easier.' (ID18)

As they believe that social care is a municipal responsibility, citizens support a large share of the budget to social care, which they consider important (#36,+**3**). Furthermore, more resources can be spent on high-quality social care services (#31,+2). Citizens acknowledge that resources

are definite; thus, the municipality should not provide more than necessary (#12,+2). However, they also believe that if the budget is insufficient to help everyone in need, the municipality should reallocate resources from other budgets (#1,+2). The allocated resources should subsequently be spent in a way that benefits as many individuals as possible (#5,+**4**).

In accordance with viewpoint I, citizens with this viewpoint agree that the municipality may differentiate between individuals to ensure that all who need support can achieve an equal level of quality of life (#19,+3). They also oppose income-based differentiation and disagree that the municipality should spend most of the budget on poorer individuals (#28,–4), limit demand from individuals with high incomes (#33,–2), or ask higher user-contributions from the latter (#38,–**2**).

> 'Everyone is equally entitled to support. Just because you've received an inheritance or have more money doesn't mean you should have to start paying more.' (ID18)

However, the second viewpoint contrasts with the first viewpoint in its weaker emphasis on individual preferences. Citizens disagree that resources should be allocated based on what individuals themselves consider important for their independence or participation (#14,–2) or on cultural and religious backgrounds (#32,–**3**). Furthermore, citizens upholding this viewpoint do not believe that citizens should have a say in decisions on the allocation of resources (#4,–**3**).

> 'I think that a lot of people don't have a clue of how things are arranged, thus, I find it quite dangerous if the big crowd, so to speak, is going to decide how it should happen. I think it should be left to the experts.' (ID4).

In conclusion, citizens with this viewpoint advocate for investing sufficient resources to social care, as this can prevent institutionalisation. All individuals in need of support should have access to social care, regardless of their income or wealth. Decisions on the allocation of resources should be led by experts rather than users' preferences.

3.3.3 Viewpoint 3

Citizens holding this viewpoint advocate for removing barriers in access to social care services. They believe that barriers to applying for social care for citizens who have difficulty speaking or reading the Dutch language should be removed (#17,+4) and the municipality must ensure that citizens who are more skilled at navigating the system should not receive more support than citizens who are not as capable (#39,+3). Citizens with this viewpoint furthermore believe that the municipality may provide some individuals more support than others as long as everyone benefits (#3,+2).

While citizens with this view support differentiation between individuals to ensure universal access to social care services, they do not believe that the municipality should offer some more support than others to ensure all individuals achieve the same quality of life (#19,–2). They also do not place particular importance on what individuals themselves find important for their independence and participation (#14,–3), nor do they agree that individuals have a right to support that enables them to pursue the things they consider meaningful for their quality of life (#15,–4). Evidently, individual preferences or subjective perceptions of the outcomes of social care do not justify offering some individuals more than others.

> 'Of course, everyone believes they should have a good quality of life. But what does that really mean? When are you satisfied with your quality of life? For one person, it doesn't take much, and another thinks they're entitled to everything.' (ID1)

While the other viewpoints oppose differentiation between individuals in need of social care based on income or wealth, citizens with this view support income-based differentiation. They agree that municipalities should allocate more resources to those with lower incomes or less wealth (#28,+**2**), limit demand for social care from individuals with higher incomes (#33,+**4**) and require financial contributions from those with greater financial means (#38,+**3**).

> 'If you can keep up your own trousers, you should. You shouldn't rely on public support, because the community already has enough on its plate.' (ID2)

Finally, those holding this viewpoint oppose the idea that the vision of political parties in the municipality should be decisive in allocation decisions (#30,–4).

> 'The political views should stay out of it. Yes, this is a social issue. This has nothing to do with politics.' (ID2)

In conclusion, citizens holding this viewpoint advocate for equal access to social care and support differentiation between individuals based on financial means. They do not, however, consider individual preferences or perceptions of quality of life important considerations in determining how social care resources should be allocated.

3.3.4 Viewpoint 4

Citizens with this viewpoint recognise the need for the municipality to set limits because of the rising demand for social care (#2,+2). In particular, because they do not agree that social care is inherently more important than

other public services, such as sports facilities or libraries (#9,**–4**). Thus, they disagree with the statement that the municipality should reallocate resources from other budgets to social care to cover shortfalls in the social care budget (#1,**–3**).

> 'I think you shouldn't start cutting back on things that are also very important, like sports and reading.' (ID10)

To preserve the financial sustainability of social care provision without compromising other public goods, the municipality should provide individuals the support they need, but not more (#12,+1).

> 'You can't just allow everything, otherwise it becomes too costly. That might prevent others who really need support from getting it.' (ID10)

In contrast to the first and second viewpoints, citizens holding this viewpoint believe that it may be reasonable to demand a user-fee from wealthy individuals (#38,+**1**). However, the viewpoint does not support allocating more resources to poorer individuals (#28,–2), nor curbing demand for social care of wealthy individuals (#33,–3). This suggests that citizens support asking for financial contributions to foster financial sustainability but that they do not support redistribution of resources from wealthy to poor individuals. Furthermore, they place importance on the adequate remuneration of social care providers to ensure they remain financially viable in the future (#26,+**4**).

Beyond financial considerations, citizens with this viewpoint emphasise autonomy. They agree that the municipality should consider what individuals find important for their independence and participation when allocating resources (#14,+**4**). Individuals should also be able to indicate whether they prefer to receive support from the municipality or informal caregivers (#6,+3). Accordingly, they reject the idea that formal care provided by the municipality merely supplements informal care (#8,–4). Yet, they do not agree that individuals have a right to social care that enables them to do the things they consider important for their quality of life (#15,–3).

> 'I think that there are many people who now just assume that everything will be arranged and that everything just has to happen, and that they have the right to all sorts of things.' (ID19)

In conclusion, citizens with this viewpoint acknowledge the limits of the social care budget and place importance on personal preferences in resource allocation decisions.

3.4.5 Consensus statements

Across the viewpoints, there was consensus that the municipality can allocate a considerable number of resources to provide high-quality social care (#31, +1,+2,+2,+1) and that it should support informal caregivers to help them continue to provide care (#24, +4,+2,+2,+2). There was also consensus that generous provision from the municipality does not reduce individuals' sense of caregiving responsibility (#11,–2,–2,–1,–1) and that municipalities cannot make different budgetary choices spending than another, even if this leads to differences in social care provision (#27, –2,–2,–1,–2). Furthermore, citizens did not believe that providing tailored support justifies spending a large portion of the budget on a few individuals (#25,–2,–1,–2,–1). Finally, all viewpoints were neutral towards the statement that municipalities should negotiate with providers about the price and quality to provide more support (#13, 0, 0,–1,–1).

4. DISCUSSION

The aim of this study was to examine citizens' views on what matters in the allocation of social care resources in the Netherlands. We identified four distinct viewpoints, reflecting different value orientations. Viewpoint 1 highlights removing access barriers and respecting individuals' preferences. Viewpoint 2 emphasises investing sufficient resources to social care. Viewpoint 3 supports income-based differentiation to protect equal access. Viewpoint 4 seeks to balance a limited budget with respecting autonomy. Despite differences on income-based differentiation and the role of individual preferences in decisions, the positioning of statements across viewpoints also highlights that citizens value financial sustainability of the social care system (e.g., #1,#12,#36), universal accessibility of social care services (#17,#19,#39), high-quality social care (#31), and recognise caregiving as a shared responsibility between the municipality and themselves (e.g., #8, #24).

Public perspectives on resource allocation in social care in the Netherlands remain underexplored. This study builds on a previous study examining the views of local decision-makers on what matters in the allocation of social care resources (Mos *et al.*, 2025). Together, the findings of these studies provide insights with tangible implications for future decision-making. A notable and policy-relevant finding is that, while elected decision-makers may be hesitant to explicitly discuss resource scarcity and allocation decisions, citizens in our study tended to acknowledge and accept the need to set boundaries. This suggests that acknowledging scarcity and making allocation decisions may not necessarily be at odds with citizens' views. Citizens' viewpoints on what matters in the allocation of resources once such constraints are recognised differed from those of local decision-makers, however. The most notable difference is the relative unimportance of autonomy and individual preferences to the latter.

As scarcity in social care is likely to increase due to rising demand, constrained budgets, and a shrinking pool of informal caregivers, these findings may offer support to policymakers in making these difficult decisions. Above all, findings from this study stress the importance of making such decisions to maintain equal access to social care. Public support for these decisions may be further enhanced by aligning them with public values (Gustavsson and Lindblom, 2025). Our finding of differing views on income-based differentiation is relevant for the current policy debate on reintroducing income-based user contributions. National policymakers in the Netherlands plan to reintroduce these contributions to curb demand for social care among high- and middle-income groups and to ensure that social care remains accessible for those who genuinely need it (House of Representatives of the Netherlands, 2025). The diversity of views identified in our study suggests that the acceptability of such a policy cannot be assumed and may depend on how the balance between financial sustainability and equal access is addressed.

Another finding concerns citizens' views on shifting the caregiving burden to informal caregivers. Social care policy in the Netherlands increasingly emphasises self-reliance and envisages the community to take on a (more substantial) caregiving role (Dijkhoff, 2014; House of Representatives of the Netherlands, 2014). The findings of previous research into the viewpoints of local decision-makers on what matters in the allocation of social care resources suggest that local decision-makers doubt citizens' willingness to provide informal care, viewing them as perceiving social care as a right and treating the municipality as a shop (Mos *et al.*, 2025). The current findings challenge this narrative. While citizens reject the idea that formal services should merely complement informal support, they support shared responsibility between the municipality and members of the public. The differences between the views of local decision-makers and citizens suggest that they may share more common ground than is often assumed. Rather than assuming that citizens are unwilling to contribute to care, policies aimed at increasing the role of informal care could therefore build on this support for shared responsibility, while recognising that citizens also expect municipalities to retain responsibility for providing social care and supporting informal caregivers.

The findings should be considered in light of the Dutch context, in which municipalities have considerable responsibility and discretion in the organisation and allocation of social care. The organisation, funding, and scope of social care differ across countries, which may affect the relevance attached to particular considerations and therefore limits direct transferability of the identified viewpoints. Nevertheless, questions concerning access to social care, the role of informal caregivers, individual autonomy, and the allocation of scarce resources are also relevant in other countries facing increasing demand for social care. Our findings may therefore provide a useful basis for examining whether and how citizens in other settings consider these aspects relevant to social care resource allocation.

This study has several strengths and limitations. The statement set was carefully developed to capture any possible aspect of resource allocation in social care, drawing on a systematic literature review, expert input, and pilot testing. However, because the statements were simultaneously used in a parallel study with local decision-makers, it included procedural aspects that may have been less relevant to citizens. Second, we used a convenience sampling approach with an aim to include diverse perspectives, but heterogeneity may be larger in reality. For instance, excluding non-Dutch speakers may have led to the omission of a culturally distinct viewpoint, and the sample may not fully reflect the ethnic diversity of the Dutch population. Future quantitative research should assess the prevalence of viewpoints and whether their distribution is associated with demographic characteristics. The use of a single interviewer could be considered a limitation because the interviewer's approach may have systematically influenced participants' responses. However, having all interviews conducted by the same researcher ensured consistency in the administration of the Q-sorting procedure and post-ranking interviews, thereby reducing the potential for variability in data collection arising from differences between interviewers.

5. CONCLUSIONS

This study revealed four distinct viewpoints on what citizens believe matters in the allocation of social care resources in the Netherlands. Despite differences, the viewpoints also reveal common values regarding universal access to social care, the importance of informal caregiving, and a willingness to share financial and caregiving responsibilities between the municipality and the public. Citizens also acknowledge the need for resource-allocation decisions, supporting policymakers in decision-making. Policymakers may further enhance the legitimacy of these decisions by aligning them with public values such as prioritising equal access and support for informal caregivers.

DECLARATION OF GENERATIVE AI AND AI-ASSISTED TECHNOLOGIES IN THE MANUSCRIPT PREPARATION PROCESS

During the preparation of this work, the authors used Microsoft Copilot to improve the writing of the manuscript. After using this tool, the authors reviewed and edited the content as needed and take full responsibility for the content of the published article.

DATA ACCESSIBILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

ADDITIONAL FILE

The additional file for this article can be found as follows:

- **Supplementary File.** Supplementary Materials S1 to S3. DOI: https://doi.org/10.31389/jltc.585.s1

FUNDING INFORMATION

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors. Instead, the research was performed as part of the employment of the authors, by the Erasmus University Rotterdam.

COMPETING INTERESTS

The authors have no competing interests to declare.

AUTHOR AFFILIATIONS

Sanne C. Stikkelbroeck
Erasmus University Rotterdam, Erasmus School of Health Policy & Management, Burgemeester Oudlaan 50, 3062 PA Rotterdam, The Netherlands

Philipa P. M. Mos, LL.M orcid.org/0009-0004-7405-1705
Erasmus University Rotterdam, Erasmus School of Health Policy & Management, Burgemeester Oudlaan 50, 3062 PA Rotterdam, The Netherlands

Vivian T. Reckers-Droog, PhD orcid.org/0000-0001-8722-3431
Erasmus University Rotterdam, Erasmus School of Health Policy & Management, Burgemeester Oudlaan 50, 3062 PA Rotterdam, The Netherlands

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TO CITE THIS ARTICLE:
Stikkelbroeck, S.C., Mos, P.P.M. and Reckers-Droog, V.T. 2026. Examining Citizens' Views on What Matters in the Allocation of Social Care Resources in the Netherlands. *Journal of Long-Term Care*, (2026), pp. 375–386. DOI: https://doi.org/10.31389/jltc.585

Submitted: 04 February 2026 **Accepted:** 12 October 2026 **Published:** 22 October 2026

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