Non-take-up of social support and the implications for social policies

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Mark Reijnders

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Non-take-up of social support and the implications for social policies

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Introduction

CHAPTER 1 - INTRODUCTION

In many welfare states, public authorities face a critical challenge: they must invent and organize a new system of social service delivery while simultaneously addressing severe budget cuts (Van den Berg & Groeneveld, 2017; Kickert & Randma-Liiv, 2015). In response, policymakers attempt to curb social welfare expenditure by urging individuals who are in need of social support to minimize their use of publicly funded services as much as possible and to take on more active responsibility for their personal welfare problems (see, e.g., Linders, 2019; Wright, 2016; Brandsen, Trommel & Verschuere, 2014; Newman & Tonkens, 2011). Policymakers expect these individuals to seek alternative forms of social support services from a wide array of so-called *third sector organizations* (Salamon & Sokolowski, 2016) ranging from human service associations and welfare organizations to citizen platforms, mutuals, cooperatives and social enterprises.

In the eyes of policymakers, these third sector organizations form a crucial part of the social service system, as they are often located in the vicinity of individuals who are in need of help. They are therefore sometimes referred to as “proximity services” (Eme & Laville, 1988). These organizations are generally considered to be capable of delivering tailor-made services (see, e.g., Kelly, 2007) and of reaching hard-to-reach populations (see, e.g., Bach-Mortensen, Lange & Montgomery, 2018). Moreover, a key role in policy strategies geared towards *preventive* social welfare and healthcare is attributed to them (see, e.g., Dickinson *et al*., 2012). The underlying idea is that the services that they develop and offer support welfare clients in their help needs as early as possible, before a situation takes a turn for the worse and clients become dependent on more expensive forms of social and healthcare services. Hence, policymakers emphatically position these third sector organizations at the front line in pursuit of a more efficient and tailor-made social service system.

However, even if sufficient social services are offered by these third sector organizations, it cannot be assumed that all individuals who are in need of support will actually use these services. For example, an elderly woman may suffer from severe rheumatism and feelings of loneliness but refrain from asking for help from a home care organization. A nonprofessional caregiver may run the risk of becoming overburdened but may be unaware of social support services offered by third sector organizations that could alleviate (some of) his responsibilities. A middle-aged man who is going through a divorce and is confronted with various personal problems may find it difficult to ask for help from an organization that offers emotional and administrative support. These are three examples, out of many, of individuals who – albeit under different circumstances and for different reasons – do not ask for social support that is offered by third sector organizations.

Despite its apparent universality, our empirical and theoretical understanding of this phenomenon of *non-take-up of social support* is still severely limited. Although different academic disciplines have unquestionably yielded relevant knowledge on and insights into help-seeking behavior in various contexts, such as help-seeking for professional medical care (e.g., Pescosolido, 2006) and non-take-up of social security benefits (e.g., Van Oorschot, 1995), this research has not been directly related to the phenomenon of non-take-up of social support from third sector organizations. The different disciplines have focused on different aspects of help-seeking behavior and have done so in relative isolation from one another. Furthermore, it is very challenging to contact this "hidden and hard-to-reach population" (Shaghaghi, Bhopal & Sheikh, 2011) of potential welfare clients, which further complicates the ability to gain a better understanding of non-take-up of social support.

1.1. MAIN RESEARCH QUESTION AND OBJECTIVES

This thesis aims to better understand the problems and barriers that potential welfare recipients perceive and/or experience in their daily lives that impede the optimal utilization of social support services offered by third sector organizations. The empirical context of this study is the social service system of the Dutch municipality of The Hague (500,000+ inhabitants), which provides a *key case*, given "its capacity to exemplify the analytical object of the inquiry" (Thomas, 2011: p. 514). The main research question is as follows:

> *Why do potential welfare recipients not take up social support provisions that are offered by third sector organizations, and what are the implications of this phenomenon for the contemporary social policies of the Dutch municipality of The Hague?*

In recent years, 'traditional' welfare arrangements have come under increased pressure due to different interconnected developments, including financial and economic instability, fast-paced technological innovations, the aging of the population, globalization, the heightened expectations of citizens regarding public service delivery and fundamental changes in labor markets (see Fenger, 2018; Taylor-Gooby, Leruth & Chung, 2017; Afonso, 2015; Kickert & Randma-Liiv, 2015; Vis *et al.*, 2011; Lynn, 2006). In response to these pressures, many public authorities have adopted a different approach to social welfare. Instead of maintaining an active welfare state, they gradually evolved towards a so-called *enabling state* (Van der Meer, 2009). This development coincided with a renewed emphasis on *multilevel governance* (Van der Meer, Van den Berg & Dijkstra, 2012). This means that public authorities adopt a more regulatory or facilitating role, and governance responsibilities are shared with or transferred to all sorts of societal actors, including nongovernmental agencies and citizens (Van der Meer *et al.*, 2019). Although the regulatory role remains a key task for public authorities, their role has shifted from that of direct service deliverers to facilitators of social support.

Over time, an increasing number of tasks and responsibilities associated with social service delivery have been shared with and/or transferred to third sector organizations (Evers & Laville, 2004). In fact, these organizations have now become inextricably linked with the social service system. They can be distinguished from archetypical entities in other societal sectors, namely, public bureaucracies in the state sector, for-profit enterprises in the market sector and families in the community sector (Brandsen, Van de Donk & Putters, 2005). Third sector organizations are self-governed; in that sense, they do not 'belong' to the public sector. Furthermore, they differ from market-based organizations, as their goal is not profit maximization and they do not operate under (pure) market conditions. Finally, they are different from community-based entities; as Brandsen, Van de Donk & Putters formulate it:

> "While the difference is gradual (as it is with the other domains), it is important to distinguish between small, primary social units (such as families) and larger, more organized units (such as voluntary groups). The latter may operate on the basis of care and trust, but are not based primarily on close relationships between people who individually love and cherish one another" (2005: p. 753).

Policymakers expect individuals who are in need of social support to organize their own support as a complement to – or sometimes as a substitute for – more expensive forms of help. It is expected that they will actively seek social support from third sector organizations as early as possible so that they can deal with their personal welfare problems before they worsen. However, for a number of reasons, potential welfare clients may refrain from utilizing the services offered by third sector providers. To date, only scant attention has been paid to the range of potential problems and barriers that impede the optimal utilization of social support. This lack of attention is problematic because failure to understand and effectively address non-take-up leaves social needs unattended to. Non-take-up may lead to higher social welfare costs in the long run, as individuals may develop even more serious problems. Finally, non-take-up of social support may even amplify social inequalities among citizens, as some individuals are (more) successful in realizing their social rights by effectively utilizing support, while others are not (*cf.* Brodkin & Majmundar, 2010; Dijkstra, 1997; Van Oorschot, 1995).

The relevance of the present study therefore lies in its ambition to better understand the problems and difficulties that individuals in a hard-to-reach population – namely, eligible welfare clients who do not utilize social services from third sector providers – experience in their daily lives and to critically assess what the phenomenon of non-take-up means for contemporary social policies. This thesis seeks to accomplish the following four objectives: 1) to examine the contents of the contemporary social policies of the municipality of The Hague to see whether (and if so *how*) the phenomenon of non-take-up of social support is taken into account by policymakers; 2) to build a theoretical understanding of non-take-up of social support; 3) to cast light on the personal experiences and perceptions of a hidden and hard-to-reach group of individuals who are eligible for but do not receive social support; and 4) to critically reflect on the implications of these findings for contemporary social policies in The Hague.

In other words, this thesis will assess the 'goodness of fit' between, on the one hand, the contents of contemporary social welfare policies and, on the other hand, the daily reality, perceptions and lived experiences of potential welfare recipients in the municipality of The Hague. Why do eligible individuals refrain from utilizing social support from third sector organizations? What are the implications of this non-take-up for social policies? By answering these questions, this thesis aims to contribute to the broader societal and academic debates on social policies and the governance of social service systems.

1.2. RESEARCH APPROACH

To obtain a better grasp of non-take-up of social support and its implications for social policies, this thesis develops a customized analytical framework that incorporates the entire path from policy design to – ultimately – the lived experiences and perceptions of individuals who are in need of social support. Before such a framework can be constructed, it is necessary to clarify the behavioral assumptions with regard to help-seeking for social support. After all, behavioral assumptions have implications for how one conceptualizes and investigates help-seeking for social support. In the academic literature, many studies (implicitly) adopt a rational actor model, assuming all individuals to be equally self-confident, rational, active and bureaucratically competent. In the help-seeking literature, behavior is often reduced to an isolated, static choice by an individual to seek or not to seek help. In a similar vein, in the literature of non-take-up of social security benefits[1], behavior is reduced to an individual deciding whether or not to claim a benefit based on

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[1] Throughout the text, the terms 'social security benefits', 'welfare benefits', 'public benefits', or simply 'benefits' will be used interchangeably, all referring to public bureaucracies that offer eligible individuals different types of programs, assistance and provisions, such as child support grants, housing benefits, supplementary pensions, healthcare insurance programs, and unemployment and minimum income benefits (see Wang & Van Vliet, 2016; Heinrich, 2015; Van Vliet & Wang, 2015; Brodkin & Majmundar, 2010; Hernan, Hernanz, Malherbet & Pellizzari, 2004; Riphahn, 2001; Van Oorschot, 1998; Blundell, Fry & Walker, 1988; Kerr, 1982a; Kahn, Katz & Gutek, 1976).

strictly utilitarian calculations. However, it will be argued that such a conception is too limited, rendering it unsuitable as a foundation for the analytical framework to further investigate non-take-up of social support. It provides an overly simplistic account of help-seeking for social support that fails to acknowledge and capture the nuances and complexities of this process.

Therefore, this thesis will develop an alternative model with more realistic behavioral assumptions than those of the ‘pure’ rational actor model. This alternative behavioral model is constructed by drawing relevant insights and knowledge from different academic disciplines, including behavioral economics, psychology, law, sociology, political science and (behavioral) public administration. In summary, it posits that help-seeking behavior is *not* guided by objective, clear-cut measures of costs and (expected) benefits but rather is guided by how individuals *subjectively* construe the world (see Moynihan, Herd & Harvey, 2015; Shafir, 2013; Baicker, Congdon & Mullainathan, 2012). Furthermore, without suggesting that individuals are social dupes, the alternative behavioral model recognizes that they are boundedly rational and that help-seeking (cap)abilities are normally distributed among the population (as opposed to being equally distributed, as posited by the rational actor model). Finally, the alternative model moves beyond the rather single-minded focus on the individual of the rational actor model and pays explicit attention to the role and impact of (f)actors from the wider environment.

In line with this alternative behavioral model, non-take-up of social support is conceptualized as a dynamic process that is embedded in a multilayered social service system. Different types of problems and barriers ‘operating’ at different levels of the social service system may inhibit the help-seeking process of potential welfare recipients. The analytical framework consists of four levels that are relevant in this specific help-seeking context: 1) the individual level of the potential welfare recipient, 2) the organizational level of the third sector providers (and their representatives), 3) the social service system level, and 4) the level of social policy design. This multilayered framework provides a useful starting point to investigate the complex phenomenon of non-take-up of social support. Aside from identifying the various levels and actors in relation to non-take-up of social support, this framework also serves as a heuristic device for further theoretical and empirical research. The analytical framework forms the foundation of the research strategy, which comprises three distinct yet interrelated research stages. What follows is a brief outline of each research stage and an explanation of how they fit together and collectively provide an answer to the main research question.

Research stage I: content analysis of contemporary social policies

The first research stage focuses on the level of social policies. More specifically, it entails a qualitative content analysis of the contemporary social policies of the municipality of The Hague. Social policies play a crucial role, as they – directly and indirectly – shape the local social service system in which third sector organizations (must) operate and affect the life chances and socioeconomic position of (potential) welfare recipients (*cf*. Hasenfeld, 2010; Van Oorschot, 1998; Skocpol & Amenta, 1986). The main objective of this research stage is to describe the contents of these social policies and to determine whether the phenomenon of non-take-up of social support is incorporated into them – and if so, *how* it is incorporated. Such an analysis will 'uncover' local policymakers' assumptions, expectations, and ideas about the social service system in general and how third sector organizations, as well as (potential) welfare clients who find themselves within this system, (should) behave. Therefore, the question is *What are the contents of the contemporary social policies of the municipality of The Hague, and (how) is the phenomenon of non-take-up of social support incorporated into these social policies?*

The results of this first research stage provide the necessary groundwork for assessing the 'goodness of fit' between, on the one hand, the contents of contemporary social policies and, on the other hand, the perceptions and lived experiences of individuals who are in need of social support. However, before being able to conduct such an assessment, it is first necessary to gain a better understanding of individual help-seeking behavior and non-take-up of social support. This is the goal of the second research stage.

Research stage II: understanding non-take-up of social support

The second research stage focuses on the problems and barriers perceived and experienced by potential welfare recipients in their daily lives that impede the optimal utilization of the social support offered by third sector organizations. To better understand non-take-up of social support, the lived experiences and perceptions of potential welfare clients (individuals who are eligible for social support from third sector providers but who do not receive that support) will be collected, described and analyzed. However, not all potential welfare recipients are the same. This study makes a distinction between two kinds of potential welfare recipients: the type I individual and type II individual. What differentiates one from the other is the 'position' each occupies within the social service system and the purpose of the social support provisions that are offered to them by third sector organizations.

The type I individual is a person who is in need of social support to sustain or increase his/her self-reliance. Many services offered by third sector organizations are oriented towards that purpose. Think, for example, of administrative support to fill out tax forms, transportation services, companionship and emotional support from a volunteer (a buddy), and home care services to enable the individual to (continue to) live at home. The type II individual is a different potential welfare recipient, namely, a nonprofessional caregiver who provides care and support to someone in his/her personal social network (e.g., a family member, a friend, or a neighbor). Third sector organizations also design and offer social support services that specifically target these caregivers. The purpose of these social services is to build and sustain individuals' caregiving capabilities with the idea of preventing caregivers from becoming overburdened and allowing them to continue performing their caregiving tasks. Hence, these services are intended to avert the so-called *double boomerang effect* (Van Exel, De Graaf & Brouwer, 2008), namely, the situation that when a caregiver becomes overburdened, he/she and the person being cared for both become dependent on care and support.

What the two types of potential welfare clients have in common is that they have unfulfilled need(s) for social support and do not utilize services that are offered by third sector organizations. To better understand the why and how of non-take-up of social support by these potential welfare recipients, type I and type II, the second research stage will be divided into two substages (IIa and IIb), which will be explained in the following section. Particular attention is thereby paid to the methodological challenges that arise when investigating individuals from a "hidden or hard-to-reach population" (Shaghaghi, Bhopal & Sheikh, 2011), in this case individuals who are eligible for social support yet do not receive it.

Research stage IIa: non-take-up of social support by type I individuals

To understand why type I individuals do not ask for the social support offered by third sector organizations, this research stage proceeds in two steps. First, a literature review is conducted to distill the determinants of non-take-up of social support from various academic disciplines, including psychology, epidemiology, sociology, public administration, and law. Second, a qualitative approach is adopted to gain an understanding of the perceptions and lived experiences of potential welfare recipients. The empirical evidence that is found for these determinants will be examined based on interviews with potential welfare recipients in the municipality of The Hague.

Given the challenge of recruiting interviewees from this hard-to-reach population, locations throughout the city where individuals, *perforce*, come to meet (some of) their other help needs were visited. These locations were the emergency room of a local hospital, different locations of the food bank and the offices of social work counselors. To further deepen our understanding of non-take-up and as a means of data triangulation, two focus groups were organized in collaboration with a local foundation in The Hague, *Stichting Kompassie*. This independent foundation uses expert-by-experience volunteers who provide free information and advice to individuals with (often multiple) personal welfare problems.

Research stage IIb: non-take-up of social support by type II individuals

In spite of an estimated 4,000 third sector organizations that offer some form of social support to nonprofessional caregivers (type II individuals), non-take-up of support services also occurs in The Hague. Our understanding of this non-take-up of social support by caregivers is still limited. In particular, there has been insufficient systematic analysis of the role and impact of bureaucratic factors on the help-seeking process of nonprofessional caregivers. Bureaucratic factors are often not recognized as such or are only superficially discussed rather than systematically analyzed. To address this lacuna in our knowledge, the concept of *administrative burdens* from the public administration literature is introduced and applied. This theoretical concept is useful, as it unifies different types of administrative costs that caregivers may encounter in their help-seeking process. Applying this concept allows for a more detailed and systematic scrutiny of administrative burdens in the interaction between third sector organizations and potential recipients of social support services, i.e., nonprofessional caregivers. Thus, the following question arises: *How do administrative burdens impact the help-seeking process of nonprofessional caregivers who are eligible for social support from third sector service providers?*

A qualitative approach is adopted to gain an understanding of the administrative burdens that caregivers perceive and experience in their daily lives. Empirical data are collected from focus groups (semistructured interview format) with caregivers of Dutch (two groups), Surinamese, Turkish, Moroccan, The Netherlands Antilles and Aruba, and Chinese sociocultural backgrounds. However, caregivers who are eligible for yet do not utilize social support services, especially those with non-Dutch backgrounds, constitute a hard-to-reach population. Hence, to find and recruit participants for the focus groups, a collaboration was established with social work experts from *PEP Den Haag*, a local foundation with access to nonprofessional caregivers of different sociocultural backgrounds.

Research stage III: policy implications

This third and final research stage will connect the findings from the two previous stages. The meaning for contemporary social welfare policies (analyzed in research stage I) of potential welfare recipients not taking up social support services (research stages IIa and IIb) is discussed. The following research question is posed: *What are the implications for contemporary social policies that emanate from the study of the phenomenon of non-take-up of social support in the municipality of The Hague?* Basically, The Hague's social policies ('policy on paper') will be confronted with the problems and obstacles that potential welfare clients experience in their daily lives that inhibit them from effectively utilizing social support from third sector providers. In answering this question, a constructive approach is adopted to determine what can be learned from this study of non-take-up of social support. The discussion will concentrate on those policy elements that could (potentially) benefit the most from the knowledge acquired in this study.

Summary

The various stages of the research strategy can be summarized as follows: the first stage examines the contents of the contemporary social policies of the municipality of The Hague. What are the assumptions, expectations, and ideas of local policymakers in relation to the (governance of the) local social service system? How do policymakers envision and define the roles and responsibilities of third sector organizations that are active in this local social service system? What do they expect of (potential) welfare clients who find themselves within this system? The second research stage sheds more light on the phenomenon of non-take-up of social support. What are the problems and barriers that potential welfare clients experience in seeking social support?

Adopting a qualitative approach, the second research stage provides an in-depth analysis of the lived experiences and personal perceptions of potential welfare recipients – individuals who are eligible for social support but who do not utilize it – in The Hague. This study thereby distinguishes between type I individual and type II individual, who both occupy a specific position within the social domain. The third and final research stage critically, but constructively discusses the implications of the findings on non-take-up of social support for the contemporary social policies of The Hague. Taken together, the results of the three research stages provide the ingredients to answer the main research question. Figure 1.1 provides a schematic summary of the overarching research strategy.

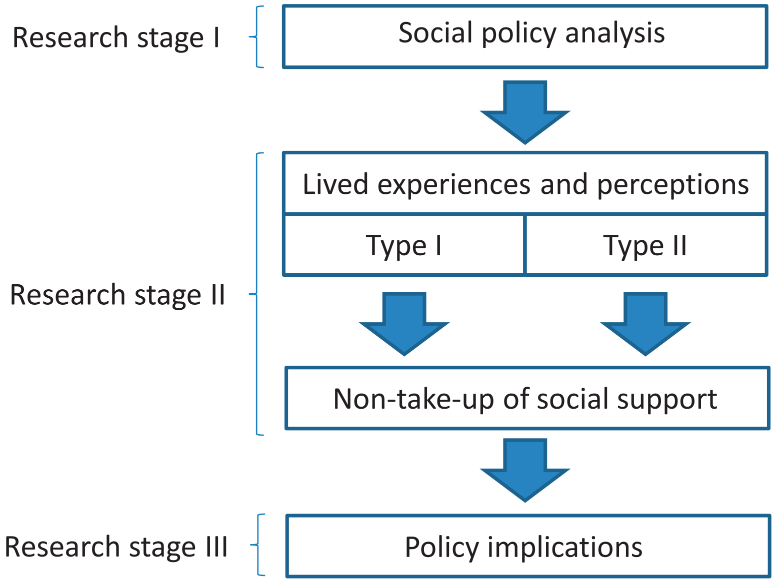

FIGURE 1.1: Visualizing the overarching research strategy – a three-stage approach

This concludes the introductory part on the research topic, objectives, research questions, and the overarching research strategy. The remainder of this introduction elaborates on the relevance of this study for both academics and practitioners, clarifies what this study will *not* deliver, and provides a reader's guide for the rest of the thesis.

1.3. RELEVANCE FOR ACADEMICS AND PRACTITIONERS

This study takes an important step in understanding how and why potential welfare recipients refrain from asking for help from social service providers in the third sector and what this means for contemporary social policies. Hopefully, this study will appeal to both academics and practitioners who work in and around the world of social service delivery. For the former audience, this study seeks to make a twofold contribution. First, by drawing relevant knowledge and insights from different, coexisting academic disciplines, this study moves towards an integrative approach to understanding the phenomenon of non-take-up of social support. Such an approach makes it possible to unveil, compare and critically evaluate the (implicit) behavioral assumptions that are made in the literature on help-seeking behavior and non-take-up of welfare benefits. It also allows the identification of commonalities between different academic disciplines, for instance, between epidemiological and public administration research. Different disciplines address similar types of external obstacles in the help-seeking process, but in their own specific ways and using their own vocabularies. Therefore, this study aims to bring different – and until now largely separated – literatures closer together and thereby makes an important contribution to the academic debate.

Second, this study enriches the academic debate both empirically and theoretically by delivering in-depth empirical insights into the lived experiences and perceptions of a hard-to-reach population. Many studies on help-seeking for social services do not investigate this ‘invisible’ population at all (see, e.g., Pommer *et al.*, 2018). Furthermore, help-seeking is described mostly in terms of *realized* access, while the preceding process of navigating the social service system to find help – and the potential problems and hurdles an individual may encounter along the way – is largely neglected. Therefore, by reaching hard-to-reach individuals to document and understand their reasons for not asking for social support, this thesis contributes to a more complete understanding of help-seeking for social support. However, it does not claim to provide an exhaustive account of non-take-up of social support.

Rather, the aim is to develop directions for further theoretical refinement and empirical investigation of this issue. Since no analytical framework, let alone a theory of non-take-up of social support, exists yet, this thesis takes the first steps along the path that will eventually lead to a full-fledged theory. It simply takes time to develop a theory, as it does not appear overnight. Adopting a phased approach to theory development (see Snellen & Van de Donk, 1998), this thesis will first identify and define the relevant concepts in order to develop a ‘conceptual lens’ (*cf.* Allison, 1971) with which the phenomenon of non-take-up can be observed and interpreted. It then moves to the phase in which empirical data about non-take-up will be systematically collected and analyzed. Finally, based on these empirical findings, the concluding chapter of this thesis will formulate a set of hypotheses that can be subjected to further empirical testing. These steps form the groundwork for what will - or should - eventually become a “mature theory” (Snellen & Van de Donk, 1998) of non-take-up of social support.[2]

What practitioners can expect of this study is a more fundamental understanding of the ubiquitous yet opaque phenomenon of non-take-up of social support. As Wright rightly argues:

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[2] Snellen & Van de Donk (1998) make a useful distinction among the various phases of theory development and use specific terms for each phase. The first phase is the formulation of a so-called minitheory, followed by developing a prototheory, embryonic theory and, ultimately, a (more or less) mature theory. In other words, with every phase, one moves from minimum to maximum theory on the scale of theory development. More on these phases and how they are translated to this thesis follows in §3.4.

> "it is crucially important that policy makers begin to engage with evidence verified by authentic accounts of lived experiences; of the meanings and impacts of a range of welfare conditionality measures; the complexities of motivation; and the relationships between intentions, actions and outcomes" (2016: p. 250).

This study casts light on the problems and obstacles that individuals in need of help face or experience in their daily lives that inhibit them from asking for social support. This population remains largely outside the range of policymakers and practitioners – often to their frustration. Reaching those difficult-to-reach individuals and documenting their "lived experiences" (Wright, 2016) and to better understand their reasons for not asking for social support is expected to yield vital knowledge that will help further improve the system of social service delivery. Therefore, practitioners may find this study useful.[3]

1.4. WHAT THIS THESIS WILL *NOT* DELIVER

At the outset, it is also helpful to clarify what audiences should *not* expect from this thesis. This study will *not* provide answers to questions such as 'How many eligible individuals are (un)successful in asking for social support?', 'What is the correlation between socio-economic status and non-take-up of social support?', 'What is the extent of non-take-up of social support from third sector providers?', 'What is the total supply and demand for social support services?', and 'What is the effect of non-take-up of social support on individual well-being?' Answering such questions would require quantitative research and large-N datasets. However, there are four major obstacles to conducting such quantitative research, namely, sampling problems, data unavailability, data collection challenges and insufficient preexisting knowledge.

First, the size of the total population of individuals with (multiple) latent social support needs is unknown, and there are no registers available from which a representative sample may be drawn. Moreover, there is scant preexisting knowledge on the specific topic of non-take-up of social support, further complicating the use of quantitative techniques such as questionnaires. Even if one manages to develop a decent survey, there is the major challenge of recruiting (sufficient) respondents, as one is dealing with a hard-to-reach population. Therefore, this thesis will apply qualitative methods to learn more about non-take-up of social support and its implications for social policies. While this does not address all of the aforementioned methodological issues (and also raises other method-

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[3] While of course bearing in mind that "usefulness is not always self-evident" (Gerring, 2012: p. 397), as it depends on – among other things – one's professional position, personal preferences, and the type of knowledge one is seeking (utility function).

ological challenges)[4], qualitative methods are more feasible than quantitative methods given the current state of this particular field of research (*cf*. Groeneveld *et al*., 2015).

In addition, this study will not investigate the effects of non-take-up of social support on individual well-being. Although scholars generally seem to agree that social support (if received) produces net positive effects, the present study will not explicitly investigate the consequences of (partial) non-take-up on individual well-being. This does not mean that the issue is completely ignored but rather that the main focus will be on the determinants of non-take-up of social support. Finally, while this study will adopt a multilevel approach, it will not include the subpersonal level of "genes and proteins" (Pescosolido, in: Pescosolido *et al*., 2011: p. 59) or of the organ systems and cellular and molecular levels of analysis (see Anderson, 1998). By implication, this excludes the academic disciplines of (medical) biology and the relatively young discipline of neuroscience, which concentrate on those other, finer levels of analysis. Nor will this study psychosomatically measure the cognitive capabilities of individuals, levels of stress and their impact on behavior, and the like, as studies in related domains have done (see, e.g., WRR, 2017; WRR, 2014; Tiemeijer, Thomas & Prast, 2009). Instead, the focus will be on the individual-psychological, organizational, systemic, and policy levels – as will be elaborated upon in subsequent chapters.

1.5. READER'S GUIDE: STRUCTURE AND CONTENTS OF THIS STUDY

The next chapter (chapter 2) will extensively review the existing literature on help-seeking and on the non-take-up of social security benefits. It provides a critical evaluation of the way help-seeking has been conceptualized in those two bodies of literature. This critical review will yield highly useful insights that are necessary to construct a tailor-made analytical framework of non-take-up of social support, which will be the topic of chapter 3. From social policy design to the daily reality of potential welfare recipients, this analytical framework encompasses all the relevant elements necessary to further investigate the phenomenon of non-take-up of social support. In that chapter, special attention will be paid to conceptualizing the 'third sector' and 'third sector organizations' and the types of social services that they offer. Chapter 4 contains a more detailed discussion of the overarching three-stage research strategy and provides the necessary background information for the broader empirical context of this study (the social service system of the Dutch municipality of The Hague).

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[4] How these methodological issues are dealt with will be discussed more elaborately in subsequent chapters, particularly in chapters 4, 6 and 7.

Chapter 5 – which constitutes the first research stage – will focus on the contents of the contemporary social policies of The Hague. Then, turning to the second research stage, chapters 6 and 7 will document and analyze the lived experiences and perceptions in relation to non-take-up of social support services of type I and type II individuals. Subsequently, after examining the contents of contemporary social policies (research stage I) and gaining a better understanding of the (perceived) problems and barriers in help-seeking for social support (research stages IIa & IIb), it will be possible to discuss the implications of non-take-up for social policies in The Hague. This will be addressed in chapter 8, which constitutes the third research stage. The final chapter (9) will recapitulate the key findings of this study and answer the main research question. After a reflection on the added value as well as the shortcomings of this study, the thesis will conclude with a discussion of its implications for academic research, for (policy) practice and for normative debates about social policies and non-take-up of social support.

Chapter 2

Literature review: Evaluating conceptualizations of help-seeking behavior

CHAPTER 2 - LITERATURE REVIEW: EVALUATING CONCEPTUALIZATIONS OF HELP-SEEKING BEHAVIOR

This chapter takes stock of the help-seeking literature and the literature on non-take-up of social security benefits. This combined literature review provides the necessary groundwork to develop a tailor-made analytical framework to further explore the phenomenon of non-take-up of social support – which will be the topic of the next chapter. The outline of the present chapter is as follows: first, the various behavioral assumptions of help-seeking behavior that are being made within the two bodies of literature will be assessed (§2.1 and §2.2). If scholars formulate behavioral assumptions of help-seeking at all (given that it is often omitted or discussed only superficially), these assumptions are mostly derived directly from, or can be related to the rational actor model.

However, as will be argued, this rational actor model is both unrealistic and too restrictive and is therefore ill-suited for research into non-take-up of social support. In this chapter, an alternative to the rational actor model will be developed that better fits the specific context of help-seeking for social support from third sector organizations (§2.3). Subsequently, this chapter will provide an overview and critical evaluation of how (non-)help-seeking has been conceptualized in the literature on help-seeking and on non-take-up of public benefits (§2.4 -§2.6). Figure 2.1 visualizes the overall structure of the literature review in this chapter.

Within the former body of literature, three categories of models can be identified, namely: 1) traditional utilization models, 2) stage models, and 3) social interaction models. Within the non-take-up literature, the following three categories can be discerned: 1) threshold/trade-off models, 2) econometric models, and 3) multilevel system models.

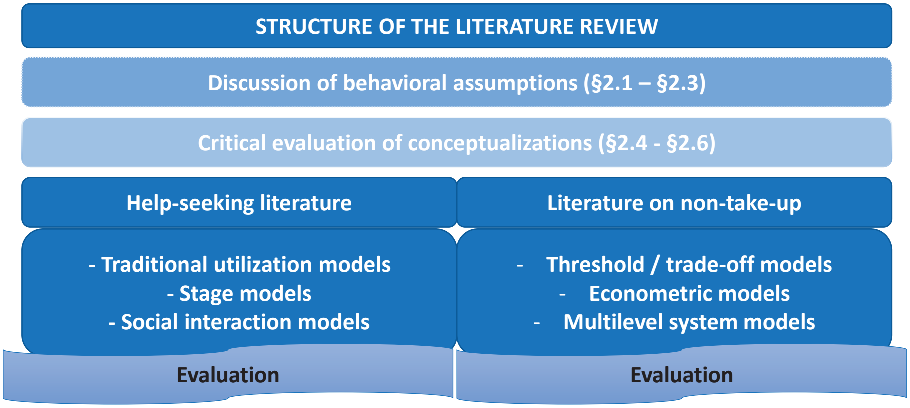

FIGURE 2.1: The overall structure of the literature review

Until now, these two bodies of literature have not been reviewed in conjunction, even though they share some important research foci and many of their debates evolve around similar issues. The combined review of these two bodies of literature will lead to an assessment of whether and how the various models and concepts can contribute to an improved theoretical understanding of non-take-up of social support. Basically, this chapter will answer the following question: What can be learned from these two bodies of literature that may further the theoretical understanding of the underexplored phenomenon of non-take-up of social support?

2.1. ASSUMPTIONS OF HELP-SEEKING BEHAVIOR

Despite the ubiquity of models and theories of help-seeking behavior and of non-take-up of public benefits, a discussion of the underlying behavioral assumptions is often omitted or remains largely implicit. However, it is of crucial importance that researchers explicitly state and consider those assumptions (see also Frederickson *et al.*, 2012; Yang & Miller, 2008; Dahl, 1947). Proper discussion of what behavioral assumptions are made, why they are made and what their implications are facilitates academic debate. Moreover, behavioral assumptions have implications for how one subsequently conceptualizes and investigates help-seeking for social support. And this, in turn, guides one's perception of reality and shapes one's conclusions. Therefore, this section examines the assumptions that are made in relation to help-seeking behavior.

Arguably, the dominant way of thinking about human help-seeking behavior in the academic literature is founded on the assumptions of the *rational actor model*. This model considers the individual to be a rational, utility-maximizing actor, or *Homo economicus* (see, e.g., McMahon, 2014; Mueller, 2003; Simon, 1955). Its underpinnings are neoclassical economic ideas and concepts (Becker, 1976). While there is more than one version of the rational actor model (see Cook & Levi, 1990), some common characteristics can be distilled from the literature. McMahon aptly describes its core features:

> "The basic economic unit of these models, homo economicus, is an atomistic individual who has stable, coherent and well-defined preferences rooted in self-interest and utility maximization that are revealed through their choices. Furthermore, this actor is assumed to rationally maximize these preferences; that is, given a set of available options, he accurately reflects on the costs and benefits of various strategies and choices, pursuing the correct path to maximize his preferences and the expected value of utility. Finally, the model assumes that in situations of uncertainty, this individual has well-formed beliefs about how the situation will resolve and updates their beliefs as new information becomes available" (2014: p. 5).

The rational actor model has been widely discussed and applied in organizational studies, law, sociology, anthropology, economics, political science and public administration (see Shafir, 2013; Pellikaan & Van der Veen, 2004; Browning, Halcli & Webster, 2000; Allison & Zelikow, 1999; Green & Shapiro, 1996; Denzin, 1990; Cook & Levi, 1990). Famous contributions pertain to the behavior of political parties and candidates in democratic systems (Schumpeter, 1942), voting and coalition formation (Downs, 1957), budget maximization by bureaucrats (Niskanen, 1971), problems of collective action (Olson, 1965), ethnic minority relations (Hechter, 1987), and marriage and family relations (Becker, 1993; 1974).

Many scholars consider the assumptions of the rational actor model "powerful, focused, elegantly simple tools of analysis" (Box, 1999: p. 36). It is therefore not surprising that this model can also be traced in the literature on help-seeking behavior and (non-)take-up of social security benefits. Examples of the former can be found in studies of help-seeking for professional medical healthcare services and mental health services (e.g., Andersen, 1968; 1995). In fact, many of the influential – even dominant – models of help-seeking (implicitly) view individuals as rational decisionmakers who behave according to the logic of the rational actor model (see Munson *et al.*, 2012; Pescosolido, Gardner & Lubell, 1998), which will be illustrated in more detail later in this chapter.

That the rational actor model is pervasive in studies of (non-)take-up of social security benefits as well is illustrated by a quotation from Chareyron & Domingues, who observe that "normally, take-up studies assume rationality in the usual economic sense: that people behave as utility maximizers in the choice to take-up or not" (2018: p. 2). Van Oorschot (1996) makes a similar observation, noting that studies investigating claiming behavior of public benefits generally assume all clients to be equally self-confident, rational, active and bureaucratically competent – an assumption that is often also held by policymakers.[5] Many such studies (tacitly) assume that an individual decides to claim or not to claim a certain benefit based on strictly utilitarian calculations. As Van Oorschot notes, eligible individuals are assumed to seek to maximize profit and are thought not to "deliberately renounce a financial gain" (1998: p. 102). If individuals do not take up welfare benefits, it is believed that they "do not *want* the benefit, either as a result of calculation (they do not think the benefit is worth the effort), or on principle (they do not want to depend on what they believe is 'charity')" (italics original, Van Oorschot, 1998: p. 102). Either way, even though claimants are entitled to certain benefits, it is believed that they do not really

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[5] As this is overlooked by some, it must be stated very clearly here that Van Oorschot is one of the notable exceptions in this field of research, as he does *not* adopt the behavioral assumptions of the rational actor model (see Van Oorschot, 1998).

need those benefits when they do not utilize them. Non-take-up is a conscious decision made on the basis of a calculation of objective costs and benefits. This line of reasoning stems directly from the rational actor model. And, in that sense, it is also illustrative of how one's assumptions predetermine one's interpretation of a certain social phenomenon.

2.2. CRITICIZING THE RATIONAL ACTOR MODEL

As will be argued in this section, the behavioral assumptions of the 'pure' rational actor model are far too restrictive and limited, rendering it inadequate to understand all aspects of the phenomenon of non-take-up of social support. It is therefore necessary to develop an alternative behavioral model with more realistic assumptions than those of the 'pure' rational actor model. This alternative behavioral model will be based on a second stream of thought in the academic literature, which is critical of the rational actor model. Admittedly, this stream of thought is less coherent, less developed and (perhaps because of that) less pronounced in the literatureon help-seeking and non-take-up of social benefits. Nonetheless, many scholars have raised serious objections and credible counterarguments to the assumptions of the rational actor model over recent decades.

On the basis of relevant insights and criticisms from different academic disciplines, including behavioral economics, law, psychology, philosophy, epidemiology, sociology, political science and (behavioral) public administration, the following ten core features of the 'pure' rational actor model can – and should – be criticized and will be replaced by a different set of more realistic assumptions.

1) Rationality. One of the most forceful criticisms of the rational actor model targets the assumption of the complete knowledge and infinite information-processing capabilities of individuals (see, e.g., Gintis, 2009; Ellickson, 1989). As critics from numerous disciplines have extensively and convincingly argued, perfect rationality does not exist. Individuals are rationally bound in several important ways. There are cognitive limitations, because not all possible alternatives can be mapped and processed. And there is an obvious time constraint: even if it were possible to map all alternatives, in practice, one would fall short of time to do so, as one can not freeze time. As one of the most renowned critics, Simon (1955; 1945), writing on administrative behavior, refutes the notion of perfect rationality. He states that "administrators satisfice rather than maximize, they can choose without first examining all possible behavior alternatives and without ascertaining that these are in fact all the alternatives" (1997 [orig. 1945]: p. 119).

In a similar vein, in developing his transaction cost theory to explain the behavior of actors in the economic domain, Williamson (1985) rejects the notion of full rationality and emphasizes the limitations of human cognitive abilities. These rational restraints must also be taken into account when investigating help-seeking behavior. Contemporary research in behavioral economics and behavioral public administration indeed demonstrates that there are important differences among individuals in cognitive, mental and behavioral capacities (see, e.g., WRR, 2017; Van Mechelen & Janssens, 2017; Grimmelikhuijsen *et al.*, 2017; Wright, 2016). There is no equal distribution but rather a *normal* distribution of help-seeking (cap)abilities among the total population. It would therefore plainly be wrong to assume *similarities* of individual (cap)abilities – as the pure rational actor model does. Instead, it is necessary to acknowledge and take into account *differences* in cognitive (cap)abilities between individuals.

2) Bureaucratic competences. Closely related to discussions about rational/cognitive (cap)abilities is the aspect of bureaucratic competences. In the context of the present study, bureaucratic competences refer to the knowledge of (potential) welfare clients about the structuration and processes of the social welfare system and the abilities they require to cope with its complexities (see also Gordon, 1975; Filet, 1974). As with cognitive abilities, the rational actor model assumes that bureaucratic competences are *equally* distributed among the population. However, as pointed out by a wide range of scholars, in reality, many people struggle to make sense of and effectively navigate the fragmented and complex system of welfare state arrangements. (see Moynihan, Herd & Harvey, 2015; Dijkstra, 1991; Scheepers, 1991; Schuyt, 1976). The assumption of a *normal* distribution of bureaucratic competences among the population of (potential) welfare clients is therefore recommended.

3) Willpower. Another contested feature of the rational actor model is the assumption of unbounded willpower. Ellickson describes this assumption as follows: "The rational-actor model implicitly assumes that a person can unfailingly execute decisions made about his own future conduct. In reality, many individuals worry about their will power" (1989: p. 43). In other words, the rational actor model assumes that if an individual possesses information, he or she will act based on that information. The rational actor model does not allow for the possibility of a 'gap' between knowing and doing. Mathis & Steffen formulate it as follows:

> "Most economists see behaviour as a simple decision-making process in which a choice is made between different alternatives. Implementing the decision is either completely disregarded, or it is assumed to run smoothly. In actual fact, however, people normally have to motivate themselves in order to achieve a desired form of behaviour. There might be conflicts between two or more opposing motives and people may be tempted to seek short-term gains at the cost of long-term goals" (2015: p. 38).

4) Basis for action. A fourth core characteristic of the 'pure' rational actor model is that individuals act on the basis of a calculation of objective costs and benefits to maximize the expected utility of the outcomes (see Whitford, 2002). In the context of help-seeking for social support, such a view is unrealistic for at least three reasons. First, it can be difficult for individuals to calculate the exact costs and benefits, as shown, for example, by research on health insurance coverage (Baicker, Congdon & Mullainathan, 2012). Second, a one-sided focus on objective costs harbors the risk of downplaying, or even dismissing, the role of psychological factors in decision-making processes. In the context of help-seeking, behavior is *not* guided by clear-cut measures of costs and benefits but depends on the way individuals subjectively construe the world (*cf.* Moynihan, Herd & Harvey, 2015; Shafir, 2013; Baicker, Congdon & Mullainathan, 2012; WRR, 2009). The classic Thomas theorem seems to apply here: "If men define situations as real, they are real in their consequences" (Thomas & Thomas, 1928: p. 572; see also Merton, 1995).

This means that the issue of whether it is possible to objectively weigh all possible alternatives before taking action (see previous points) becomes irrelevant. Finally, the rational actor model assumes that all individuals would react similarly when placed in a similar situation, facing similar 'objective' costs and benefits. In reality, some individuals would overreact, while others may not do anything at all, even if all other conditions remain the same. It is an individual's subjective interpretation of a given situation that forms the basis for action. And due to that subjectivity, the type of response and behavior in a specific situation is likely to vary from person to person. In other words, *ceteris paribus*, due to different types of personalities and past experiences, *variation* in individual help-seeking behavior is more likely than *similarity* to occur. This conclusion is in contrast to the rational actor model, which assumes similarity in help-seeking behavior.

5) Decision-making rationale. As a critic of the rational actor model, Camic notes "that action always takes the form of a reflective weighing" (1986: p. 1075). However, Camic continues, this is a too-narrow view of decision-making: "Its consequences are not something one is at all prompted to investigate, or even to notice, when one assumes that action always takes the form of a reflective weighing, by various normative standards, of means to ends" (1986: p. 1075). This criticism is reiterated by Pescosolido (1992), who argues that the rational actor model glosses over the possibility that individuals (may) also act on the basis of habit or cultural routines. She does not intend this to be a fundamental criticism implying that the rational actor model fails to explain *any* behavior – rather, she means that the model is not useful in the context of help-seeking behavior. By excluding the possibility of habit or cultural routines playing any role, potentially important aspects of help-seeking behavior are, *a priori*, excluded from further analysis.

6) Individual preferences. In the rational actor model, preferences are considered a given, and no attention is paid to the issue of preference formation (see Gibson & Weisner, 2002). The majority of rational models share the fundamental principle that individuals are rational when they comply with a transitive and complete ordering of their preferences (Regenwetter, Dana & Davis-Stober, 2011). The actual content of individual preferences is irrelevant; they are considered 'empty shells'. As Gibson & Weisner state, the model "postulates rational behavior as a utility-maximizing function. It does not specify what utility looks like for any given agent, nor does it specify the particular means used to bring about that utility" (2002: p. 156). The roles of feelings and emotions in preference formation are thereby ignored, as they are considered to be "irrational choices or socially conditioned responses" (Denzin 1990: p. 174). However, as many researchers in social psychology have demonstrated different types of feelings and emotions – which are often ambivalent or even conflicting – play an important role in the decision to seek help (see Nadler, 2015; Gulliver, Griffiths & Christensen, 2010; Rickwood & Braithwaite, 1994; DePaulo & Fisher, 1980; Brown, 1978; Mechanic, 1975; Kasl & Cobb, 1966). In regard to help-seeking behavior, it is crucial to incorporate the role and impact of such psychological factors.

7) View of the individual. Related to the foregoing feature, the rational actor model considers the individual a unitary actor who is not (potentially) bothered by any internal paradox, any personal contradiction, or the coexistence of contradictory elements (Hoggett, 2001; Deacon & Mann, 1999; Petersen & Lupton, 1996). The assumption that individual attitudes and beliefs are always rational, stable and consistent is simply not valid (Wilkinson, Joffe & Yardley, in: Marks and Yardley, 2004: p. 42). Wilkinson, Joffe & Yardle note, "Thinking is not consistent, but people have a tendency to make it appear to be so in order to be persuasive. Contradictory views co-exist and must be accepted as such" (in: Marks & Yardley, 2004: p. 42). This, in this regard, the rational actor model is too simplistic and does not allow for a more nuanced – and more realistic – image of help-seeking behavior.

8) Expected behavior. The rational actor model is a formal model that formulates clear expectations of how individuals should behave if they are to behave rationally (see, e.g., Scott, in: Browning, Halcli & Webster, 2000; Arrow, 1963). All behavior that is *not* congruent with the strict logic of the model is deemed irrational. In reality, however, individuals often deviate (significantly) from what is considered to be rational behavior, as research in behavioral economics shows (Kahneman, 2011; Kahneman & Tversky, 2000; 1979; 1973). As Corrigan *et al.* put it:

> "Research by Kahneman and Tversky (1979) on cognitive heuristics shows decisions and corresponding behaviors often rest on 'approximate' rules of thumb rather than strict logic. The availability heuristic – the notion that 'truth' reflects the simple exposure to a phenomenon (Tversky & Kahneman, 1973) – offers a compelling example: a person believes cigarette smoking is not health-threatening because 'my father smoked two packs a day for 50 years.' Although these models have not been as widely applied to health decisions (and even less so to questions of adherence), they are an important and growing research paradigm" (2014: p. 5-6).

9) Range of behaviors. The 'pure' rational actor model reduces help-seeking to a binary choice: to either undertake action or not do anything at all, to seek or not to seek help, to take up or not to take up a benefit. Such a binary representation ignores two crucial and common aspects of help-seeking. First, it does not account for *temporary* non-take-up of services (*cf.* Van Oorschot, 1998). The assumption of the rational actor model is that when an individual has a certain help need, he/she will seek to fulfill this need immediately. Any delaying behavior of the individual would be considered irrational, as it would directly violate the utility function. Second, it seems to exclude the possibility of *partial* (non-)take-up of services (*cf.* Van Oorschot, 1998). It rules out the possibility that some individuals fulfill *some* of their help needs at a given point in time but do not seek help for *other* help needs. Any investigation of non-take-up of social support therefore needs to take into account a broader spectrum of potential behaviors, including delayed and partial help-seeking.

10) Conception of responsibility. Finally, from a normative perspective, the rational actor model is criticized for having a too-narrow conception of responsibility in its emphasis on the personal responsibility of the individual who is in need of help. According to this reasoning, it is entirely up to the individual to take action and to seek help. However, some have convincingly argued that responsibility – at least partly – also resides in other, external actors. As Van Oorschot (1998: 115-116) wonders in his study of non-take-up of social security benefits:

> "Who is responsible for the non-take-up resulting from lack of sufficient knowledge by eligible people? Is it the clients, as is commonly assumed, or the administration, for not being active enough in distributing information and giving advice, or the policy-makers, for designing a large number of complex, vague and therefore incomprehensible rules and guidelines?"

Van Oorschot warns that if only the individual is held responsible (as in the rational actor model), this concept may quickly devolve into a form of blaming the victim. Some even argue that there already is a so-called *victim-blaming ideology* (Petersen & Lupton, 1996; Crawford, 1977). Basically, this ideology propagates the concept that the responsibility for good health resides solely in the individual. No attention is paid to the role or responsibility of other actors in the broader environment. When an individual falls ill, it is therefore the result of his/her own bad choices. This line of reasoning separates the individual from his/her environment or, as Crawford states, "promotes a concept of wise living which views the individual as essentially independent of his or her surroundings, unconstrained by social events and processes" (1977: p. 677).

Such a conception of responsibility is untenable because it is impossible to isolate the individual help-seeking process from influences that stem from the broader environment. Help-seeking is embedded in and affected by a multilayered social service system whereby various external actors have an impact on the help-seeking process (and thus also carry at least some responsibility). Perhaps if one accepted that all individuals are sufficiently self-confident, rational, active and competent, it would "be justifiable to allot the main responsibility for the actual realization of their rights to the clients themselves" (Van Oorschot, 1998: p. 126). Since help-seeking (cap)abilities are not equally distributed but rather are normally distributed over the population, such a one-sided view of individual responsibility must be rejected.

2.3. FORMULATING AN ALTERNATIVE BEHAVIORAL MODEL

Based on the critical discussion in the foregoing section, it must be concluded that the assumptions of the rational actor model need to be replaced by other, more realistic behavioral assumptions. By and large, the assumptions of the rational actor model are too limited and unproductive and therefore are inapplicable to investigating help-seeking behavior in the social domain. Importantly, what this critical discussion of the rational actor model also illuminates is that behavioral assumptions do not have an isolated status. They have real consequences for further scrutiny of the phenomenon of non-take-up of social support. If one adopts the rational actor model, crucial aspects of help-seeking for social support are neglected. Although many praise the rational actor model for its ability to reduce complexity (see, e.g., Homann & Suchanek, 2000; Friedman, 1953), it is, in fact, *too* reductionist. It leads to overly simplistic accounts that fail to capture the complexities of (non-)help-seeking for social support. Table 2.1 summarizes the critical discussion and contrasts the assumptions of the rational actor model with the alternative, more realistic model of help-seeking behavior.

Key features	Rational actor model	Realistic behavioral model
1. Rationality	Unlimited rationality; (cap)abilities are equally distributed over the population	Bounded rationality; (cap)abilities are normally distributed over the population
2. Bureaucratic competences	Equally distributed over the population	Normally distributed over the population
3. Willpower	Direct link between knowing and acting	Sufficient willpower is not self-evident. Enough motivation must be mustered to achieve a desired form of behavior
4. Basis for action	Objective calculation of costs and benefits	Subjective construal of reality, lived experiences and perceptions
5. Decision-making rationale	Reflective weighing (cognitive process)	Cognitive processes, habits, and cultural routines
6. Individual preferences	Given	Explicit attention to preference formation
7. View of the individual	Unitary actor	A continuum, ranging from unitary to contradictory actor
8. Expected behavior	Formal logic	Heuristics
9. Range of behaviors	Binary choice	Wider spectrum of potential behaviors
10. Conception of responsibility	Individual responsibility for social welfare	Personal and collective responsibility for social welfare

TABLE 2.1: Key behavioral assumptions of help-seeking – two different models

Establishing the key behavioral assumptions of help-seeking is an important first step, as it provides a foundation for the analytical framework of non-take-up of social support – which will be developed in the next chapter. But first, this chapter will provide an overview and critical evaluation of the various conceptualizations of help-seeking behavior in the literature on help-seeking behavior and non-take-up of public benefits.

2.4. REVIEWING TWO BODIES OF LITERATURE: CONCEPTUALIZATIONS OF HELP-SEEKING

Help-seeking has been conceptualized in many different ways, serving many different research purposes. It may be safely stated that there is no universally accepted conceptualization that can serve as a basis for analysis. Frankly, any effort to synthesize or unify the wide variety of models and theories on help-seeking would be a hopeless enterprise (not least because of their mutually exclusive behavioral assumptions), so a different approach is adopted here. In the remainder of this chapter, we will take stock of the relevant academic literature and provide an overview and critical evaluation of different conceptualizations from the help-seeking literature and the literature on non-take-up of welfare benefits. Within the former body of literature, three categories of models can be identified: 1) traditional utilization models, 2) stage models, and 3) social interaction models. Within the non-take-up literature, the following three categories can be discerned: 1) threshold/trade-off models, 2) econometric models, and 3) multilevel system models.

To some extent, these categories coincide with the historical development of the various models; for instance, traditional utilization models were developed earlier than stage models, and threshold/trade-off models preceded multilevel system models. However, it must be noted that all the models are – in some shape or form – still used in contemporary research. Casting them as models from different historical generations, which implies that the models of later generations have surpassed and supplanted earlier models, is unwarranted, as that is simply not the case. There have been no real "paradigm shifts" (Kuhn, 1970) in this respect. For this reason, it is useful to discuss each category in its own right in more detail to clarify the many different ways in which help-seeking behavior has been conceptualized.

This discussion will elucidate the various ways in which different aspects of help-seeking have been emphasized in different theories and models as well as the underlying behavioral assumptions. Such a discussion will also facilitate the critical evaluation of the various conceptualizations, which, in turn, provides the necessary groundwork for a tailor-made framework of non-take-up of social support. To be clear from the outset, it is not claimed that this is a definitive account of or final solution for the complicated debate on how to conceptualize help-seeking behavior. The main objective here is merely to lay a conceptual foundation to further scrutinize the phenomenon of non-take-up of social support.

2.5. EVALUATING CONCEPTUALIZATIONS FROM THE LITERATURE ON HELP-SEEKING

Traditional utilization models, stage models, and social interaction models have all made interesting contributions to the body of knowledge regarding help-seeking behavior – whether on the basis of creating different theoretical concepts, highlighting different features of help-seeking behavior, or applying different research methodologies. Below, each category of models will be discussed as follows: first, the specific conceptualizations of help-seeking within each particular category of models, as well as their main contributions to the academic debate about help-seeking behavior and the criticism(s) they received, will be described. Thereafter, each category will be evaluated as a whole, and whether (and if so how and to what extent) the concepts and models from that category could, in any way, cater to the research objectives of this thesis will be assessed. Finally, after all the relevant models have been considered, an overall evaluation of the entire body of literature on help-seeking behavior will be provided. Figure 2.2 visualizes the structure of the evaluation of these models.

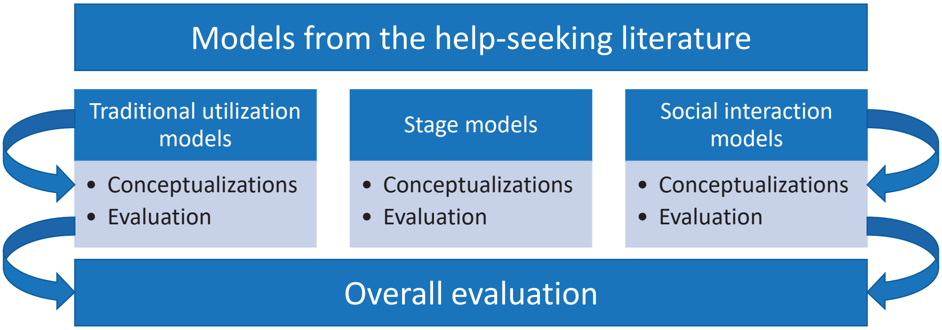

FIGURE 2.2: Structuring the evaluation of models from the help-seeking literature

Traditional utilization models/theories

The literature on help-seeking has long been dominated – and arguably is still dominated – by three traditional utilization models/theories, namely, the *sociobehavioral model*, the *health belief model*, and the *theory of reasoned action/theory of planned behavior* (see Pescosolido & Boyer, in: Scheid & Brown, 2009; Biddle *et al.*, 2007). The first model was developed from the late 1960s onwards (Andersen, 2008; 1995; 1968; Andersen & Newman, 2005; 1973). It aims to explain and predict help-seeking behavior for professional healthcare services, including services offered in hospitals, by physicians, and by dentists. Originally, the unit of analysis was the family, but along the way, this was replaced by the individual (Andersen, 2008). The sociobehavioral model suggests that "people's use of health services is a function of their predisposition to use services, factors which enable or impede use, and their need for care" (Andersen, 1995: 1). Predisposing factors include demographics (age, gender, etc.), social structure characteristics (such as marital status), and health beliefs (see Andersen, 1995). Enabling/restricting factors are attributes from the environment, such as family income, perceived support from others, and proximity to services, that may facilitate or hinder the disposition to use health services (see Upchurch & Rainisch, 2012; Albizu-Garcia *et al.*, 2001). The need for care pertains to how individuals perceive and evaluate their personal need for medical services (see Upchurch & Rainisch, 2012).

Many scholars have adopted this sociobehavioral model and applied it in other health-related contexts, albeit mostly in the US and the UK (Babitsch, Gohl & Von Lengerke, 2012).[6] Examples are studies pertaining to the utilization of services provided by child welfare agencies (Coleman & Wu, 2016) and the use of nonprofessional and professional sources of help by older people (Groenou *et al.*, 2006). Whereas the model includes sociocultural variables – an individual's health beliefs, social norms and values, and attitude towards service use – it has been criticized for not sufficiently taking into account psychological variables as determinants of help-seeking behavior (Bradley *et al.*, 2002). In a similar vein, various critics have pointed out that the model does not provide an account of the role and impact of emotions in help-seeking (see, e.g., Scott *et al.*, 2013).

The second model, *the health belief model*, originating from social psychology, was developed from the 1950s onwards and is based on the work of Lewin (Rosenstock, 2005). The model seeks to explain and predict *preventive* health behavior. Rosenstock, one of the founders of the model, describes the characteristics of the initial version as follows:

> "in order for an individual to take action to avoid a disease he would need to believe (1) that he was personally *susceptible* to it, (2) that the occurrence of the disease would have at least moderate *severity* on some component of his life, and (3) that taking a particular action would in fact be *beneficial* by reducing his susceptibility to the condition or, if the disease occurred, by reducing its severity, and that it would not entail overcoming important psychological *barriers* such as cost, convenience, pain, embarrassment" (italics original, Rosenstock, 1974: p. 330).

In short, this social cognitive model links health beliefs to behavior (Abraham & Sheeran, in: Conner & Norman, 2005). In the years since its inception, many quantitative studies – mostly employing surveys – have been conducted to explain preventive health behavior, ranging from swine-flu inoculation, genetic screening, and vaccination for other strains of influenza (Janz & Becker, 1984) to adolescents' help-seeking behavior for mental illness (O'Connor *et al.*, 2014). Borrowing insights from the other utilization models, later versions of this model added structural factors as well (see Pescosolido & Boyer, in: Scheid & Brown, 2009).

One of the acclaimed values of the model has been its promotion of all sorts of preventive and screening behaviors (Werner, 2003). For instance, it has successfully explained and predicted cancer screening and HPV vaccination behavior (Skinner, Tiro & Champion, in: Glanz, Rimer & Viswanath, 2015). Criticisms of the health belief model pertain to,

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[6] Other researchers have applied adapted and expanded versions of the sociobehavioral model to explain and predict service use in various contexts (see Eiraldi *et al.*, 2006; Srebnik, Cauce & Baydar, 1996; Goldsmith, Jackson & Hough, 1988, for such examples), but these are not considered in the current literature review.

inter alia, its unclear definition of constructs (Armitage & Conner, 2000) and – similar to the previous model – its failure to consider the emotional component of behavior (Skinner, Tiro & Champion, in: Glanz, Rimer & Viswanath, 2015). Regarding the latter aspect, Abraham & Sheeran argue that "it portrays individuals as asocial, economic decision makers and consequently fails to account for behavior under social and affective control" (in: Connor & Newman, 2005: p. 66). Since this criticism touches upon a fundamental issue, it will be revisited in the evaluation of the traditional utilization models.

Last is *the theory of reasoned action/theory of planned behavior*. The theory of reasoned action (Fishbein & Ajzen, 1975; Fishbein, 1967), which was developed first, can be described as follows:

> "This theory is based on the assumption that behaviour is most precisely predicted by the intention to perform the behaviour. Intention in turn is determined by two factors: attitude towards the behaviour, which represents an individual's general positive or negative evaluation of performing the behaviour, and subjective norm, which represents an individual's general belief about whether important others would approve or disapprove of him or her performing the behaviour" (Schomerus & Angermeyer, 2008: p. 34).

Its successor , the theory of planned behavior, further added the construct of perceived behavioral control (Ajzen, 2002; 1991). In their literature review, Conner & Armitage characterize both theories as "deliberative processing models, as they imply that individuals make behavioral decisions based on careful consideration of available information" (2000: p. 1430). The theory of planned behavior has been lauded for its efficiency "for explaining intention, perceived behavioral control being as important as attitude across health-related behavior categories" (Godin & Kok, 1996: p. 95). In spite of producing useful knowledge, the theory of reasoned action and the theory of planned behavior have also been subjected to (severe) criticisms. The critiques range from constructive advice to conduct additional research and further develop and test the theoretical concepts (Conner & Armitage, 2000) to highly critical arguments that the models should be retired altogether (Sniehotta, Presseau & Araújo-Soares, 2014).[7] What is the main takeaway from the above discussion? The next section provides an evaulation of the three utilization models.

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[7] For a more elaborate treatise on the historical development of both theories, including an overview of all critiques, consult Godin & Kok (1996), Armitage & Conner (2000), and Montaño & Kasprzyk (in: Glanz, Rimer & Viswanath, 2015).

Evaluation of traditional utilization models

Notwithstanding their major influence and continued application, since the 1990s, the traditional utilization models have attracted increasing criticism (see Dingwall, 2017; Coulson *et al.*, 2016; Corrigan *et al.*, 2014; Carpentier & Bernard, in: Pescosolido *et al.*, 2011; Pescosolido, 1992). An oft-cited critique is that the models offer too static and deterministic accounts of help-seeking behavior (see, e.g., Biddle *et al.*, 2007; Resnicow & Vaughan, 2006). A related criticism is that, although the association is often implicit, they are founded on the rational actor model and reduce help-seeking to the binary decision of an individual to ask or not to ask for help (see Pescosolido, Boyer & Lubell, in: Aneshensel & Phelan, 2013; Mackian, Bedri & Lovel, 2004). By some, they are therefore also labeled the "cognitive-rational paradigm" (Resnicow & Vaughan, 2006: p. 2).

As argued in previous sections, the rational actor model does not fully grasp all aspects of the help-seeking process and does not account for the broad range of reasons individuals may have to seek or not to seek help. A third problematic aspect of these models is that they tend to oversimplify how barriers obstruct service utilization. As Biddle *et al.* state, they tend "to account for non-help-seeking in terms of 'barriers' to care, which although easily translated into targets for policy intervention, are superficial representations of complex issues" (2007: p. 983).

Significantly, these models fail to offer a serious account of *non*-help-seeking and focus only on behaviors that are geared towards actual treatment. The models "focus on the pathway to care as though this were an inevitable endpoint", as Biddle *et al.* put it (2007: p. 999). While this perhaps reflects a normative ideal, in reality, it is far from self-evident that all help-seeking pathways (ultimately) lead to service use. Indeed, as Pescosolido, Boyer & Lubell note, "models of service use that end at the door of the clinic do not tell us enough about what happens before individuals get there or what happens to them later" (Pescosolido, Boyer & Lubell, in: Aneshensel & Phelan, 2013: p. 458). In addition, considerable numbers of individuals who are in need of some form of help do not reach the door of the clinic at all. In short, traditional utilization models pay far too little attention to pathways of nontreatment or nonutilization of health services.

Furthermore, traditional utilization models reduce help-seeking to 'whether' help is sought instead of trying to understand 'how or why' individuals seek help (Zola, 1978). This emphasis has led Dingwall, one of their fiercest critics, to argue that their approach "tends to be absolutist and scientistic and that this severely limits its ability to inform us about the nature of human social conduct" (2017: p. 23). Another criticism is that traditional utilization models do not examine "the impact of larger fluctuations in health care systems, social structural systemic issues and health system reforms" (Pescosolido

& Boyer, in: Scheid & Brown, 2009: p. 430). On the basis of all these (severe) criticisms, it is concluded that these traditional utilization models/theories are not applicable in the context of help-seeking for social support.

In response to the traditional utilization models, several alternative conceptualizations of help-seeking have been developed, all adopting a more dynamic perspective. In fact, a whole "genre of dynamic approaches" (Biddle *et al.*, 2007: p. 999) has sprung from the help-seeking literature. The models discussed below all share such a dynamic perspective, yet in different forms and to different degrees.

Stage models

There is an abundance of *stage models* in the academic literature (Prochaska, Redding & Evers, in: Glanz, Rimer & Viswanath, 2015; Sutton, in: Conner & Newman, 2005). A shared characteristic of these models is that they all identify multiple (two or more) discrete stages within the help-seeking process. As Cornally & McCarthy concisely put it, "Seeking help therefore has been defined as a process that begins in response to a problem that cannot be solved or improved alone and involves the active pursuit of and interaction with a third party" (2011: p. 282). As will be illustrated below, the different stage models all represent a variation on that theme. Yet in spite ofthis commonality, there are still some important differences among stage models, particularly their differing views of the dynamics of the help-seeking process. This category of help-seeking models may therefore be subdivided into 1) linear stage models and 2) cyclical stage models.

1) Linear stage models. The central idea of linear stage models is that individuals *sequentially* move through different stages of help-seeking, with different types of variables influencing behavior at different points in the process (Sutton, in: Conner & Norman, 2005; Armitage & Conner, 2000). Once the support service is found and utilized, the help-seeking process ends. One of the main differences between linear stage models is the nature and number of stages identified, and there is no consensus about these among researchers – in fact, far from it. For example, Schwarzer *et al.* (2007) argue that the process of health behavior consists of two distinct phases: a so-called *motivational phase* and *volitional phase*. The former phase concerns forming an intention to act and goal setting, and the latter phase concerns planning and undertaking actions to achieve the intended goal (see Schwarzer *et al.*, 2007; Conner & Norman, 2005; Gollwitzer, 1993). Other scholars discern not two but three stages as "integral to any process of seeking help: 1) problem definition, 2) decision to seek help, 3) actively seeking help" (Featherstone & Broadhurst, 2003: p. 342).

Others again, such as Veroff, Kulka, & Donovan (1981), discern four discrete stages: problem recognition, decision to seek help, service selection, and service utilization (see Figure 2.3).

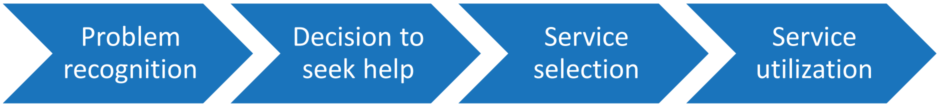

FIGURE 2.3: A linear stage model of help-seeking (Veroff, Kulka, & Donovan, 1981)

Rickwood *et al.*, who conceptualize help-seeking "(…) as a process whereby the personal becomes increasingly interpersonal" (2005: p.8), also invoke four discrete stages. However, they do label them differently:

> "The process begins with the awareness of symptoms and appraisal of having a problem that may require intervention. This awareness and problem-solving appraisal must then be able to be articulated or expressed in words that can be understood by others and which the potential help-seeker feels comfortable expressing. Sources of help must be available and accessible. Finally, the help-seeker must be willing and able to disclose their inner state to that source" (2005: p.8).

Based on this description, these authors depict the various stages of the help-seeking process as follows (Figure 2.4):

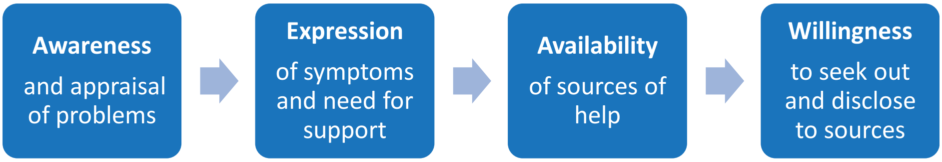

FIGURE 2.4: A linear stage model of help-seeking (Rickwood *et al.*, 2005)

A persistent criticism of the stage models targets the number and type of stages that are discerned by different scholars as well as the question of whether and to what extent different stages can be clearly distinguished (Armitage & Conner, 2000). In addition to the number and nature of stages identified, another important difference between the various stage models is that they distinguish different variables that have an impact on the various stages of help-seeking (for an overview and discussion, see Armitage & Conner, 2000). Furthermore, "the important variables and how they are to be combined to predict change in the volitional stage of behaviour change are far from clear" (Armitage & Conner, 2000: p. 185). This issue will be further addressed in the overall evaluation of the stage models, as this problem is endemic to all models in this category. For now, it seems that the observation made by Armitage & Conner (2000), namely, that the number and type of stages vary and most likely depend on the specific help context, still holds true.

2) Cyclical stage models. As already mentioned, a major divisive issue regarding the stage models revolves around the dynamic nature of the help-seeking process. In contrast to those who propose *linear* stage models, others conceptualize help-seeking as a *cyclical* process (see, e.g., Klineberg *et al.*, 2011; Scott & Walter, 2010; Biddle *et al.*, 2007). This implies three things, namely that 1) individuals do not necessarily move through the various help-seeking stages in a continuous and sequential manner; 2) individuals do not necessarily have to pass through all stages, following the entire process from the beginning to the end; and 3) help-seeking does not necessarily end after help is found, as symptoms may reappear (or new symptoms may appear) and may need to be dealt with. Scott & Walter quote various studies that further illustrate the differences between linear and cyclical conceptions of the help-seeking process:

> "There are many other examples of help-seeking behaviour being a cyclical rather than linear process. For instance, symptoms may be re-interpreted a number of times throughout the symptom episode (Scott, McGurk, & Grunfeld, 2007). (…) Moloczij, McPherson, Smith, and Kayes (2008) analysed decision-making at the time of stroke. The authors observed that some patients may go through the process of recognition, interpretation, negotiation and action or inaction several times, repeating the stages continuously until accessing medical help. Furthermore, symptoms rarely occur in isolation but develop or grow in number (Jones, 1990). However, the study of help-seeking behaviour has tended to focus on a particular symptom rather than a changing symptom matrix. (…) The changing nature of symptoms over time is not accounted for in a linear model of help-seeking behaviour" (2010: p. 541).

The above examples all pertain to help-seeking by patients for services offered by medical healthcare professionals. Another domain where the cyclical model has been applied is help-seeking for professional mental health services (see, e.g., Klineberg *et al.*, 2011; Biddle *et al.*, 2007). Such a model has not yet been developed for the specific context of help-seeking for social support from third sector organizations. Hypothetically, how would the cyclical model be visualized when translated to that specific context?

Taken as a whole, the help-seeking process moves from the personal to the interpersonal level, following a number of discrete stages. First, an individual needs to recognize that he or she is in need of social support. Second, an individual needs to be aware of the availability of sources of social support (awareness). The third stage pertains to an individual's inclination to ask for social support (attitude). The fourth stage then moves to the interpersonal level and is about contacting the provider of social support, the third sector organization, and actually asking for help (acting). In the fifth stage, the individual evaluates his/her experience with asking for help (appraisal). Finally, the cycle ends where it started. If necessary – in case of new social support needs – the cycle of help-seeking starts again from there. Figure 2.5 visualizes this hypothetical cyclical stage model.

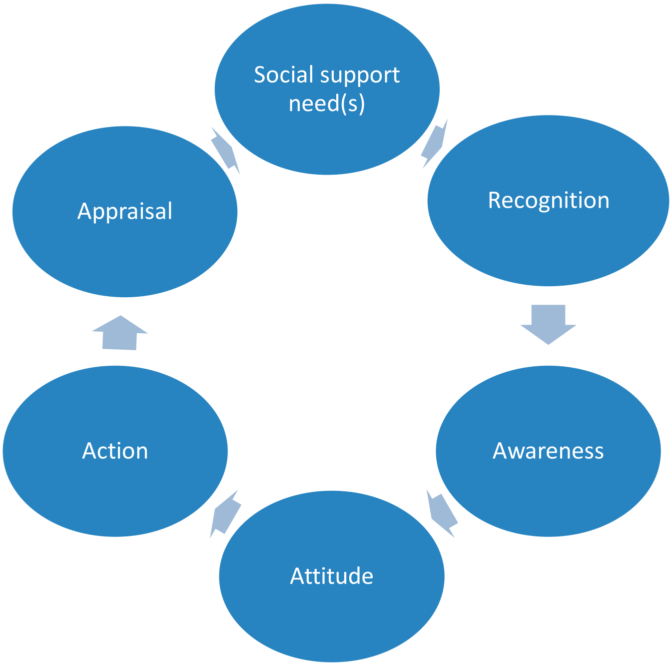

FIGURE 2.5: A hypothetical cyclical stage model of help-seeking for social support

Recall that while this figure represents the whole process, it does not automatically imply that every individual always moves through all stages of the cycle from the beginning to the end. In addition, individuals may skip certain stages, may stop the process, or may 'return' to previous stages in the process. Furthermore, this is merely one (hypothetical) way of representing a cyclical model that could be applied in the context of help-seeking for social support from third sector organizations. As in linear stage models, different stages may be invoked, and different labels may be used to describe those stages.

Evaluation of stage models

Notwithstanding the merits of the various stage models, they suffer from a number of drawbacks – and in light of the specific research purposes of this thesis, the drawbacks outweigh the benefits. However, first, the merits of the stage models should be considered. Perhaps the most important added value and contribution to the literature is the conceptualization of help-seeking as a *dynamic process*. This is markedly different from the static representation of help-seeking by the traditional utilization models. A second merit is that a stage model reduces the complexity of studying help-seeking behavior without losing much of the nuances and intricacies of help-seeking behavior. Stage models acknowledge and (try to) capture the multidimensional, complex nature of the help-seeking process. A third advantage is that the general idea of conceiving help-seeking as a dynamic process that consists of various stages can be applied to different help-seeking contexts. These contexts may be as diverse as students seeking help from a student counselor, individuals in search of specialized medical and mental health services, help-seeking for social support, and many other help-seeking contexts.

Assuming that different numbers and types of stages should be developed and tailored to specific help-seeking contexts (*cf.* Armitage & Conner, 2000), a prerequisite of applying a stage model would be to clearly formulate which stages are included and why and to provide sufficient clarity with regard to defining the theoretical concepts and variables. Another advantage is that the stage model, given its potential to visualize different aspects of the help-seeking process, can be a very useful tool in communicating with (policy) practitioners. In addition, different types of (policy) interventions may be developed and tailored to specific phases in the help-seeking process (see also Prochaska, Redding & Evers, in: Glanz, Rimer & Viswanath, 2015) instead of proposing 'one-size-fits-all' solutions that are farless likely to succeed.

The primary weakness of the stage models is a rather isolated focus on the individual who is in need of help while (largely) neglecting the broader context in which the individual help-seeking process is situated. This isolated focus is problematic both from an empirical and a normative stance. Empirically, external actors are highly relevant to the help-seeking process and should therefore be included in the analytical framework. Stage models pay insufficient attention to the position and role of other actors who may be involved in the help-seeking process and their possible impact on it. Stage models completely neglect the broader institutional setting as well as the role and influence of social policies on the help-seeking process, which will be addressed in more detail later.

Moreover, stage models reduce the process of help-seeking to a set of social cognitive factors at the individual level. In that regard, stage models are similar to traditional utilization models in that they suggest that the influences of cognitive variables are qualitatively different in different stages of the help-seeking process (Armitage & Conner, 2000). From a more normative perspective, it is problematic that other, external actors are (largely) excluded from the stage models. This omission suggests that individuals themselves bear the sole responsibility of seeking support for their personal welfare problems. As argued in the first part of this chapter, this view is too limited. It negates the responsibility of other actors in the broader social service system and places the burden entirely on the shoulders of the individual who is in need of social support.

Another drawback is that both variants of the stage model, the linear and the cyclical models, either become inflexible by ‘demanding’ that individuals logically pass all stages or become “labored with many potential feedback loops and lose parsimony” (Pescosolido & Boyer, in: Sheid and Brown, 1999: p. 431). Another related – and persistent – criticism is that although it is useful to analytically distinguish different stages of help-seeking, in most cases, it remains unclear why and how these different stages are invoked. Scholars identify two (e.g., Schwarzer *et al.*, 2007) to up to eleven (e.g., Igun, 1979) discrete stages, assign different labels to these stages, and do not use similar concepts and variables.

In sum, while these stage models provide very useful insights into help-seeking behavior (at least from the vantage point of the individual who is in need of help), they are too limited for the present research purposes. Particularly because they neglect the role and impact of various (f)actors from the broader environment, they cannot be applied in the context of help-seeking for social support. They simply do not capture all the relevant aspects that are necessary to study non-take-up of social support services.

Social interaction models

Another important development in the help-seeking literature is the increased attention to what is variously referred to as “illness behavior” (Kasl & Cobb, 1966; Mechanic, 1961), “illness action” (Dingwall, 1976), and “illness career” (Pescosolido & Boyer, in: Scheid & Brown, 2009). Basically, scholars realized that it was necessary to examine a broader range of “factors that influence both the recognition of ‘illness’ and the process of deciding what to do about it” (Hartnoll, 1992: p. 249). In other words, help-seeking should be conceptualized not as a deterministic response to illness (as in the traditional utilization models) but rather as an interactive process that is context bound and is influenced by social networks, habit and cultural routines (Biddle *et al.*, 2007). This gave rise to a number of so-called *social interaction models*. Below, the two most important social interaction models, the interpretivist model of illness action and the network-episode model, are described.

Interpretivist model of illness action

As mentioned previously, Dingwall is one of the fiercest critics of the traditional utilization models. Indeed, his *model of illness action* (Dingwall, 1976) represents the exact opposite. It is firmly grounded in the interpretivist research tradition, even speaking of the “failure of Positivism” in traditional approaches (Dingwall, 2017). Furthermore, it uses qualitative research methods and shuns quantitative methods; it conceptualizes help-seeking as a *process* instead of a singular decision; and, not least, it shifts the focus to social interaction with laymen instead of concentrating only on the atomistic individual (see Wyke *et al.*, 2013; Biddle *et al.*, 2007). The model of illness action is concerned with how individuals interpret and experience symptoms of illness. According to Wheatley, it "focuses on bodily and cognitive disruptions of illness, emphasizing how changes in bodily events coinciding with illness provoke discontinuities in knowledge of the body" (2016). Illness behavior is viewed as a form of social action whereby the individual tries to restore his/her body to a healthy (or healthier) state. To understand illness action, a researcher must not simply focus on the behavior of individuals but must make sense of how individuals subjectively experience their illness (Nettleton, 2006).

While this model has not been applied in much empirical research, it has played a trend-setting role in formulating new types of research questions and exploring new research avenues (Calnan *et al.*, 2007). Where traditional models concentrated on questions of the under- and overutilization of health services, the illness action model introduced theidea of the *subjective experience of illness*. It posed questions such as 'What is illness?', 'How do people come to feel ill?', and 'What do they do about it?' (Wyke *et al.*, 2013; Dingwall 1976). Another relevant feature is the interaction with other individuals in illness behavior (Wyke *et al.*, 2013). The model incorporates laypersons into the process of help-seeking, an aspect that has received no, or only scant, attention in other help-seeking models. In that sense, it widens the scope of research in terms of help-seeking pathways that individuals may follow. It perceives not only the 'official' pathway of seeking help from healthcare professionals but also an alternative, 'unofficial' pathway, namely, through one's social network by seeking advice and help from laymen, such as family members. It also considers other alternative pathways, such as self-treatment, "dismissal (it's not important), [and] 'wait and see' (I'll see how it goes on)" (Wyke *et al.*, 2013: p. 8). Hence, an individual may consider a range of actions (including *not* undertaking any tangible/observable action) when faced with symptoms of illness.

Dingwall's model of illness action, however, has attracted various criticisms. The first criticism is best summarized as follows: the model pays insufficient attention to the wider (institutional) context in which the individual help-seeking process is situated. The model is based on individual choice, assuming that individuals operate completely autonomously when making decisions in relation to their illness, and thus underplays the social context in which they act (Mackian, Bedri & Lovel, 2004). The model neglects "to place 'lay' interpretative work within a wider structural and cultural context and play[s] down the interplay between structure and human agency" (Calnan *et al.*, 2007: p. 322); and it does not seriously consider the broader healthcare system (Wyke *et al.*, 2013). Another criticism pertains to the model not paying attention to the emotional dimension when individuals signal and interpret symptoms of illness and decide whether to act (see, e.g., Wheatley, 2016). Even though it acknowledges the subjective experience of illness and how the individual tries to cope with that experience, it still has a rather one-sided focus on the cognitive dimension of illness behavior.

Network-episode model

The network-episode model (NEM) is also a direct reaction to the traditional utilization models (Pescosolido & Boyer, in: Scheid and Brown, 2009; Pescosolido, 1991; 1992) but is less oppositional than Dingwall's model of illness action. While still critical of (the assumptions of) the traditional models, the NEM is positioned as a model that provides an additional explanation of help-seeking behavior for professional healthcare services (see also Stiffman, Pescosolido & Cabassa, 2004). As Perry & Pescosolido put it, "In contrast to more static and individualistic models, the NEM sees health and illness behaviors as an embedded social process that creates an illness career" (2015: p. 117). The ascendance of social network theory and the associated concepts and sophisticated methods (see Wasserman & Faust, 1994) formed an important impetus for the development of the NEM (Pescosolido *et al.*, 2011; Pescosolido, 2006). Arguably, this model is the best-developed alternative to the traditional utilization models that were discussed earlier; therefore, the NEM will be reviewed in more detail. Below, its four basic tenets are described, and a short description is provided of how the model has been modified over time, as it has been subjected to three updates/revisions.

First, the basic tenets of the model (one of the strong suits of the model is the explicit formulation of its underlying tenets) are drawn from the *social organization strategy framework* (Perry & Pescosolido, 2012; Pescosolido 1992). This framework extends too far to describe it in detail here, as such accounts have been provided elsewhere (see Pescosolido *et al.*, 2011; Pescosolido, 1992). Therefore, what follows is a short summary of the four basic tenets. The first tenet is that "all societies hold a vast reserve of people who can be and are consulted during an illness episode" (Pescosolido *et al.*, 1998: p. 1059). The second tenet is that individuals are inclined to activate informal networks (i.e., family, friends, etc.) and formal networks (i.e., professional healthcare providers) to cope with their health problems, especially when the problems increase in severity. Help-seeking is an inherently social process, and the model explores the pathways from social networks and the broader community to treatment. Therefore, the appropriate unit of analysis is not the individual but the social interaction of the individual and the structure of interactional events (Pescosolido, 1992).

The third tenet pertains to the bounded rationality of the individual and satisficing instead of maximizing help-seeking behavior. Help-seeking is not necessarily a rational decision-making process; “rather the culture of a network provides the context for activation, and the beliefs, values, and attitudes flowing through networks can either facilitate or inhibit health discussion” (Perry & Pescosolido, 2015: p. 117). Individuals are neither social dopes nor social dupes; they “are seen as pragmatic users with commonsense knowledge and cultural routines who seek out and respond to others when psychiatric symptoms or unusual behavior occurs. The NEM does not suggest that people are not rational, but questions whether every action they take in coping with illness is a result of a cost-benefit calculus” (Pescosolido & Boyer, in: Scheid and Brown, 2009: p. 435-436). The final tenet of the NEM is that help-seeking should be conceived as a *process*, a series of decisions taken within a certain stretch of time, that combine into pathways of care (Pescosolido *et al.*, 1998). In sum, “illness behaviour is not a simple decision about professional help-seeking but a multi-faceted, protracted career composed of a plurality of strategies and people consulted during the process of coping with symptoms” (Biddle *et al.*, 2007: p. 984).

The conceptualizations of help-seeking that have been discussed in previous sections all tend “to perpetuate the dualism that distinguishes structure, whether formal or informal, from people and their actions” (Scott & Davis, 2014: p. 25). This criticism was most pronounced in Dingwall’s model of illness action, but identical criticisms have been expressed in regard to other models of help-seeking. An important feature that sets the NEM aside from all other models discussed so far is its attempt to overcome this problem of duality by incorporating the ideas of Giddens (1984; 1979) on the relation between agency and structure. The argument Giddens presents “reminds us that social structures only exist to the extent that people act in ways to reproduce ongoing patterns of action” (Scott & Davis, 2014: p. 25). Or, as Scott and Davis put it:

> “Actions always take place within an existing structure of rules and resources: these structures provide the context for action. On the other hand, actions work to reproduce as well as to alter existing structures: structures are the product of human action” (2014: p. 25).

Pescosolido and her colleagues take this aspect to heart and incorporate Giddens’ structuration theory, acknowledging the interconnectedness of structure and social action, into the model of help-seeking for professional medical and mental health services. Therefore, the NEM “sees individuals as skillful actors with a ‘practical consciousness’ that allows them to both improvise and routinize. They shape and are shaped by the possibilities and limits of social network formation in the community, in organizations, and in historical periods” (Pescosolido, in: Pescosolido *et al.*, 2011: p. 45). Basically, the above elements form the main ‘ingredients’ of the first version of the NEM, acknowledging the role and influence of social networks and social processes in shaping pathways of care (Pescosolido, 2006). In subsequent years, the model was further developed, evolving into a more elaborate yet far more complex model of help-seeking.

The second and third versions of the model embedded social networks within the broader institutional context of the healthcare system and theorized about their interaction. These 'follow-up versions' of the NEM, "conceptualized social networks within the community and even within large and sometimes daunting institutions such as the health care system as the organizing vector of environmental influences on treatment and outcomes" (Pescosolido, 2006: p. 197). This was a crucial step, as "it allowed for theorizing about the interaction of these two systems which the NEM posits as critical to issues of diagnosis, utilization, adherence and health care outcomes" (Pescosolido, in: Pescosolido *et al.*, 2011: p. 46).

In contrast to other models of help-seeking and utilization, the NEM not only includes the broader organizational/institutional context in which help-seeking is situated but also theorizes about the interaction between various "core subsystems", namely, "the community or 'place', institutions or 'organizations', the support system or 'personal networks', the individual or 'self' and 'body', and the molecular system or 'genes' and 'proteins'" (Pescosolido, in: Pescosolido *et al.*, 2011: p. 47). The NEM also accounts for changes and reforms in the healthcare sector:

> "Changes in the health care system occur over time – on a very different scale from the other two streams in the NEM – but nonetheless in response to the prevalence of new and emerging diseases, advancing technology and expanding medical knowledge, available social resources, and community preferences and demands" (Pescosolido & Boyer, in: Scheid & Brown, 2009: p. 437).

Hence, the model acknowledges that the broader context in which individuals find themselves changes over time and is relatively dynamic in nature (see also Munson *et al.*, 2012). In sum, the NEM has evolved over time, gradually adding different levels and factors to explain and predict help-seeking. Figure 2.6 presents a visualization of the latest version of the NEM (Phase III).

The NEM has had quite a strong impact on the literature and is being applied in many studies of help-seeking (Munson *et al.*, 2012). The following three examples further illustrate its importance and simultaneously flesh out some of the NEM's core characteristics. First, in their study of women's social networks and birth attendant decisions, Edmonds *et al.* conclude that

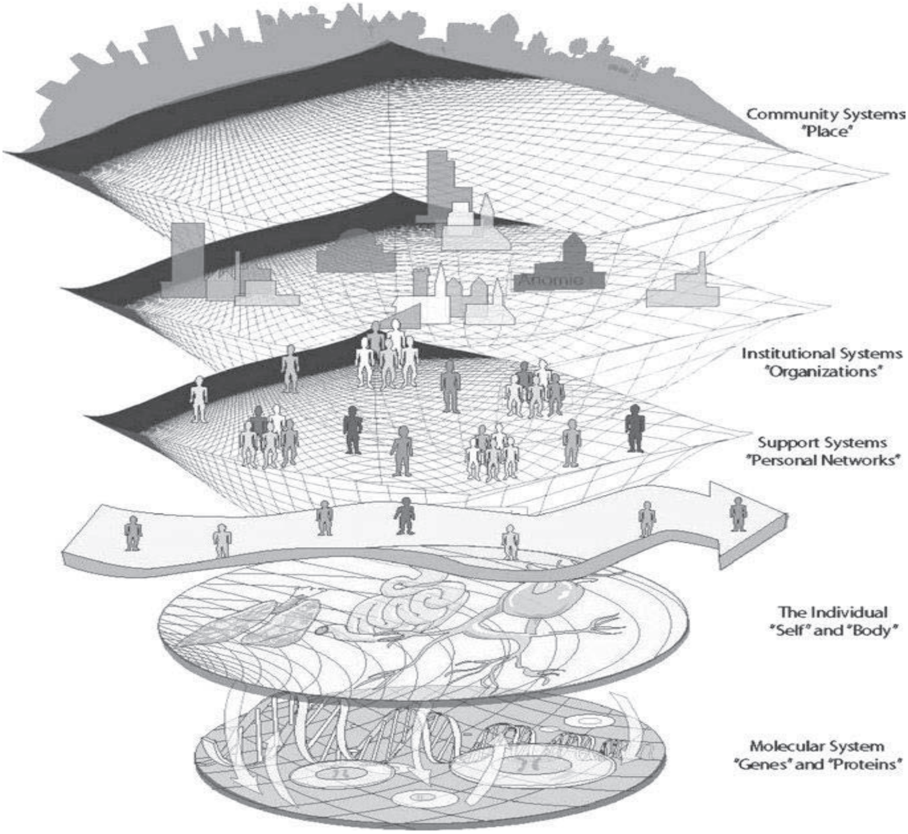

FIGURE 2.6: Network episode model III (Pescosolido, in: Pescosolido *et al.*, 2011)

> "application of the NEM demonstrated that the explanatory power for network variables was beyond the power of typical individual attributes, lending support to previous research that found network characteristics to add significantly to the explanation of variation in service use" (2012: p. 458).

Second, a study of mental health service utilization (Pescosolido, Gardner & Lubell, 1998) exemplifies that pathways into care are *not* always the result of conscious, rational decisions. For instance, it may be a legal requirement to undergo mental health treatment, so not involving free choice but being a matter of coercion by others (i.e., due to a court order). Hence, individuals may sometimes actively resist when they are admitted for treatment against their will. Furthermore, utilization of professional mental health services can also be the result of an individual neither actively choosing nor resisting treatment. Patients "in some cases, respondents are unclear as to how they got into the mental health system at all" (Pescosolido, Gardner & Lubell, 1998: p. 277).

The third and final illustration is a study conducted by Munson *et al.* that applies the NEM to young adults with mood difficulties and confirms the importance of context: "Two contexts were most prominent in young adults' lives as they contemplated service use, the social (e.g., provider and family relationships) and community (e.g., availability of services, treatment systems) contexts (…)" (2012: p. 1447). The authors remark:

> "We believe it also is important for program designers and researchers to carefully consider the contexts in which service use decisions are made and how these contexts can shape important individual determinants and/or facilitators or inhibitors of behavior. A strength of this study is that the template specifies potential paths that connect contextual with individual level determinants of decision-making, which can, in turn, lead to greater insights into the mechanisms through which context impacts behavior" (Munson *et al.*, 2012: p. 1447).

Overall, this discussion underlines how the NEM emphasizes and includes the role, impact and importance of cultural beliefs and norms held by individuals as well as the influence of different (f)actors in the environment on help-seeking for mental health problems.

In spite of its influence – or perhaps *because* of it – the NEM is not without criticism. While many researchers find the idea of the social network as the main unit of analysis appealing, in practice, it appears to be difficult to operationalize. In their review of the model, Wyke *et al.* (2013) note this. In fact, they observe that "the best worked example of the application of the Network Episode Model we have found (Pescosolido *et al.*, 1998) focuses analysis at the individual level" (Wyke *et al.*, 2013: p. 18). Others complain that the model contains too many factors (model III distinguishes 76 factors in total), which cannot practically be tested in a single study. Another complicating factor is the lack of specification of how to measure all these factors (see Schraeder, 2017). Furthermore, while propagating the combined use of quantitative and qualitative methods, the NEM has predominantly used quantitative methods in empirical studies of pathways to mental health treatment (Biddle *et al.*, 2007; Young, 2004).

In addition to this relative lack of qualitative studies, the majority of NEM studies employ a cross-sectional rather than a longitudinal research design. This means that there is still relatively little knowledge about the dynamics of the various core subsystems over time, which is a crucial aspect of the NEM. Nor is there sufficient accurate knowledge of the causal relationships among the various variables of the model (Perry, Pullen & Pescosolido, 2016). Finally, research into formal healthcare utilization by clients from minority groups has lagged (but see Pullen, 2014; Pescosolido *et al.* 1998). These issues could be addressed by conducting additional research using and testing (selected parts of) the NEM. However, there are also other criticisms that pose a more fundamental problem. These will be discussed in the next section, as they apply to both social interaction models.

Evaluation of social interaction models

Social interaction models have added significantly to our understanding of help-seeking behavior. They shed new light on help-seeking and offer fresh and useful perspectives. Most importantly, they provide valuable insights into the investigation of non-take-up of social support. There are three relevant takeaways:

1. Help-seeking is *not* a static yes/no decision guided solely by rational, utility-maximizing considerations. The rational actor model is too limited to account for all help-seeking behavior. Instead, help-seeking should be conceptualized as a *dynamic process* in which 'irrational factors', such as habits and cultural beliefs, should explicitly be taken into account.
2. To understand help-seeking behavior, it is paramount to focus on the *subjective experiences and perceptions* of individuals who are in need of help.
3. The help-seeking process is *not* located in a vacuum but is both shaped and affected by (f)actors at different levels – micro, meso and macro – of the social service system. As Young puts it, "Modern, complex social relationships include many levels of interaction; the researcher must include the interests of individuals, institutions and other elements of the interaction" (Young, 2004: p. 21). Hence, to understand help-seeking requires a multilevel, interactive perspective.

Notwithstanding the merits of social interaction models, they are not applicable one-on-one in the context of help-seeking for social support services offered by third sector organizations. There are five incompatibilities. First, both social interaction models are still too geared to pathways to service *utilization* (see also Biddle *et al.*, 2007), as they are interested in the social processes that lead an individual who is in need of help from the community to treatment. While allowing for more diverse pathways, the main focus is on receiving (some form of) treatment as the outcome of those pathways. The primary focus of this thesis is, however, on *non*-take-up of services. Second, and related to the previous point, the vast majority of empirical studies that apply social interaction models exclude individuals who have help needs but have *not* been in contact with service providers (see also Biddle *et al.*, 2007). For example, a recent study included only clients who had made "their first major contact with the mental health system and with a mental health history of no more than two years" (Perry & Pescosolido, 2015: p. 118). In other words, little attention is paid to nonseekers.

Third, the unit of analysis in social interaction models is the social network, not the individual. The underlying assumption is that individuals will activate persons from their formal and/or informal networks when they are ill. However, this assumption 1) negates the 'starting point' of help-seeking for social support, as it starts not with social interaction but with an individual's awareness of a personal problem (at the subpersonal level); 2) it is not uncommon for individuals to hide their social support need(s) from others in their social network (these needs are perhaps easier to hide than many forms of illness); 3) it overlooks the psychological barriers that individuals may experience internally – taking the step to ask one's network for help requires first overcoming one's internal psychological barriers; and 4) from a methodological point of view, having to collect neat social network data drastically complicates research into help-seeking behavior (see Pescosolido, 2006), which is particularly problematic in case of a hidden or hard-to-reach target population.Whereas the latter point perhaps poses more of a practical issue, the other three points form more fundamental problems with maintaining the assumption of individuals automatically activating their social network in case they are ill.

Fourth, the NEM has been applied mainly to investigate the utilization of mental health services, thereby also emphatically taking into account the pathway to treatment through coercion.[8] In the context of this study, the context of help-seeking for social support from third sector organizations, the element of coercion does not apply. Neither is not (consciously) knowing how one ended up using social support services very likely (though there may be some rare exceptions). A fifth and final incompatibility is that neither social interaction model seriously considers the role of *emotions* in help-seeking. As Wyke *et al.* state in relation to the NEM, "Although the Network Episode Model recognises the role of 'affect', and that social support and interaction with health professionals can be effective because they offer the emotional or expressive support in times of uncertainty, the role of emotions is neither discussed explicitly nor operationalised in empirical research" (2013: p. 17). Given the aim of the NEM to explain service utilization for mental health issues, this lack of attention to the role of emotions is quite remarkable.

Conclusion: overall evaluation of models in the help-seeking literature

This critical review of the help-seeking literature has, perforce, been limited. The number of models and theories – let alone all the concepts and variables – that have been developed and applied in this field of research in the past decades is enormous and impossible to capture in one review (*cf.* Young, 2004). This review has therefore concentrated on

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[8] To be clear, this element of coercion is addressed not only by the NEM but also by others who do not employ this model, such as Cauce *et al.* (2002) in their study of cultural and contextual influences in mental health help-seeking.

those conceptualizations that are most relevant to better understanding help-seeking for social support. Whereas the various models from the help-seeking literature have generated important insights, for a number of reasons, they are not wholly compatible with the specific research purposes of this thesis.

While not all of the following points apply to all models in the same degree, 1) the models pay no or insufficient attention to how (f)actors at the policy, system and organizational levels shape and influence the help-seeking process; 2) the models are primarily concerned with explaining and predicting the utilization of professional medical and mental health services rather than with non-take-up of social support services from third sector organizations – a context that differs in some important respects; 3) the models focus primarily on help-seekers, help-seeking behavior and pathways to treatment instead of on *non*seekers, *non*-help-seeking behavior, and *non*-take-up of services; 4) by and large, the dominant models (i.e., the sociobehavioral model, health belief model, theory of planned behavior, and, to a great extent, the NEM) adopt quantitative methods, yet for our research purposes, this approach is less feasible given that our target group constitutes a hidden or hard-to-reach population; and finally, 5) the majority of the models either directly conflict with or do not fit all the behavioral assumptions that were formulated in §2.3 – at least as far as could be determined, as some models lack explications of their underlying assumptions.

Where does this leave us? This review of the help-seeking literature has made clear what types of conceptualizations will *not* be adopted. However, simultaneously, it has provided an overview of relevant insights into help-seeking that are useful for constructing a tailor-made analytical framework to study non-take-up of social support. However, before such an analytical framework can be constructed, it is first necessary to consult the literature on non-take-up of social security benefits. While this particular research field has developed separately from the help-seeking literature, as discussed above, it provides additional knowledge and insights that are relevant for the further scrutiny of non-take-up of social support. How scholars in this research field have conceptualized help-seeking, what the yields of their research are, and how their insights may be relevant to a better understanding of non-take-up of social support will be addressed in the following sections.

2.6. EVALUATING CONCEPTUALIZATIONS FROM THE LITERATURE ON NON-TAKE-UP

The interest of researchers in non-take-up of social security benefits was spawned by the ostensibly simple question "Why is it that poor people, defined as such by the state, with entitlement fail to claim it?" (Dornan, 2017). With the rise of the active welfare state, the extension of social entitlements and the increase of all kinds of welfare provisions, it became apparent that not all eligible individuals claim their social rights. Non-take-up of public benefits is therefore also defined as "(…) the phenomenon that people or households do not receive the (full amount of) benefits to which they are legally entitled (…)" (Van Oorschot, 1991: p. 16). Research on non-take-up can be traced back to the 1930s (Warin, 2014), but it attracted more research interest from the 1970s onwards (Craig, 1991). By the end of the 1970s, however, this research field was suffering from considerable "conceptual clutter" (Craig, 1991: p. 544). It was around that time that researchers started to formulate models to better understand and explain non-take-up.

The field then (gradually) evolved from atheoretical to theoretical. Several models have contributed to this evolution. Below, the threshold/trade-off models, econometric models, and multilevel models will be discussed and evaluated.[9] Figure 2.7 visualizes the structure of the evaluation of these models in this paragraph.

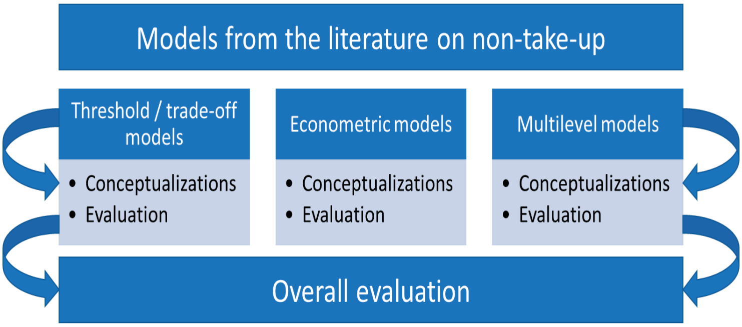

FIGURE 2.7: Structuring the evaluation of models from the literature on non-take-up

Threshold/trade-off models

Although, strictly speaking, the threshold and trade-off models are two different models, they are discussed in conjunction, as they both adopt a psychological perspective on non-take-up of welfare benefits. Both have produced relevant insights that have been integrated into subsequent (multilevel) models as well. Nevertheless, as Craig (1991), Huby & Whyley (1996), Van Oorschot (1998) and Corden (in: Ditch, 1999) all observe in their literature reviews, the leading conceptual model in early non-take-up research was the threshold model developed by Kerr (1982a; 1982b; 1983). Kerr links personal attitudes to claiming behavior (Huby & Whyley, 1996). The model defines six thresholds that individuals must pass consecutively in order to successfully claim a public benefit; failing to pass one threshold means not claiming (Van Oorschot, 1998).

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[9] In this review, the focus is on models that aim to explain non-take-up of welfare benefits. Models on the relationship between public benefits and health outcomes are omitted.

These thresholds are "basic knowledge of the existence of the scheme, perceived eligibility, perceived utility of the benefit, a positive net balance of beliefs and feelings regarding the (expected) procedural and social outcomes of claiming and perceived stability of the individual's socio-economic situation" (Van Mechelen & Janssens, 2017: p. 3). The threshold model explains non-take-up of welfare benefits in a straightforward way: the first threshold that is not passed explains nonclaiming, and the most important factor for non-take-up is formed by the threshold that "functions as a sufficient obstacle for the greatest number of non-claimants" (Van Oorschot, 1998: 115).

A range of researchers has subjected Kerr's threshold model to empirical testing, but this produced mixed outcomes. The weaknesses of threshold models in general, are 1) that they provide a too static account of nonclaiming; 2) that the logic of sequentiality of thresholds does not hold in practice; and 3) that the focus of these models on barriers is too rigid and limited. Regarding the first point, the model disregards the element of time, treating the decision of whether or not to claim too statically and not taking into account delayed claiming (Van Oorschot, 1995). It basically reduces claiming behavior to a static decision of whether or not to put in a claim (Van Oorschot, 1991). Regarding the second point, empirical research shows that "many claimants had experienced high thresholds and had claimed anyhow; that extreme scores on a separate construct can overrule negative scores on other constructs; and that covariation among constructs of the model exist" (Van Oorschot, 1996: p. 13). In short, these empirical findings defy the theoretical logic of strict threshold sequentiality. Regarding the third point, whereas the idea of thresholds is valuable, it should be incorporated in a more nuanced manner, whereby "(…) the threshold mechanism is accorded less significance in favour of greater attention paid to trade-off and trigger mechanisms" (Van Oorschot, 1998: p. 116).[10] Van Oorschot has taken these points of criticism to heart, made the necessary adaptaitions and has incorporated these into his multilevel model of non-take-up, which will be elaborated on after the discussion of trade-off models.

Trade-off models started to appear around the same time as threshold models. These also adopted a psychological approach, although they figured less prominently in the non-take-up literature (Corden, in: Ditch, 1999; Van Oorschot, 1995). Nevertheless, one of the best-known trade-off models was the one developed by Ritchie & Matthews (1982). Instead of representing claiming benefits as a process of passing several necessary thresholds, they introduced the notion of *trade-offs*, meaning "factors determining the claiming decision was that of a process of reconciliation of opposing influences" (Corden,

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[10] For a more comprehensive review of the strengths and shortcomings of the threshold model, see Van Oorschot (1995) and Craig (1991).

in: Ditch, 1999: p. 128). One conclusion from their small-scale comparison of claimants and nonclaimants was that no single factor provided a satisfactory explanation of non-take-up (see Van Oorschot, 1995). The claiming process should be conceived of not as a series of 'yes/no thresholds', or in Craig's words, "simple on/off switches" (1991: p. 547), but rather as a pathway that contains several critical stages. Figure 2.5 provides a visual account of this pathway and its various stages.

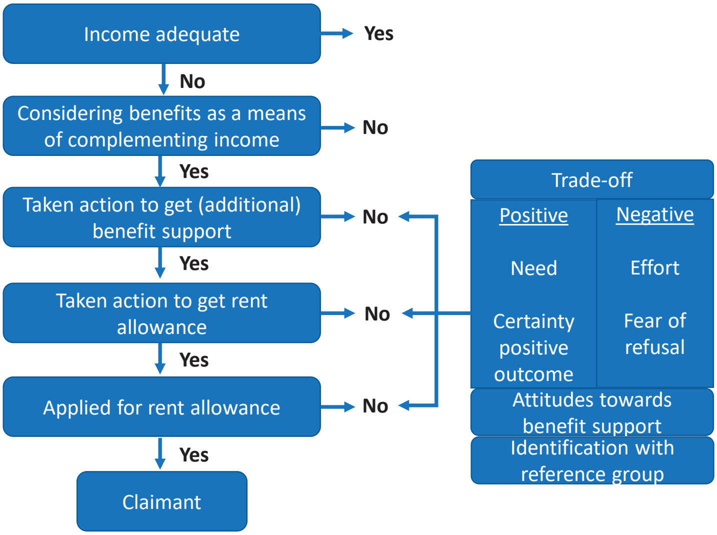

FIGURE 2.8: A trade-off model of non-take-up (Ritchie & Matthews, 1982)

Evaluation of threshold/trade-off models

A recurring criticism of threshold and trade-off models is that they both focus on factors at the client level only to explain non-take-up (see, e.g., Dornan, 2017; Van Oorschot, 1995). They thereby neglect how the broader environment in which the potential claimant is located shapes and influences the claiming process. As Van Oorschot states in his critical discussion of early non-take-up models,

> "it will hardly ever be possible to attribute the existence of non-take-up to one specific actor, factor or level. In other words, there is no single cause. Non-take-up can best be seen as the result of a mix of directly or indirectly interrelated, influencing factors from different levels" (1995: p. 95).

In other words, analytical models that artificially separate the individual claimant from his/her environment provide a too-limited perspective on the issue of non-take-up. While the early threshold/trade-off models did not suffice, some of their notions and concepts were later – in adapted form – incorporated into other models, most notably Van Oorschot's multilevel model of non-take-up.

Econometric models

A second line of research in the non-take-up literature is found in the econometric literature. This literature proposes an alternative to asking individuals about their attitude and comparing it with claiming behavior. Typical for these econometric studies is to apply cost-benefit rational choice models and take "data from household surveys to investigate the relationship between observed variables and probabilities of claiming" (Corden, in: Ditch, 1999: p. 128). Since non-take-up research originally focused on *financial* social benefits (Warin, 2014), the involvement of economists and econometricians is not surprising. Examples of such studies include those by Blundell, Fry & Walker (1987), Fry & Stark (1993), Duclos (1992; 1995), and Hancock *et al*. (2004) and more recent contributions by Bargain, Immervoll & Viitamäki (2012), Arrighi *et al*. (2015), and Tempelman & Houkes-Hommes (2016). To further illustrate this line of research, the study by Blundell, Fry & Walker (1987) investigates the take-up of housing benefits in the UK and analyzes "the relationship between take-up and the level of entitlement, accounting for the socio-economic characteristics of both recipients and non-recipients among the population of entitled households" (1987: p. 59). The authors find that, next to household characteristics, entitlement and income are also important explanatory variables of the probability of take-up of housing benefits.

Even though academic debates on how to correctly estimate (non-)take-up have existed for as long as this line of research has existed (see Craig, 1991) and continue to the present day (see, e.g., Tempelman & Houkes-Hommes, 2016), these analyses have been very important for sketching an image of the extent of (non-)take-up of various public benefits. To provide an impression, below are some examples – specifically about The Netherlands – of the findings of econometric studies of non-take-up over past decades[11]:

- An estimated take-up rate of 64% of a rent assistance program (*Huursubisidie*) in the period 1985-1986 (Koning & Ridder, 1997);
- Estimated take-up rates of special social assistance (*Bijzondere Bijstand*): 37% (in the city of Rotterdam) and 47% (in the city of Nijmegen) in the year 1990 (Van Oorschot, 1995);
- Individual rent benefit (*Individuele Huursubsidie*): an estimated take-up rate of 24% to 55% in the period 1975-1981 (Van Oorschot, 1991);

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[11] For an international overview of non-take-up of a wide range of public benefits, see Van Oorschot (1995); Riphahn (2001); Curry (2004); Hernanz, Malherbet & Pellizzari (2004); Immervoll (2009); and Moynihan, Herd & Harvey (2015).

- A non-take-up rate of 43% by eligible self-employed individuals of the lump-sum supplement for low-income families (*Wet Eenmalige Uitkering, WEU*) in 1984 (Van Oorschot, 1995);
- One in six households refrain from taking up income-dependent compensation of the healthcare premium (Tempelman & Houkes-Hommes, 2016); and
- Parental leave for fathers: 23% of eligible men used this benefit in 2013 (Karu & Tremblay, 2018).

Evaluation of econometric models

One of the main downsides of econometric models is that they rely on (household) surveys and (existing) large-N datasets to investigate the link between certain variables and the probability of claiming. In case of research into non-take-up of social support, such an approach is not feasible, as data are unavailable (e.g., no registers exist of the target population of individuals who have social support needs yet refrain from asking help), nor is collecting this kind of data a straightforward affair. Another reason not to adopt the 'standard' econometric models to study non-take-up of social support is their assumption that individuals behave on the basis of rational, utility-maximizing choices, which has been criticized by several scholars (see, e.g., Corden, in: Ditch, 1999; Van Oorschot, 1995) and does not fit with the behavioral assumptions that were formulated earlier in this chapter (see §2.2 and §2.3).

Multilevel system models

One of the most elaborate multilevel system models of non-take-up of social security benefits by eligible claimants is the one developed by Van Oorschot (see Van Oorschot, 2001; 1999a; 1999b; 1998; 1996; 1995; 1994; 1991; 1989; Van Oorschot & Kolkhuis Tanke, 1989). Cognizant but critical of the early conceptual models of non-take-up, Van Oorschot integrates the notions of thresholds, trade-offs and triggers into a unified framework. He thereby accords the threshold mechanism less significance than the other two mechanisms. Claiming is conceptualized as a three-stage process divided into threshold, trade-off, and application stages. Each stage is influenced by different factors. To pass through the first stage, the potential beneficiary must be(come) aware of the welfare program "but must also perceive themselves as eligible, must not have any strong attitudinal barriers against claiming, must perceive a need for the benefit and should not be in an unstable situation" (Finn & Goodship, 2014: p. 38).

Once the threshold stage is passed, individuals actually consider claiming and start to trade off claim-inhibiting and claim-stimulating factors. These factors are "perceptions of need, of eligibility and of utility, attitudes towards the outcomes of claiming, and the perception of the instability of one's situation" (Van Oorschot, 1998: p. 118). If the trade-off stage has a positive outcome, individuals enter the application stage – an important addition to the process of claiming that is sometimes overlooked by others. Daigneault, Jacob & Tereraho sum up what may happen in the application stage:

> "Following claiming, the non-recipient becomes a recipient only if the claimant does not withdraw from the process and if the public service does not reject his or her claim. A non-recipient could re-enter the process through a change in circumstances or triggers such as new information about a program" (2012: p. 41).

In stark contrast with other models of non-take-up, this approach not only focuses on factors at the client level but also takes into account factors at the administration and scheme levels (Van Oorschot, 1995). In addition, there are three main actors that populate the model, namely, policymakers, administrators and clients. Van Oorschot explains the idea behind this as follows:

> "Non-take-up [of social security benefits] is represented as the direct result of the specific behaviour of two groups of actors: administrators (which may take false decisions regarding applications of clients) and clients (which may omit putting in a claim or withdraw a claim). The third main group of actors, policy-makers, is of importance because of their role in setting the scheme's rules, in deciding on the budget and personnel available and outline the main factors on the scheme's administration. In doing so policy-makers define the legal and organizational context in which administrators and clients acts" (1995: p. 5).

Indeed, claiming welfare benefits can be(come) much more challenging due to structural factors, when, for instance, the scheme's rules are highly complex and whether or not it is a means-tested program (see also Corden, in: Ditch, 1999). Regarding the latter, Moynihan, Herd & Harvey (2015) sum up a number of studies in the US that consistently find (much) lower take-up rates of means-tested benefits than of universal programs such as Social Security and Medicare. In the case of universal programs, take-up rates are near 100%, while means-tested programs show strikingly lower take-up rates by eligible beneficiaries, as this overview illustrates:

> "40%–60% for Supplemental Social Insurance (Elder & Powers, 2006); two-thirds for the Supplemental Nutrition Assistance Program (SNAP, frequently referred to as food stamps) (Food and Nutrition Service, 2007); 30%–60% of unemployment insurance benefits (Kroft, 2008); 50%–70% for Medicaid (Sommers et al., 2012); and 75% for the Earned Income Tax Credit (EITC) (Plueger, 2009). Although Aid to Families with Dependent Children (AFDC) had an estimated take-up rate of between 77%–86%,

> participation rates declined dramatically after 1990s welfare reform, so that its successor, Temporary Assistance for Needy Families (TANF), had a much lower take-up rate of between 42 to 52% (ASPE 2007, II-19)" (Moynihan, Herd & Harvey, 2015: p. 6).

Corden subsequently refined Van Oorschot's model by adding some structural features that also contribute to non-take-up by eligible individuals (Finn & Goodship, 2014). In all, this model is regarded by many as a highly useful perspective on the claiming process, as it "allows incorporation of features such as administrative error and information supply, and tips the balance of perceived responsibilities for achieving take-up back towards policy-makers and administrators, rather than seeking explanations for non-take-up in terms of the ignorance or irrationality of clients" (Corden, in: Ditch, 1999: p. 132). It provides a contextualized analysis of non-take-up of welfare benefits that is notably different from models that focus merely on the level of the individual client. However, the model has attracted some criticism for being too complex and not practice oriented (Daigneault, Jacob & Tereraho, 2012).

Evaluation of multilevel system models

Van Oorschot's forms a compelling counterweight to other models in the field that predominantly (albeit often implicitly) assume that individuals will behave as rational actors when they are in need of some form of help. And Importantly Van Oorschot's model integrates multilevel influences that may lead to non-take-up of welfare benefits. More specifically, it acknowledges that both service providers and potential recipients of social services are not situated in a 'vacuum' but are located in a broader social service system. This is commonly acknowledged in social policy research (see also Hasenfeld, 2010; Arksey & Glendinning, 2007; Twigg & Atkin, 1994) yet is seldom reflected in models of non-take-up of public benefits. Finally, Huby & Whyley add that "the concept of take-up has progressed from an initial interest in individual responses to entitlement to a wider acknowledgement of the responsibilities of policymakers and legislators" (1996: p. 6). So, multilevel models, especially the one that Van Oorschot has developed and applied, make a vital contribution to this field of research.

Conclusion: overall evaluation of models in the literature on non-take-up

In taking stock of this body of literature as a whole, three general conclusions can be drawn. First, nearly all models discussed are, either explicitly or implicitly, founded on the rational actor model. As one of the notable exceptions, Van Oorschot (e.g., 1995) is critical about the assumptions of this rational model, deeming it unsuitable as a behavioral model in non-take-up research. In light of the discussion at the beginning of this chapter, it suffices here to underline Van Oorschot's criticism and to reiterate that the rational actor model is too limited to understand all claiming behavior. Second, non-take-up of public benefits is not a single-cause phenomenon, nor is it limited to factors at the client level only. Where early non-take-up models directed their attention to the individual level only, it later became apparent that (f)actors at the administrative, scheme, and policy levels also influenced claiming behavior.

Finally, it is clear that quantitative research prevails in non-take-up research (which is an observation from this literature review, not a normative judgment). All models discussed above rely on quantitative methods and (existing) large-N databases. Typically, these databases contain all sorts of information on households that can be used to explore the relationship between specific variables and probabilities of (non)claiming of welfare benefits. From a methodological perspective, such quantitative methods are not feasible for research on non-take-up of social support since the target group constitutes a "hidden or hard-to-reach population" (Shaghaghi, Bhopal & Sheikhi, 2011). That is, there is no register of individuals with (multiple) latent help needs from which to draw a representative sample, which is very dissimilar to most research on non-take-up of social security benefits that draws from administrative databases of eligible welfare clients. These methodological challenges – and how they will be dealt with – will be addressed in more detail in subsequent chapters.

2.7. CONCLUSION

What can be learned from this combined review of research on help-seeking and non-take-up of welfare benefits? What are the main takeaways? Surprisingly, until now, the two bodies of literature do not appear to have crossed paths despite covering – or at least touching upon – similar themes and issues. Without downplaying their mutual differences, this review 'revealed' some common interests and several other important parallels between the two literatures. In particular, there appear to be some striking resemblances between Pescosolido's Network-episode model (NEM) from the help-seeking literature and Van Oorschot's multilevel model of non-take-up of welfare benefits, even though these were developed independently of each other. Both advocate and formulate an alternative to the rational actor model; both adopt a multilevel perspective to understand human (non-)help-seeking behavior; both pay attention to the policy dimension and take into account (system) reforms; and, finally, both consider help-seeking – whether for professional healthcare services or for social security benefits – as a *dynamic process* that is shaped and affected by various factors.

Furthermore, both fields of research have some identical tendencies, namely, a preference for quantitative methods or at least a predominant use thereof. Take, for example, the NEM and the multilevel model of non-take-up of public benefits. Another common tendency is that many of the dominant models in both literatures have become more complex over time. This is illustrated, for instance, by how the NEM gradually evolved into the 76-factor model that it is today. Overall, this combined literature review has provided highly useful insights that will be translated into a tailor-made analytical framework to investigate non-take-up of social support, which will be the topic of the next chapter.

Chapter 3

An analytical framework of non-take-up of social support

CHAPTER 3 - AN ANALYTICAL FRAMEWORK OF NON-TAKE-UP OF SOCIAL SUPPORT

Building on the outcomes of the literature review of the previous chapter, this chapter develops a tailor-made analytical framework to further investigate the phenomenon of non-take-up of social support. It thereby conceptualizes individual help-seeking as a dynamic process that is embedded in the broader context of a multilayered social service system. Furthermore, it defines the position and role of the potential welfare client, as well as other relevant actors within that social service system: policymakers and (representatives of) third sector organizations. As such, the analytical framework provides us with a lens through which to examine the phenomenon of non-take-up of social support.

In addition to this analytical function, the framework serves two other purposes: it structures the overarching research strategy of this thesis, and it acts as a heuristic device, as a 'searchlight', to further navigate the different academic literatures and to collect relevant knowledge and insights from those literatures. After formulating the various elements of the analytical framework, the chapter concludes with a discussion of how the framework fits into the broader process of building a theory of non-take-up of social support. Basically, the conceptual work of the previous and current chapter constitutes the first steps along the path of developing such a full-blown theory.

3.1. A TAILOR-MADE ANALYTICAL FRAMEWORK OF NON-TAKE-UP OF SOCIAL SUPPORT

Based on the outcomes of the literature review in chapter 2, the following set of criteria for the analytical framework can be specified: 1) it focuses specifically on <u>non</u>-take-up of social support (in contrast to models that concentrate only on pathways to treatment and service utilization); 2) it encompasses the entire pathway, from social policy design to – ultimately – the individuals who are in need of social support – in particular, the position and role of third sector organizations (and their representatives), as providers of social support services (the supply side), needs to be incorporated into the framework; 3) it conceptualizes help-seeking for social support as a dynamic process that moves from the personal to the interpersonal level, whereby different types of problems and barriers may occur in different phases of the process; 4) it can subsume insights and concepts from various academic disciplines (integrative theoretical orientation); 5) it allows for a qualitative research design, aiming to collect, describe and analyze the perceptions and "lived experiences" (Wright, 2016) of individuals from hard-to-reach populations; and 6) it acknowledges and conceptualizes the various roles and responsibilities of different actors – potential welfare recipients, representatives of third sector organizations, and policymakers – within the social service system as a whole (*cf.* Van Oorschot, 1995).

The first purpose of the analytical framework is to identify and describe the various levels and actors that are relevant to the phenomenon of non-take-up of social support. An analytical distinction is made between the individual level, the organizational level, the level of the social service system as a whole and the level of social policy design. Figure 3.1 visualizes the broad architecture of this multilayered framework.

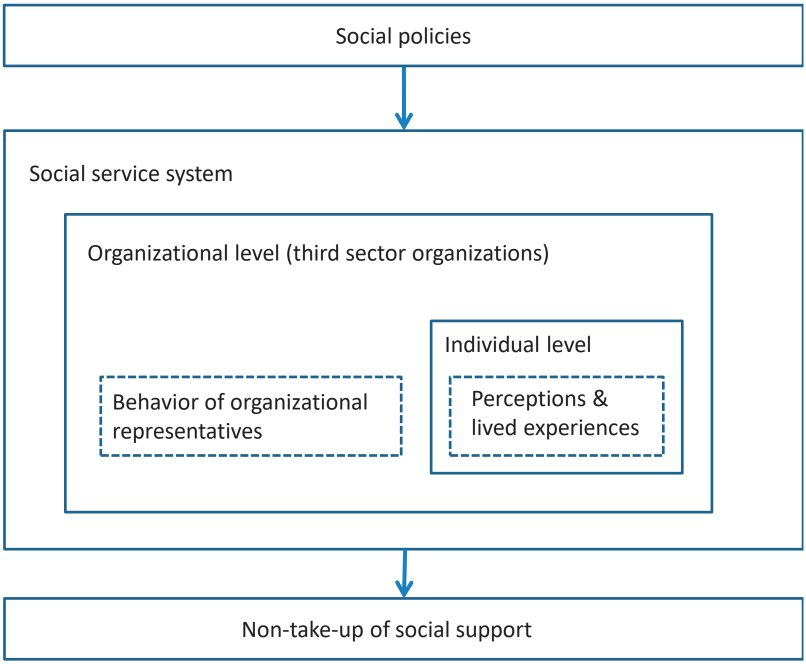

FIGURE 3.1: The tailor-made analytical framework of non-take-up of social support

This framework acknowledges and includes the roles (and responsibilities) of different actors, namely: potential welfare recipients, representatives of third sector organizations, and policymakers, in relation to non-take-up of social support. These are the actors that 'populate' the analytical framework. Non-take-up of social support is the direct result of the behavior of potential welfare clients and representatives of third sector organizations (*cf.* Van Oorschot, 1996). At the level of social policies, the third group of actors – policymakers – comes into the picture, as they set the 'rules of the game' and shape the local social service system (*cf.* Van Oorschot, 1996). Policymakers both directly and indirectly affect the daily lives of (potential) welfare recipients, and set the boundaries within which third sector organizations (have to) operate.

While social policies are considered by some to be neutral, technocratic instruments, they are in fact the outcome of political (and oftentimes *politicized*) decision-making processes. These processes involve value-laden decisions. Policymakers decide who gets what, when and how – to use Lasswell's (1936) famous expression. Eligibility rules, categorizations of target populations, role definition of service providers, policy targets, governance instruments, financial means, etc. are not simply given but actively produced by policymakers (*cf*. Nedlund & Nordh, 2018; Stone, 2012; Starr, 1992). After all, public means are finite, so policymakers have to make real political choices about how to (re) distribute those means. Any analysis of non-take-up of social support should therefore include a close examination of the contents of social policies.

3.2. CONCEPTUALIZING THE ELEMENTS OF THE ANALYTICAL FRAMEWORK

How one defines and conceptualizes a social phenomenon steers the further analysis and interpretation thereof. As Allison succinctly puts it, "What we see and judge to be important depends not only on the evidence but also on the 'conceptual lenses' through which we look at the evidence" (1971: p.2). It is therefore of vital importance to show how each level of the analytical framework is conceptualized. Hence, this section further digresses on the various levels of the analytical framework of non-take-up of social support. Particular attention will be devoted to the conceptualization of the two types of potential welfare clients (type I and type II) as well as the third sector and third sector organizations.

Individual level – Potential welfare recipient

As depicted in Figure 3.1, the potential welfare recipient is embedded in the broader context of the social service system. The aim is to better understand the problems and barriers that he/she perceives or experiences in his/her daily life and that impede the optimal utilization of social support services. This thesis will collect, describe and analyze the lived experiences and perceptions of individuals who are eligible for social support from third sector providers but who do not utilize that support. However, all potential welfare recipients are not the same, either in real life or at a more conceptual level. To further delineate the target population, this study distinguishes between two kinds of potential welfare clients: type I and type II (throughout the text, they will interchangeably be referred to as *individuals who are in need of social support*, *potential welfare recipients*, or *potential clients*).[12]

What differentiates the two types of potential welfare recipients is their position within the social service system and the purpose of the social support that is developed for and offered to them. First, the two types are separately identified in the Dutch Social Support Act (2015) and occupy different positions within the social service system. A type I individual is someone who is in need of social support to sustain or increase his/her self-reliance. Third sector organizations offer all sorts of support provisions that type I individuals are expected to use to strengthen their self-reliance and to reduce their dependency on (more) expensive forms of care and support. Grocery delivery and shopping services, transportation services for disabled individuals to visit the doctor, debt counseling services, buddy support and home care services are some examples of the many different services that third sector organizations offer to potential welfare recipient type I.

A type II individual is a *nonprofessional caregiver*, a person who provides care and support to someone in his/her social network (e.g., a family member, a friend, or a neighbor).[13] Third sector organizations offer social support services that specifically target these nonprofessional caregivers. Those social support services serve the purpose of building, sustaining, and/or strengthening these individuals' caregiving capabilities.[14] Some third sector organizations offer highly specific services, such as emotional support for young nonprofessional caregivers who are (or run the risk of becoming) overburdened. Other organizations offer more generic provisions, such as practical household services (clean-

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[12] The term *welfare subject(s)* is deliberately avoided in this thesis, even though it is customary term in other parts of the academic literature (see, e.g., Lundberg, 2018; Lister, 2010; Clarke, Hahn & Hoggett, 2008; Williams, 1999). Yet, the term welfare subject is quite reductionist and does not fully capture the identity of the present target population, which is why the other terms are preferred.

[13] In this study, the term *nonprofessional caregiver* is used to refer to an individual who provides care and support to someone within his/her social network – a family member, a friend, or a neighbor. This term is used instead of the terms *family caregiver* (see, e.g., Grunfeld *et al*., 2004) and *informal caregiver* (see, e.g., Costantini *et al*., 2014). This is not only an issue of semantics. The term family caregivers is considered too limited, as it does not seem to apply to individuals who provide care to nonkin, such as friends and neighbors. The term informal caregiver is too limited as well, as it excludes any possibility of material compensation for caregiving activities in the form of discounts, products, and other financial compensations, rewards or incentives (think of the so-called *mantelzorgwaardering/compliment*). The latter term also implies that caregiving never incurs any costs, while caregiving may sometimes require (some) financial expenses or other types of costs, such as a loss of income when a caregiver reduces his/her work hours (see, e.g., Arno, Levine & Memmott, 1999).

[14] To further clarify, here, nonprofessional caregivers are *not* considered resources or coworkers, as they are sometimes also regarded by agencies (see Twigg, 1989). Instead, they are considered as potential recipients of support services.

ing services, maintenance work, gardening, etc.) or administrative support (e.g., filling out tax forms), that are intended for a much larger target group.

Importantly, these social support provisions are accessible only to nonprofessional caregivers, *not* to type I individuals. This is why an individual has to meet a specific set of policy criteria in order to be labeled a nonprofessional caregiver. In the municipality of The Hague – as in many other Dutch municipalities – this means that an individual must take care of someone from within his/her own social network (family member, friend, or neighbor) for at least eight hours a week or for three consecutive months (Gemeente Den Haag, 2018).

Figure 3.2 portrays the different positions of the two types of potential welfare clients as well as the different purposes of the social support services that are offered to them by third sector organizations.

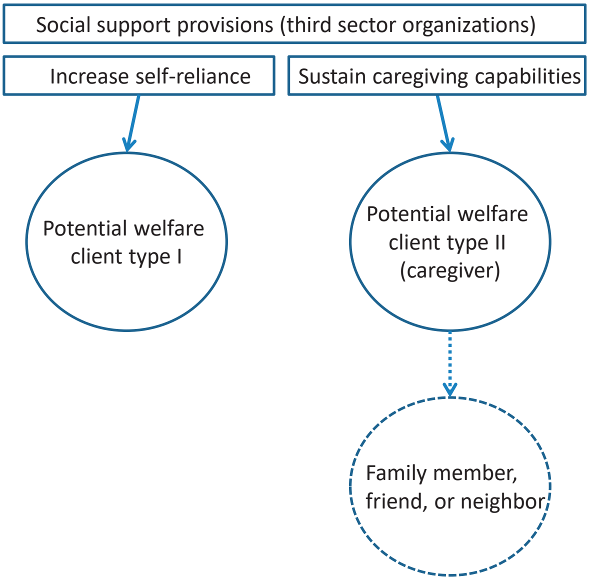

FIGURE 3.2: Visualizing support services for type I and type II potential welfare clients

The next section provides a conceptualization of third sector organizations, which is important for better understanding the particular help-seeking context in which potential welfare recipients find themselves. As already mentioned, policymakers consider the services offered by these third sector organizations to be vital sources of help to, in the case of type I individuals, increase their self-reliance or, in the case of type II individuals, strengthen or sustain their caregiving capabilities. However, many deem the third sector a rather “fuzzy sector” (see Brandsen, Van de Donk & Putters, 2005). Thus, a clear conceptualization is needed and will be provided.

Organizational level – third sector organizations (and their representatives)

Over time, third sector organizations have developed into an integral pillar of social service systems in many countries, as many have observed (Defourny *et al.*, 2016; Brandsen & Pape, 2015; Dickinson *et al.*, 2012; Henriksen, Smith & Zimmer, 2012; Borzaga & Fazzi, 2010; Defourney & Pestoff, 2008; Brandsen & Pestoff, 2006; Kramer, 2000). They offer all sorts of provisions intended to support individuals in coping with personal welfare problems. Policymakers explicitly expect individuals to turn to these third sector organizations first before seeking other, more expensive forms of support. What exactly are the defining features of this third sector, and how should third sector organizations be conceptualized?

There is considerable academic debate about the third sector and how its organizations should be defined (Alcock & Kendall, 2011). Different scholars apply different labels and suggest different types of organizations, but the basis on which those organizations are determined to belong to the third sector often remains unclear. Below, a definition of the third sector and its organizations will be formulated based on the key literature on the topic. This will be followed by a discussion of the role of and importance of third sector organizations in the social service system. After all, if individuals in need of social support are urged by policymakers to utilize social support services offered by these organizations, it is necessary to have a sound understanding of what they are and what their services actually entail.

Conceptualizing third sector organizations – empirical criteria

First, the ‘third sector’ and ‘third sector organizations’ concepts refer to a specific societal sector that is different from the public, private and community sectors. This particlar societal sector harbors a myriad of organizations that offer all kinds of social support services. It must be noted that these concepts carry relatively little meaning and relevance in the day-to-day reality of practitioners or for individuals who are expected to turn to those organizations for help. However, using these terms is by no means intended as “fetishism of the Concept” (C. Wright Mills, [orig. 1959] 2000) or, in other words, for no real reason assigning a new label to a phenomenon that we already know under another label, thereby obfuscating our understanding of it. This study favors conceptual precision over colloquialism, so using specific academic jargon is sometimes an inescapable necessity. Then again, this does not relieve one of the task of explaining particular technical terms and jargon when one deems it necessary to use them. After all, one does not want to become unintelligible. That is why some of these concepts will be further elaborated upon below.

In the literature, different terms are used to refer to the domain, context, space, sector or sphere between market, community and state, including 'nonprofit sector' (Powell & Steinberg, 2006; Bryson, 2004), 'social economy' (Stoker, 1998), 'voluntary sector' (Wuthnow, 1991), 'civil society' (Fukuyama, 2001), and 'third sector' (Salomon & Sokolowski, 2016; Pestoff, Brandsen, & Verschuere, 2013; Brandsen, Van de Donk & Putters, 2005; Goodin, 2003; Fenger, 2002; Kramer, 2000; Evers, 1995; Nutt & Backoff, 1995; Etzioni, 1973).[15] Like many others, this study will employ the last of these concepts, even though the third sector is perhaps one of the most difficult-to-define concepts (see also Brandsen, Van de Donk & Putters, 2005) and therefore has been referred to as a "loose and baggy monster" (see Kendall & Knapp, in: Smith, Rochester & Hesley, 1995) and the "twilight zone" (see Salamon & Sokolowski, 2016).

More conceptual clarity can be found in a recent publication by Salamon & Sokolowski, who formulated the following set of empirical criteria to determine whether an organization 'belongs' to the third sector:

"An institutional unit – whether an NPO [nonprofit organization, MR], an association, a cooperative, a mutual, a social enterprise, or any other type of institutional entity in a country – must meet all five of these features to be considered 'in-scope' of the third sector. In particular (…) entities must be:

- Organizations, whether formal or informal;
- Private;
- Self-governed;
- Non-compulsory; and
- Totally or significantly limited from distributing any surplus they earn to investors, members, or other stakeholders" (2016: p. 1533).

Let us consider these five criteria in more detail. Regarding the first criterion, an entity is considered to be an *organization* when "(…) it involves groups of people who interact according to some understood procedures and pursue one or more common purposes for a meaningfully extended period (e.g., longer than several months)" (Salamon &

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[15] In the Dutch academic literature, different terms are used to describe (parts of) the third sector, namely *particulier initiatief*, *maatschappelijk middenveld*, *maatschappelijk ondernemerschap*, *civil society* (untranslated), and *sociale economie* (Brandsen & Van de Donk, 2005). The Netherlands Institute for Social Research has a multiannual research program into "Impact of the Third Sector as Social Innovation" (Anheier *et al.*, 2014).

Sokolowski, 2016: p. 1534). The difference between a *formal* and *informal* organization is whether an organization is founded on some legal basis. Note that this distinction between a formal and informal organization is different from the one that is usually made within organizational studies. There, the formal organization pertains to (written) rules, procedures, and other structural aspects, while the informal organization is refers to unofficial social processes, organizational culture, values and beliefs (see Rainey, 2009). Notwithstanding this difference, even though many third sector organizations do have a formal legal basis (for instance, in the form of a foundation), such a basis is not a strict requirement for inclusion in the third sector. As the British National Audit Office (2018) puts it:

"TSOs [third sector organizations, MR] can take a number of legal forms. Many are simple associations of people with shared values and objectives. Many have company status but with a not-for-personal-profit approach. Very many have charitable status or are community interest companies, industrial and provident societies or co-operatives."

Second, the aspect of *privateness* means that the entity must be separated from government and that it is not directly associated with the state. Third, to be considered *self-governed*, the organization "(…) must control its general policy and operations to a significant extent, have its own internal governance procedures, and enjoy a meaningful degree of autonomy" (Salamon & Sokolowski, 2016: p. 1534). Despite having a meaningful degree of autonomy, it is common for third sector organizations – especially those that are active within the social service system – to receive financial support (in the form of subsidies, grants, contracts, etc.) from public organizations (Clifford, Geyne Rajme, & Mohan, 2010) or other third parties (Nutt, 2000). Fourth, the *noncompulsory* criterion means that participation with the organization is without compulsion or coercion. This excludes, for instance, organizations for which participation is based on heredity (family, caste, tribe, etc.) or legal mandate.

The fifth and final criterion pertains to the point that "(…) an organization must be subject to some formal or legally binding constraint that completely prohibits, or places some significant limitation on, the portion of any profit it may generate that it can distribute to directors, shareholders, members, or other individuals" (Salamon & Sokolowski, 2016: p. 1535). This somewhat broadens the scope of the third sector, which enables it to "(…) embrace organizations that permit some distribution of profit (e.g., cooperatives, mutuals, and social enterprises), but still restricts it only to those entities that are required by law or custom to place some significant limit on such distribution" (Salamon & Sokolowski, 2016: p. 1535). In addition, Salamon and Sokolowski continue, "This means that the organization can compensate its employees for work performed, but is subject to either a total prohibition, or significant limitation, on any distribution of its profits" (2016: p. 1535). The British National Audit Office further adds, "For this reason TSOs are sometimes called 'not-for-profit organisations'. A better term is 'not-for-personal-profit'. In many cases, TSOs need to make surpluses (or 'profits') to be financially sustainable."

Third sector organizations in relation to other societal sectors

Having conceptualized third sector organizations, it is now time to consider how they relate to entities in other societal sectors. Third sector organizations are self-governed, so in that sense, they do not 'belong' to the public sector. Furthermore, they differ from market-based organizations, as their goal is not profit maximization and they do not operate under (pure) market conditions. Finally, they are different from community-based entities, or as Brandsen, Van de Donk & Putters formulate it,

> "while the difference is gradual (as it is with the other domains), it is important to distinguish between small, primary social units (such as families) and larger, more organized units (such as voluntary groups). The latter may operate on the basis of care and trust, but are not based primarily on close relationships between people who individually love and cherish one another" (2005: p. 753).

Hence, third sector organizations are to be distinguished from archetypical entities in other societal sectors, namely, public bureaucracies in the state sector, for-profit enterprises in the market sector, and families in the community sector (Brandsen, Van de Donk & Putters, 2005). Note that the concepts 'third sector' and 'third sector organizations' should not be conflated with the Third Way, a political ideology that was popular in countries such as the UK, US and The Netherlands in the 1990s and 2000s (Theakston & De Vries, 2012; Rose, 2000). One of the crucial differences is that the Third Way refers to a set of political ideas, while the third sector (organizations) concepts are used in this study to empirically describe a specific societal sector and the organizations that populate it. The Third Way is a political-normative concept, while the third sector and third sector organizations are terms that empirically describe a societal phenomenon. Finally, the third sector and family combined may also be referred to as *civil society*. Having said all this, Figure 3.3 illustrates the configuration of the different sectors in society, demarcated by the dividing lines just described.

Third party governance: on the role and importance of third sector organizations

The fact that third sector organizations currently constitute an integral pillar of social service systems in many countries comes as no surprise. As observed by many, the state and its public organizations have externalized the bulk of social services by transferring

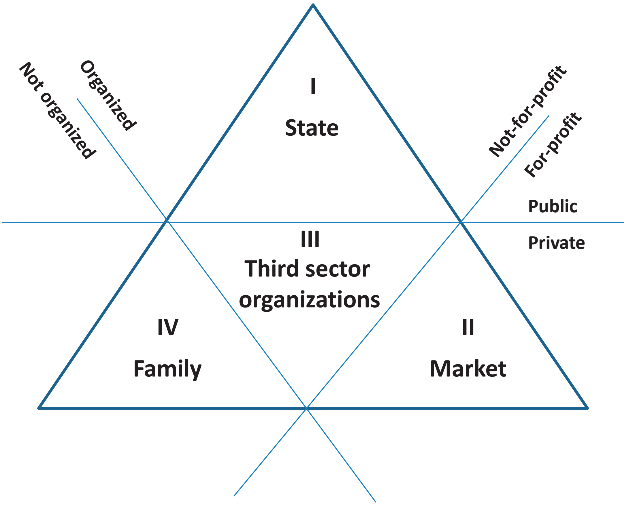

FIGURE 3.3: Societal entities (based on Salamon & Sokolowski, 2016; Brandsen, Van de Donk & Putters, 2005)

important tasks and responsibilities to third sector organizations operating in the social service system. The role of public organizations has vastly diminished in terms of the direct provision of social services, which has fundamentally altered the governance of the social service system. In essence, in many countries, this has given rise to what is generally referred to as *third party governance* (Piatak, Mohr & Leland, 2017; Osborne, 2010; Heinrich, Lynn & Milward, 2010; Rethemeyer & Hatmaker, 2007; Posner, 2004; Salamon, 1989). This boils down to the (increased) reliance of public authorities on third sector organizations for the implementation of social policies and social services. Although this has been a gradual process, it has, in the course of time, produced complex networks of organizations that are – to a greater or lesser extent – involved in the governance of the social service system (see also Van der Heijden & Schalk, 2018). Indeed, as Goldsmith and Eggers point out, “Third-party service delivery models (…) are a central component of the trend toward networked governing” (2004: p.10).

This development has, at the same time, produced new governance challenges. Salamon keenly observes that “the ‘public administration problem’ has leapt beyond the borders of the public agency and now embraces a wide assortment of ‘third parties’ that are intimately involved in the implementation, and often the management, of the public’s business” (Salamon, 2001: p. 1613). This means that “crucial elements of public authority are shared with a host of nongovernmental and other-governmental actors, frequently in complex collaborative systems that sometimes defy comprehension, let alone effective management and control” (Salamon, 2002: 2). This even leads Dubnick and Frederickson to claim that third party governance has become “THE public administration challenge of our time" (uppercase original, 2009: i1). For that reason, there are ongoing debates about issues of accountability (see, e.g., Piatak, Mohr & Leland, 2017), legitimacy (see, e.g., Taylor & Warburton, 2003) and democracy (see, e.g., Nickel & Eikenberry, 2016) in relation to the phenomenon of third party governance and to the rising importance of third parties.

To better understand the position and role of third sector organizations within the social service system, a network-based approach is adopted here, which is deemed more apt than 'traditional', hierarchy-based approaches (see Stoker, 2006; Kettl, 2015; 2002). However, research on networks in the public sector has attracted enduring criticism from scholars due to a lack of conceptual clarity. For instance, Börzel notes the "Babylonian variety of policy network concepts and applications in the literature" (1998: p. 253). Other, more recent reviews of the literature reiterate that network research is still trying to cope with this problem (Lecy *et al.*, 2014; Rethemeyer & Hatmaker, 2007; Borgatti & Foster, 2003). While it is beyond the scope of this study to suggest a solution, these criticisms do compel to be as clear as possible about the network concepts that. This study discerns three types of networks, namely, *governance networks*, *policy networks*, and *service delivery networks*.

Regarding the first network form, "governance networks are entities that fuse collaborative public goods and service provision with collective policymaking" (Isett *et al.*, 2011: i158). Klijn & Skelcher (2007: p. 587) further add that governance networks

> "are based on interdependencies, but not necessarily equity, between public, private and civil society actors. They move beyond the institutionalized peak bargaining of corporatism to more dispersed, flexible and, in some cases, transparent modes of agenda setting, policy-making and implementation."

Analytically, two more specific network types are to be distinguished within this broader governance network. The first is the policy network, which combines two theoretical orientations: one on policy theory and the other on interorganizational relations (Hufen & Ringeling, 1990). Although policy networks are often used metaphorically, in theoretical-empirical research, they are considered a specific class of policy-making structure (Kenis & Schneider, 1991). Following Rethemeyer & Hatmaker (2007: p.619), policy networks are conceptualized as

> "a set of public agencies, legislative offices, and private sector organizations (including interests groups, corporations, nonprofits, etc.) that have an interest in public decisions within a particular area of policy (…) because they are interdependent and thus have a 'shared fate' (Laumann & Knoke 1987). Public decisions will affect the ability

> of all members to continue operations and meet the goals of internal and external stakeholders (Cyert & March 1963). Such organizations constitute a 'network' because they communicate intensively about issues they care about and must exchange money, political support, and other 'resources' to influence public decisions and – most basically – to survive (Pfeffer 1987; Pfeffer & Salancik 1978)."

Second, third sector organizations are active in service delivery networks, which are defined as

> "collections of government agencies, nonprofits, and for-profits that work together to provide a public good, service, or 'value' when (a) a single public agency is unable to create the good or service on its own and (b) the private sector is unable or unwilling to provide the goods or services at all or in the desired quantities" (Rethemeyer & Hatmaker, 2007: p. 620).

Now that the different types of networks have been conceptualized, the analytical framework, in which the different types of networks are distinguished, is presented in Figure 3.4.

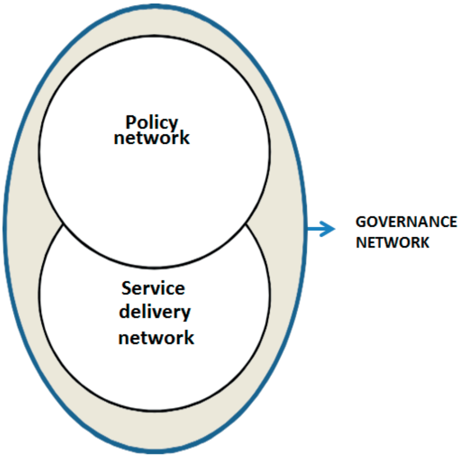

FIGURE 3.4: Governance network, composed of a policy network and service delivery network

Third sector organizations that offer social support are - by definition - active in the service delivery network, but they may also be(come) active in the policy network. They may, for instance, try to lobby political actors in the policy network to recieve political support or to acquire other types of resources. Vice versa, sometimes actors from the policy network approach third sector organizations to seek support, or to otherwise further their interests. It stretches too far to speculate or theorize why, how and when third sector organizations become poltically active (or why, when and how political actors would approach them). In any case, whether or not politically active, third sector organizations are an important part of the governance network as a whole. Political actors, such as local public authorities, that are active in the policy network do have to rely on third sector organizations in the service delivery network for the actual implementation and delivery of social policies.

Summary

Understanding non-take-up of social support requires an understanding of the organizations offering that support. Given the 'fuzziness' of the concepts of the third sector and its constitutive organizations, some space of this chapter was dedicated to explain these particular terms. First, the third sector was demarcated as a distinct societal domain separate from other domains – i.e., the market economy, the public sector and the family. Second, the five empirical criteria formulated by Salomon & Sokolowski (2016) are useful for determining whether an organization belongs to the third sector. To be within the scope of the third sector, entities must 1) be (formal or informal) organizations; 2) be private (institutionally separated from government); 3) be self-governed; 4) have noncompulsory participation; and 5) be totally or significantly limited from distributing any surplus they earn to investors, members, or other stakeholders. Third, third sector organizations currently form the backbone of the social service system, a phenomenon known as *third party governance*. These third sector organizations are, however, not only important for the delivery of social services but also may be(come) active in policy networks. Overall, they fulfill a vital role in the governance of the social service system.

This concludes the part on the conceptualization of the organizational level of the analytical framework. The remainder of this section will discuss the two other levels of the framework, the system level and the policy level, and will provide a conceptualization of social support.

System level – local social service system

As represented by the analytical framework (Figure 3.1), both third sector organizations and their potential welfare recipients are embedded in the broader local social service system. What does the local social service system entail? Building on Andreotti, Mingione & Polizzi (2012), the *local welfare system*, or the *local social service system* – those terms will be used interchangeably in this study – is defined as *a relatively dynamic arrangement in which specific local socioeconomic and cultural conditions give rise to a mix of different* *actors that are involved in offering social support services.*[16] As Andreotti, Mingione & Polizzi (2012) also note, the local dimension of the social service system is not new, but it has gained more prominence and importance over recent decades in many countries.

Various trends and developments, including several financial and economic crises, changing labor markets, technological developments, the aging of the population, and evolving political ideologies, have imposed increasing strain on welfare states worldwide (see Van Kersbergen, Vis & Hemerijck, 2014; Bonoli, 2010; Borghi & Van Berkel, 2007; Lynn, 2006; Armingeon & Bonoli, 2006; Bonoli, 2005). In response to these challenges, many public authorities have decided to shift welfare systems from the central (national) to the local level. However, as Andreotti, Mingione & Polizzi put it, the local welfare system is

> "not to be considered as a simple rescaling of welfare responsibilities to the local level, but as specific configurations of population needs and welfare providers and resources emerging at the local levels. Every element of these configurations looks deeply embedded in the specific feature of each local context and highly interdependent on the other elements, so that it becomes part of a local system" (2012: p. 1926).

Policy level – social policies

Social policies play a crucial role in shaping the local social service system. In designing social policies, policymakers set the legal, organizational and administrative outlines of the local social service system, and they set the 'rules of the game' (see also Hasenfeld, 2010; Van Oorschot, 1995). As Van Mechelen & Janssens put it, "At the level of the policy design, eligibility rules and entitlement conditions are set up and the benefit structure is defined. Moreover, policymakers decide on the size of the budget that is assigned to the benefits and services provided, as well as to the administration of the public programme" (2017: p. 17). In other words, local policymakers determine the conditions of all sorts of social welfare programs and assistance, thereby exerting a major influence on the socio-economic position of individuals who (partly) depend on such provisions. Finally, social policies usually contain the (implicit) assumptions and expectations of policymakers

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[16] Other, more or less related terms can also be found in the literature: Van Oorschot (1995) uses the term "scheme", Hasenfeld (2010) refers to it as the "institutional political economy of the local community" and Daigneault (2014) as the "social assistance regime", and it is also echoed in the "place and space" of the NEM (Pescosolido, 2006). The definition by Andreotti, Mingione & Polizzi is not as broad – too broad – as the institutional political economy of the local community, or place and space, but it is not as narrow – too narrow – as a scheme or social assistance regime. In that sense, it strikes the right balance for the current research purposes.

about the capacity and behavior of welfare clients as well as social service providers (see also Putters, 2017; Wright, 2016; Veldheer *et al.*, 2012; Spicker, 2011).

The concept of social support

Finally, it is necessary to delineate the concept of *social support*. In the academic literature, social support is regarded as a form of prosocial behavior (Bekkers, 2013; Dekker, De Hart & Faulk, 2007). Prosocial behavior is an umbrella term that refers to all types of positive social interactions, including cooperative behavior, helping behavior in case of emergency situations, philanthropy, 'regular' helping behavior, and altruism (Stürmer & Snyder, 2010; Penner *et al.*, 2005). The roots of research on social support can be traced back to classical studies by Durkheim, Cooley, and Bowlby (see Alloway & Babbington, 1987). The concept subsequently became embedded in research into related concepts, such as social network, social capital, social ties, and social integration, and thereafter developed into a distinct research construct in the mid-1970s (Nurullah, 2012).

The field then 'boomed' and made important progress through works by Weiss (1973), Cobb (1976), Cassel (1976), Kaplan, Cassel & Gore (1977), Cantor (1979), Thoits (1982), Barrera & Ainlay (1983) and Shumaker & Brownell (1984). At the same time, however, this research sprawl generated much conceptual diversity – and, in its wake, conceptual fuzziness (Barrera, 1986). Aside from causing a Babylonian language confusion among researchers, this conceptual fuzziness also stood in the way of an effective translation of academic research into social policies (Schilling, 1987). While in later years other studies tried to provide more conceptual clarity (see, e.g., Due *et al.*, 1999; Thoits, 1995), this did not result in establishing a single, authoritative definition of social support. Today, a myriad of conceptualizations of social support are found in the academic literature.

Since there is no universally accepted, 'one best way' of defining social support, it is necessary to clarify how the concept is defined in this study. Here, social support is regarded as *resources offered by third sector organizations that are intended to enhance the well-being of the potential client*. This definition is (somewhat) different from other definitions in the literature. Others define social support as "an exchange of resources between at least two individuals perceived by the provider or the recipient to be intended to enhance the wellbeing of the recipient" (Shumaker & Brownell, 1984: p. 13; see also Graven & Grant, 2014); as "the social resources that persons perceive to be available or that are actually provided to them by nonprofessionals in the context of both formal support groups and informal helping relationships" (Gottlieb & Bergen, 2010: p. 512); as "perceived or actual instrumental and/or expressive provisions supplied by the community, social networks, and confiding partners" (Lin, in: Lin, Dean & Ensel, 1986: p. 18); or simply as "the level of resources provided by other persons" (Due *et al.*, 1999: p. 663; see also Ekström *et al.*, 2013).

The definition of social support in the present study is more specific than some of the above definitions, as it focuses solely on support services from third sector providers (excluding other potential sources of support, such as a person's social network). Second, and again in contrast to some of the above definitions, it emphasizes the *supply* of social services rather than the actual use/exchange of them. Last, the *intention* with which services are offered by third sector providers (namely, to improve the well-being of the recipients) is included, which overlaps with Shumaker & Brownell's definition (1984) but ithat elements absent from the other definitions.

Furthermore, for analytical purposes, the following four categories of social support are distinguished based on their function: *instrumental support*, *companionship*, *personal care*, and *emotional/psychological support* (*cf.* Gottlieb & Bergen, 2010; Rook, 1987). When someone needs help with chores in and around the house, for example, this type of support is categorized as instrumental support. Help from a buddy, someone who meets with a person every now and then to go for a walk and have a chat, is regarded as companionship. Personal care includes help with getting dressed and taking a shower as well as light medical care. Finally, emotional or psychological support pertains to, *inter alia*, providing guidance, advice and/or coaching to address minor mental health needs. Aside from the different *functions* social support provisions may have, they may also be differentiated based on their *target groups*. As explained earlier in this chapter, this study focuses on two types of individuals who are eligible for social support offered by third sector organizations: type I and type II individuals. Table 3.1 integrates those two dimensions of social support (*function* and *target group*) and provides concrete examples of social support services offered by third sector organizations.

		Potential recipients of social support (target groups)	
		Type I individual: care recipient	**Type II individual: nonprofessional caregiver**
Function of social support offered by third sector organizations	**Instrumental support**	Administrative help filling out tax forms with the help of a local community center that offers financial support	Help repairing the house, offered by volunteers on an online platform
	Companionship	A biweekly social activity with a buddy from a local volunteer agency	A holiday to unwind from the daily burden of caring, organized by a collective of nonprofessional caregivers
	Personal care	A social welfare organization offering home care after an individual returns from hospital for revalidation	A home care organization offering help with taking medication
	Emotional/ psychological support	An online platform of local residents offering support to individuals who suffer from emotional problems after losing a partner	An Alzheimer's café where overburdened caregivers can meet and receive emotional help from their peers

TABLE 3.1: Examples of social support from third sector organizations for type I and type II individuals

3.3. THE TWO OTHER PURPOSES OF THE ANALYTICAL FRAMEWORK

As well as depicting the relevant levels and actors in relation to non-take-up of social support, the analytical framework (Figure 3.1) serves two additional purposes. As already touched upon in the introduction to this thesis, the analytical framework undergirds the overarching research strategy. This strategy consists of three distinct yet interrelated stages. Each stage addresses a different aspect of the analytical framework, and each stage aims to answer a specific subquestion based on specific theories, methods and data. The three stages combined form the basis for answering the main research question. The next chapter will further elaborate on this three-stage research design. The third and final function of the analytical framework is that it acts as a heuristic device, meaning that it guides our search of the academic literature for the relevant factors that may explain non-take-up of social support.

In other words, it is a tool to navigate the broad and variegated landscape of academic research. It serves to derive relevant knowledge and insights that can be used to improve our understanding of various aspects of non-take-up of social support. The key to understanding a complex social phenomenon like non-take-up of social support is to adopt an integrative theoretical orientation. The analytical framework thereby acts as a 'searchlight' that allows us to identify relevant knowledge, insights and concepts from various academic disciplines that can be applied to gain a better understanding of non-take-up of social support. The downside of this integrative theoretical approach – arguably a downside of any integrative approach – is that not everything can be covered.

While the analytical framework opens up the possibility of including insights from different disciplines that, until now, have coexisted without being connected, the attentive reader may notice that the framework does not include all the levels of analysis that were considered in the literature review. In particular, this pertains to the 'subpersonal level' of "genes and proteins", as identified by the NEM (Pescosolido, in: Pescosolido *et al.*, 2011: p. 59). By implication, this level excludes the academic disciplines of (medical) biology and (the relatively young discipline of) neuroscience, which concentrate mainly on other, lower levels of analysis. Nor will this study psychosomatically measure the cognitive capabilities of individuals, levels of stress and impact on behavior, as other studies do (see WRR, 2017; WRR, 2014; Tiemeijer, Thomas & Prast, 2009). In that regard, it is assumed that such psychosomatic characteristics are normally distributed among the population – similar to what is assumed of help-seeking (cap)abilities.

Finally, the analytical framework is formulated in such a way that it can be adapted and applied in other (follow-up) studies. A future version may adopt a longitudinal research design so that changes over time can be taken into consideration (e.g., to account for the dynamics of non-take-up of social support). A future version may also apply a comparative research design so that multiple social service systems can be included and compared. In other words, the general outlines of the framework are here deliberately kept simple without – it is hoped – becoming simplistic.

3.4. TOWARDS A THEORY OF NON-TAKE-UP OF SOCIAL SUPPORT

The customized analytical framework clarifies the focus of this study, but it does not constitute a full-fledged theory. At this point, there is still insufficient theoretical and empirical material to formulate such a theory. There is still insufficient knowledge about the 'how and why' of non-take-up of social support. It is therefore too early to talk about causal mechanisms, to speculate about relationships between variables and to develop hypotheses. Indeed, "full-blown theories do not come up at once", as Snellen & Van de Donk remark (1998: p. 5). As they state, theoretical knowledge comes in different forms and normally grows gradually. It simply takes time to develop a theory, as many other social scientists also emphasize (see, e.g., Toshkov, 2016; Gerring, 2012; Jaccard & Jacoby, 2010). In this regard, Snellen & Van de Donk (1998) make a very useful distinction between the various phases of theory development.

The phases of theory development that they identify move from so-called *minitheories* to *prototheories* to *embryonic theories* and, eventually, to more or less *mature theories*.[17] The first category entails the specification of concepts that structure the observations, also referred to as "sensitizing concepts" (Snellen & Van de Donk, 1998: p. 8). These minitheories "(…) determine which aspects of the phenomenon we observe are of importance and which aspects we suitably ignore, which aspects are foregrounded and which are seen as background" (ibid., 1998: p. 6). The next phase of theory development, the formulation of prototheories, pertains to the making of factual statements about the phenomenon under study. As Snellen & Van de Donk describe it, "Research aimed at such statements is most of the time of a systematic or categorizing nature. It tries to establish if, and with what frequency and, as the case may be, in which framework, the phenomena concerned occur" (ibid.: p. 6).

The subsequent phase pertains to empirical generalizations, based on induction of the empirical observations that were made. These empirical generalizations can be formulated as hypotheses that may be subjected to further empirical testing. Last, a mature theory is to be understood as "a set of logically interdependent, in particular non-conflicting, statements, opinions and concepts related to a sphere of reality, which are formulated in such a way that testable hypotheses can be derived from them" (De Groot, 1970, quoted in: Snellen & van de Donk, 1998: p. 5). Figure 3.5 summarizes the four phases of theory development.

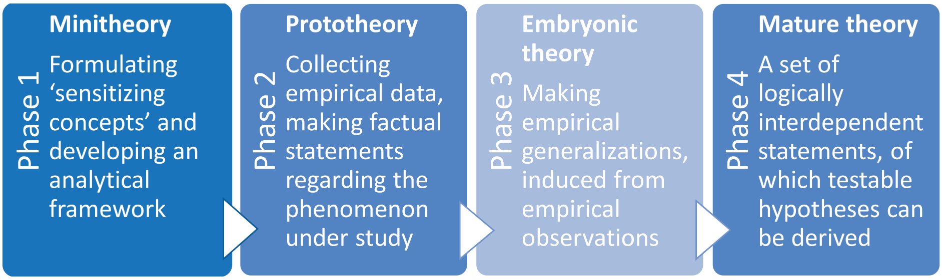

FIGURE 3.5: Phases of theory development (based onSnellen & Van de Donk, 1998)

The literature review of the previous chapter and the current chapter's conceptualization of the analytical framework of non-take-up of social support together form the first phase of theory development. This was necessary to clearly define and demarcate the phenomenon of non-take-up of social support. To paraphrase Snellen & van de Donk,

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[17] These phases provide a more nuanced view of theory development than other, rather dichotomous distinctions made elsewhere in the literature, such as theory-building vs. theory-testing and inductive vs. deductive research.

in this phase, it was determined which aspects of the phenomenon are of importance and which aspects can suitably be ignored as well as which aspects are foregrounded and which are seen as background (1998: p. 6).

Hence, this is the conceptual starting position that will steer the systematic collection of empirical data in later chapters (5, 6 and 7). Subsequently, hypotheses will be formulated based on those empirical observations. These hypotheses hopefully form the impetus for future theory-building efforts in the pursuit of a more or less "mature theory" (Snellen & Van de Donk, 1998). Subjecting these hypotheses to empirical testing helps to further build and strengthen academic knowledge about non-take-up. The concluding chapter of this thesis will digress on those hypotheses (see §9.4). The development of a theory of non-take-up is, however, not merely of academic interest. As the famous dictum puts it, "There is nothing as practical as a good theory" (Lewin, 1943: p. 118).[18] The theoretical knowledge that is generated can be used by (policy) practitioners to increase the effectiveness and quality of social services offered by third sector organizations. The concluding chapter of this thesis (chapter 9) will also further expand on this particular aspect.

3.5. CONCLUSION

In this chapter, a tailor-made analytical framework was constructed, providing the basis for further inquiry into non-take-up of social support. Based on the literature review (chapter 2), it was argued that non-take-up of social support can be understood only by adopting a contextualized, multilevel analytical framework. It would be too restrictive, even plainly wrong, to artificially isolate the potential welfare recipient from his/her environment. Such isolation would not recognize the role and importance of other external (f)actors that influence help-seeking for social support. The analytical framework places the potential welfare client within the broader context of the social service system, thereby acknowledging the role and impact of other actors in the help-seeking process. This is notably different from other approaches in the literature that focus narrowly on the individual, neglecting the role and impact of potentially relevant (f)actors from the wider environment.

Furthermore, while most models on help-seeking and take-up (either implicitly or explicitly) adhere to behavioral assumptions of the rational actor model, it was argued that this model is too limited and limiting and therefore inapplicable in the social domain. It provides a too-simplistic account of help-seeking for social support and fails to capture

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[18] The exact source of this expression is not entirely clear. Some attribute it to Ludwig Boltzmann (1890). But as Peters (2001) notes, it can probably be traced back to Immanuel Kant.

the nuances and complexities of this process. Hence, an alternative, more realistic set of behavioral assumptions was formulated. Help-seeking behavior is *not* guided by rational calculations of objective, clear-cut measures of costs and (expected) benefits but depends on how individuals subjectively construe the world: not all individuals are sufficiently and equally self-confident, rational, active and competent.

In other words, help-seeking (cap)abilities are not equally distributed among the population but are *normally* distributed. Individuals differ in, *inter alia*, their willpower, information position, cognitive abilities, bureaucratic competences, health literacy, and physical condition. Furthermore, non-take-up of social support is regarded as a *dynamic process* embedded in a multilayered social service system. This fundamentally differs from the way help-seeking behavior is considered in the rational actor model, namely, as a static yes/no decision that is guided solely by rational, utility-maximizing considerations. This concept simply does not represent the reality of help-seeking behavior. Instead, help-seeking is conceptualized as a dynamic process in which 'irrational factors', such as habits and cultural beliefs, are also taken into account.

Importantly, the analytical framework also acknowledges and includes the roles and responsibilities of different actors – potential welfare recipients, representatives of third sector organizations, and policymakers – in relation to the (non-)take-up of social support. It consists of four analytical levels: the level of the potential welfare recipient, the level of third sector organizations, the level of the social service system, and the level of social policies. Finally, in addition to illuminating the various levels and actors in relation to non-take-up of social support, the framework structures and guides the research efforts in forthcoming chapters. It therewith paves the way for developing a theory of non-take-up of social support. Overall, it provides a useful starting position for further investigating the complex, multidimensional phenomenon of non-take-up of social support. The next chapter will further explain how the analytical framework structures the empirical research into non-take-up of social support in the municipality of The Hague.

Chapter 4

Overarching research strategy and empirical context

CHAPTER 4 - OVERARCHING RESEARCH STRATEGY AND EMPIRICAL CONTEXT

The main objective of this thesis is to understand the phenomenon of non-take-up of social support and its implications for the contemporary social policies of the municipality of The Hague. This chapter will first elaborate on the overarching research strategy by providing more details about the three-stage approach as introduced in chapter 1. Then, the necessary contextual information with regard to the decentralization of social policies in The Netherlands will be provided. Thereafter, the chapter will 'zoom in' by describing the main characteristics of the empirical context of this study: the local social service system of The Hague. Finally, the last part of this methodological chapter discusses the challenges of reaching a hard-to-reach population in some more detail.

4.1. THE OVERARCHING RESEARCH STRATEGY: A THREE-STAGE APPROACH

The main research question of this thesis is *Why do potential welfare recipients not take up social support provisions that are offered by third sector organizations, and what are the implications of this phenomenon for the contemporary social policies of the Dutch municipality of The Hague?* To answer this question, this study is divided into three distinct but interrelated research stages. This division is based on the analytical framework that was developed in the previous chapter. Recall that this analytical framework includes the design of contemporary social policies and of the local social welfare system in which potential welfare recipients find themselves. As a corollary, to understand non-take-up of social support, it is necessary to analyze both the contents of contemporary social policies and the 'daily reality', the perceptions and experiences of potential welfare recipients within the social service system. Therefore, while each research stage has its own specific focus, subquestion(s), theory, methods and data, together, they tie in to and provide an answer to the main research question. Below, the general contours of each research stage as well as their interrelatedness will be further explained.

Research stage I: social policy analysis

In this first research stage, the contents of the contemporary social policies of the municipality of The Hague will be analyzed. The objective is to describe the policy contents and to determine whether the phenomenon of non-take-up of social support is incorporated into social policies – and if so, how. Since the decentralization in 2015, the primary responsibility for the design and implementation of social policies has been in the hands of public authorities at the local, i.e., municipal, level. The general idea is that – within certain confines of national legislation – local policymakers can tailor social policies to the specificities of the local conditions (see Schalk *et al.,* 2014). By doing do, it is expected that a more efficient social service system can be attained. This means that the decentralization operation has put local policymakers in the 'driver's seat' in regard to formulating social policies.

Consequently, this makes the contents of local social policies of the utmost importance, as they define the social rights of (potential) welfare recipients and categorize them into different target groups. Furthermore, those policies shape the legal, budgetary, and organizational boundaries of the local social service system in which third sector organizations and (potential) welfare recipients find themselves. An empirical analysis of social policy documents enables one to see whether and how the phenomenon of non-take-up of social support is incorporated into those documents. What are the (implicit) ideas and assumptions about help-seeking for social support? What do policymakers expect of (potential) welfare recipients? How are they 'framed' in social policies? The question of this specific research stage is therefore *What are the contents of the contemporary social policies of the Dutch municipality of The Hague, and (how) is the phenomenon of non-take-up of social support incorporated into these social policies?*

Even though it is essential to know the contents of social policies, merely analyzing the substantial aspects of social policy documents is not enough (*cf.* Van Berkel, 2011; Ball, 1993). It is at least as important to investigate what actually happens in practice. That is why this thesis sets out to assess the 'goodness of fit' between, on the one hand, the contents of contemporary social welfare policies and, on the other hand, the daily reality, perceptions and lived experiences of potential welfare recipients. However, before such an assessment is possible, it is first necessary to gain a better understanding of why eligible individuals refrain from utilizing social support from third sector organizations. This is the goal of the second research stage.

Research stage II: understanding non-take-up of social support

An important asset of this thesis is that it goes beyond a mere content analysis of social policy documents. Instead, it aims to grasp what happens in practice in regard to help-seeking for social support. What are the personal perceptions and experiences of potential welfare subjects in help-seeking for social support? How can we better understand why they do not take up social support from third sector providers, even though they are eligible to receive such services? Therefore, this research stage examines the problems and barriers that individuals in need of social support encounter in their daily lives that lead to non-take-up of social support from third sector providers. The lived experiences and perceptions of two types of potential welfare recipients (type I and type II individuals, as specified in chapter 3) will be collected, described and interpreted. Given the differences between the two types of individuals, this second research stage is further divided into two separate substages (IIa and IIb). Furthermore, as both types belong to a hidden or hard-to-reach population (i.e., individuals who are eligible for social support yet who do not ask for it), particular attention is devoted to methodological issues concerning finding and recruiting respondents from such a population.

Research stage IIa: non-take-up of social support by type I individuals

The research question that this second substage addresses is *How can non-take-up of social support by type I individuals be explained?* Guided by the analytical framework, which acts as a 'searchlight', the academic literature will be scrutinized to derive potential determinants of non-take-up of social support. Although different academic disciplines offer a wealth of information about the determinants of help-seeking behavior in general, this knowledge is rarely directly related to the specific phenomenon of non-take-up of social support. Additionally, these disciplines have developed rather separately over time; in conjunction, they can provide a more comprehensive understanding. Therefore, based on these literatures, an integrative summary is provided of the main reasons that individuals refrain from seeking and/or utilizing social support.

A qualitative approach is hereby adopted to gain an understanding of the perceptions and lived experiences of individuals who are eligible for social support offered by service providers in the third sector yet refrain from asking for that support. Given the challenge of recruiting interviewees from this "hidden or hard-to-reach population" (Shaghaghi, Bhopal & Sheikh, 2011), different locations throughout the city where individuals, perforce, come to meet (some of) their other help needs were visited. These locations are the emergency room of a local hospital, different food bank locations and the offices of social work counselors. In addition to the individual interviews, two focus groups were organized in collaboration with a local foundation in The Hague, *Stichting Kompassie*. The aim of these focus groups was to further deepen our understanding of reasons for non-take-up of social support and to strengthen the internal validity of this study.

Research stage IIb: non-take-up of social support by type II individuals

In spite of some 4,000 organizations[19] offering some form of social support for nonprofessional caregivers (type II individuals), non-take-up of social support services also occurs in The Hague. Our understanding of this non-take-up of social support by caregivers is still limited. In particular, there has been insufficient systematic analysis of the role and impact of bureaucratic factors on the help-seeking process of caregivers. Hence, the

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[19] The website www.respijtwijzerdenhaag.nl provides an overview of more than 4,000 organizations that offer some form of social support for caregivers (see also Gemeente Den Haag, 2019).

central question of this research stage is *How do bureaucratic barriers inhibit the help-seeking process of nonprofessional caregivers?* Again guided by the analytical framework, the theoretical concept of *administrative burdens* is derived from the public administration literature and applied to the specific context of help-seeking for social support by nonprofessional caregivers. This theoretical concept unifies different types of administrative costs that nonprofessional caregivers may encounter in their help-seeking process. It therewith allows for a detailed and systematic investigation of administrative burdens in the interaction between third sector organizations and potential recipients of social support services, i.e., caregivers.

A qualitative approach is adopted to gain an understanding of the administrative burdens that caregivers perceive and experience in their daily lives. Empirical data are collected from focus groups (semistructured interview format) with caregivers of Dutch, Surinamese, Turkish, Moroccan, The Netherlands Antilles & Aruban, and Chinese sociocultural backgrounds. However, caregivers who are eligible for yet do not utilize social support services, especially those with non-Dutch backgrounds, constitute a "hidden or hard-to-reach population" (Shaghaghi, Bhopal & Sheikh, 2011). Hence, to find and recruit participants for the focus groups, a collaboration was set up with experts of *PEP Den Haag*, an independent local foundation with access to nonprofessional caregivers of different sociocultural backgrounds. As in the previous research stage (IIa) on non-take-up of social support by type I individuals, this stage will provide crucial knowledge about non-take-up of social support by caregivers (type II individuals).

Research stage III: implications of non-take-up for social policies

In this third and final research stage, the contents of The Hague's social policies will be revisited by bringing together the results from the previous two research stages (stages I, IIa and IIb). It will be discussed what our improved understanding of the phenomenon of non-take-up of social support of potential welfare recipients (research stages IIa and IIb) means for contemporary social welfare policies (which were analyzed in research stage I). This amounts to the following research question: *What are the implications for contemporary social policies that emanate from our study on the phenomenon of non-take-up of social support in the municipality of The Hague?* Or to put it more colloquially, this is the research stage in which the practice of non-take-up of social support meets the 'paper reality' of social policies.

Summary

The research strategy of this thesis consists of three distinct yet interrelated research stages. The first stage provides a content analysis of The Hague's contemporary social policies. The second stage collects, describes and interprets the perceptions and experiences of hard-to-reach individuals who are eligible for yet do not receive social services from third sector providers. This stage basically aims to understand the 'how and why' of non-take-up of social support. How different types of factors, 'operating' at different levels of the social service system, impact the help-seeking process of potential welfare recipients. In the third and final research stage, the results from the previous research stages (stages I, IIa and IIb) will be connected, and what these findings imply for The Hague's social policies will be discussed. Taken together, the outcomes of the three research stages provide the necessary ingredients to answer the main research question.

4.2 A SHORT HISTORY OF SOCIAL POLICY REFORMS IN THE NETHERLANDS: THE RISE OF A NEW LOCAL WELFARE GOVERNANCE

It is useful at this point to give some more contextual information about the governance of the Dutch social service system. What follows is a very short history of relevant (policy) developments that have formed the social service system like it is today. Basically, this paragraph sketches the ascendance of a new local welfare governance in The Netherlands.

But let us begin with the recent decentralization operation. Because, in 2011, for a variety of reasons, policymakers of different governmental layers decided to a major reform of important elements of the social service system (Bestuursafspraken 2011-2015 Rijk, IPO, VNG, UvW). These policymakers shared a general discontent with the way the 'old' social service system was working. They observed different types of problems (which were also widely reported in the media) and believed it was time for a fundamental overhaul. The reform agreement these policymakers formulated, marked an important milestone in what was to become a complex, long-term change process. Some four years later, as of January 1, 2015, all tasks and responsibilities of social welfare policies were formally transferred to all Dutch municipalities (Van den Berg & Groeneveld, 2017), including the municipality of The Hague.[20] This decentralization is divided into three domains, covered by three different laws: the domain of long-term care (*Wet maatschappelijke ondersteuning*, abbreviated as *Wmo*), the domain of youth care (*Jeugdwet*), and the domain of work

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[20] This decentralization, in turn, is to be considered against the backdrop of the specific constitutional and political-administrative structure of the Dutch state, which is characterized as a *decentralized unitary state* (see Van der Meer, Dijkstra & Kerkhoff, 2016; Steen & Toonen, 2010; VNG-Commissie Gemeentewet en Grondwet, 2007; Hendriks & Tops, 1999; Toonen 1990; 1987). Moreover, over past decades, tasks and responsibilities in other policy domains have also been decentralized to municipalities (see, e.g., Broekema, Steen & Wayenberg, 2016; Boogers *et al.*, 2008). In contrast, in other policy domains, powers and responsibilities have been predominantly *centralized*. For more on decentralization-centralization (tendencies) in The Netherlands, see Andeweg & Irwin (2005). For more on the historical development of Dutch local government, see Wagenaar, Kerkhoff & Rutgers (2011) and Raadschelders (1994).

and income support (*Participatiewet*). By concentrating these responsibilities at the local level, policymakers expect that a more integrated and more efficient system can be attained (see, e.g., Vermeulen, 2015; Dijkhoff, 2014).

Anticipating these efficiency gains, the decentralization operation was accompanied by severe budget cuts – in some areas, up to 40% of the budget was cut (Rob-Rfv, 2017a; 2017b). Notwithstanding the significance and impact of this decentralization (see also Van de Bovenkamp & Vollaard, 2018), in many ways, it is an extension of past policies and is in line with past developments. In that sense, it is more an incremental reform than a sudden change of pathways. It is a story of the gradual transformation of social policies over the past several decades, with the decentralization operation as one of the latest developments. Nevertheless, although some important powers, responsibilities and tasks still reside at higher governmental planes[21], the social policy reforms of the past decades have given rise to a *new local welfare governance*.

Several tendencies/developments that precede the formal decentralization of social policies in 2015 are relevant in this regard, namely, 1) a decreasing involvement of public organizations in social service delivery and an increasing reliance on third sector organizations, 2) an increasing reliance on citizens' responsibility to organizing their own care and support, 3) a transition from a supply-driven to a demand-driven system of social service delivery, and 4) a prior transfer of certain tasks and responsibilities within the social domain to the local level. These four points will be elaborated upon below, thereby providing information about the precursors of the recent decentralization operation in The Netherlands. At the same time, this will allow us to familiarize ourselves with some of the jargon that is commonly used in this policy domain.

Regarding the first development, as many scholars have observed, there has been a gradual but demonstrable transition from the *active welfare state* towards an *enabling state* (Van der Meer, 2012; Kwakkelstein, Van Dam & Van Ravenzwaaij, 2012; Van den Berg, 2011; Van der Meer, 2009; Page & Wright, 2007; Gilbert & Gilbert, 1989). Over the past decades, many welfare states have had to cope with intensified – and still intensifying – institutional pressures. These pressures stem from, *inter alia*, several financial and economic crises, heightened expectations of citizens, technological developments, the aging of the population, and evolving political ideologies (Kickert & Randma-Liiv, 2015;

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[21] For instance, national government still bears a so-called system responsibility in relation to the social service system, even though, to the present day, exactly what this responsibility entails remains largely unclear. Nonetheless, public authorities at other levels can/do exert influence and still bear some formal competences and responsibilities vis-à-vis the social domain (see, e.g., Raad van State, 2016).

Theakston & De Vries, 2012; Vis, Van Kersbergen & Hylands, 2011; Wanna, Jensen & De Vries, 2010; Pavolini & Ranci, 2008; Lynn, 2006; Gilbert, 2002; Pierson, 1998). The Dutch welfare state has also been impacted by such pressures (Overmans, 2019; 2017; Van Kersbergen, Vis & Hemerijck, 2014; Borghi & Berkel, 2007; WRR, 2006).

In response, Dutch public authorities have adopted a different approach to social welfare, namely, from the 'traditional' welfare state that emerged after the Second World War (see, e.g., Van der Veer, 2013) to an *enabling state*, as well as a renewed emphasis on *multi-level governance* (see, e.g., Van der Meer, Van den Berg & Dijkstra, 2012). In an enabling state, public authorities take on a more regulatory or facilitating role, and governance responsibilities are shared with or transferred to all sorts of societal actors, ranging from nongovernmental agencies to private enterprises and citizens (Van der Meer, Raadschelders & Kerkhoff, 2011; Van der Meer, 2009; Page & Wright 2007). Although service provision remains a key task for public authorities, they have shifted their role from that of direct service deliverer to a facilitating role. Consequently, increasingly more tasks and responsibilities for social service delivery have been shifted to third sector organizations over time (Evers & Laville, 2004). In fact, third sector organizations have now become the main pillar of the social service system, which is why analysts speak of *third party governance* in this respect (Piatak, Mohr & Leland, 2017; Osborne, 2010; Rethemeyer & Hatmaker, 2008; Posner, 2004; Salamon & Lund, 1989).

Second, in addition to transferring key tasks and responsibilities to third sector organizations, Dutch policymakers expect more of (potential) welfare recipients. Over the past decades, they have increasingly urged individuals who are in need of social support to decrease their use of publicly funded services as much as possible and to take more active responsibility for their personal welfare problems (see, e.g., Linders, 2019).[22] Terms such as "activating citizens" (see Grootegoed, 2013), "participation" (see SCP, 2018), "community responsibility" (see Van Dijk, Cramm & Nieboer, 2013), "activation" (see Van Vliet & Wang, 2015), "self-reliance" (see Verhoeven & Tonkens, 2013), "individual responsibilities" (see Benda et al., 2017), "co-production" (see Van Eijk & Steen, 2014), "active citizenship" (see Linders, Steyaert & Bodd, 2005), "participation society" (see Delsen, 2016; 2012), "autonomy" (see Grootegoed & Van Dijk, 2012), "personal responsibility" (see SCP, 2012), "freedom of choice" (see Eleveld & Van Vliet, 2013) and "self-responsibility in one's personal life" (see Lub & Uyterlinde, 2012) have become part and parcel of Dutch social policy discourse.

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[22] This strong emphasis on individual responsibility, independence, self-reliance and the expected 'active attitude' in social policies shows some important parallels to social policies in other countries, such as Great Britain (Wright, 2016) and Denmark (Høgsbro & Shaw, 2017).

Essentially, the (potential) welfare recipient has been reconceptualized from a *passive individual* to an *active individual* in contemporary social policies (see Wright, 2016; Van Berkel, 2011; Hasenfeld, 2010; Dean *et al.*, 2005; Williams, 1999). However, as Wright (2016) notes, there is a lack of agreement regarding what this reconceptualization actually entails, as perspectives in social policies are (internally) inconsistent and ambiguous. This further adds to the relevance and necessity of analyzing the contents of social policies. It will also yield more insight into how these relatively abstract concepts, which can often be interpreted in multiple ways, actually take shape in social policies. A more in-depth analysis of the contents of contemporary social policies sheds light not only on the outcome of political-administrative decision-making processes regarding the (re)distributions of social welfare but also on the (more implicit) assumptions and expectations of policymakers regarding the help-seeking behavior of (potential) welfare clients.

The third important development concerns the paradigm change from a supply-driven system to a demand-driven system of social service delivery. From the 1980s onwards, a "neoliberal shift" (Achterberg, Van der Veen & Raven, 2013: p. 215) took place, and emphasis was increasingly placed on attaining more efficiency in the public sector. As in other policy sectors, under the general flag of *new public management*, certain principles and techniques from the private sector were applied to the social service system.[23] Among other significant changes and reforms, the term 'clients' was introduced for recipients of social services, the personal welfare plan (*persoonsgebonden budget*) was implemented (see Van Noort, 2002), and service providers were expected to tailor their services to the specific needs of their clientele (see Schalk *et al.*, 2014). Consequently, as Putters *et al.* (2010) note, the question 'What care do you think you need?' became more important than a mere analysis of who is entitled to what. This paradigm change has important implications for both third sector organizations and (potential) welfare recipients. It demands that both the service supplier and the (potential) client behave differently than they behaved in the past. The former needs to deliver innovative, tailor-made services while at the same time operating as efficiently as possible. The latter needs to understand and express his/her social support needs and be effective in organizing his/her own support in order to become more self-reliant.

Fourth and finally, the decentralization operation of 2015 was in line with past policies, as some areas of social service delivery had already been decentralized to the local level in previous years (Bussemaker, 2019). The idea of local government, as the "first govern-

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[23] It must be noted that there was a generally favorable climate for *New Public Management* (NPM) in The Netherlands, but not as favorable as in countries such as the US and the UK (see, e.g., Hendriks & Tops, 1999).

ment" (see VNG-Commissie Gemeentewet en Grondwet, 2007), assuming a leading policymaking role in this domain was not new. For example, prior to the decentralization (from 2007 onwards), municipalities were already responsible for certain tasks in the domain of home care, including providing benefits and transportation services for the disabled, facilitating home improvements, and organizing daily housekeeping activities (Van der Veer, 2013; De Klerk, Gilsing & Timmermans, 2010).[24] In that sense, the decentralization of social policies in 2015 constituted a continuation and extension of existing policies rather than a sudden breach with past policies. The credo was that local governments could tailor their social policies to their particular local context so that a better and more efficient social service system could be attained – an argument often aired in relation to decentralizing social policies (see, e.g., Van der Veer, Schalk & Gilsing, 2011). This means that – within certain legal boundaries – different municipalities can formulate and implement their own social policies to reflect their own political ideas and preferences.

The bumpy road of decentralization

In general, decentralization processes are very comprehensive and regularly coincide with other types of reform; there is often much more to them than meets the eye (Yesilkagit & De Vries, 2002). Indeed, the Dutch decentralization operation in the social domain is regarded by analysts as more complex and more comprehensive than merely a technical transition operation (Putters, 2018; Vonk *et al.*, 2016; Cohen, 2015; Van de Donk, 2014; Van der Steen *et al.*, 2013). That its *implementation process* did not run smoothly is therefore perhaps not surprising. Although at the time, there appeared to be a general consensus about the need to reform the social service system, the implementation process was accompanied by high levels of uncertainty and unrest among municipalities. Municipalities already faced the challenge of designing and implementing innovative and more effective social policies while being confronted with severe budget cuts. This is a clear example of the demand 'to do more with less' that is often expressed in the world of public management (see Van der Voet, 2018).

In addition, during the decentralization process, municipalities experienced a lack of clarity concerning the available budget, received mixed signals from the central government about their degree of autonomy, and were worried about the fast pace of the decentralization operation (see SCP, 2014; Schalk *et al.*, 2014; VNG, 2013; Gemeente Den Haag, 2012a). Therefore, the Raad voor het Openbaar Bestuur characterized the process as "the bumpy road of decentralization" (Rob-rfv, 2017a: p. 11). Notwithstanding this

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[24] However, in the period between 2007 and 2015, "central government was responsible for the largest part of long-term care, including the part of home care not covered by municipalities" (Vermeulen, 2015: p.3).

rather obstinate process, all municipalities – including The Hague – managed to implement their new social policies before January 1, 2015: "The municipalities, by and large," Dijkhoff concludes, have implemented "their statutory tasks in accordance with the legislative framework. For example, the prescribed policy plans are being produced, local SSA [Social Support Act, MR] platforms have been installed, and there is general awareness of the necessary shift from a supply-steered towards a demand-steered approach" (2014: 291). Many still argue, however, that the formal *transition* may be completed, but the actual *transformation* of the social service system still has a long way to go (see, e.g., SCP, 2018; SCP, 2016; TSD, 2016a; 2016b).

Summary

When placed in a somewhat broader historical perspective, it becomes clear that – while not denouncing or downplaying its significance – the recent decentralization of social policies is not a revolutionary breach with the past. In fact, in many ways, it embodies political ideas and developments that existed in the years, or even decades before. It fits with the transformation of the 'traditional' welfare state towards an enabling state in which public organizations play a facilitating role, while other actors (have to) adopt a more active role. Third sector organizations are positioned at the frontline of the social service system. They have to play a more active role in producing and delivering efficient, innovative, and custom-made social services. Moreover, policymakers expect (potential) welfare recipients to play a more active role in addressing their personal welfare problems; they are expected to become more independent and self-reliant. As Nederhand & Van Meerkerk observe, this is a departure from the "traditional provider-centric model of the welfare state" and constitutes a shift "from an orientation on collective solidarity towards one that is predominantly based on individual responsibility" (2017: p.3).

Contemporary social policies and the design of local social service systems in The Netherlands are to be understood against the backdrop of developments that were described in this section. Now it is time to 'zoom in' and turn to the specific case of this thesis: the local social service system of the municipality of The Hague.

4.3. EMPIRICAL CONTEXT: A PROFILE OF THE SOCIAL SERVICE SYSTEM OF THE HAGUE

The *local social welfare system of the Dutch municipality of The Hague* provides a "key case" (Thomas, 2011) to examine the phenomenon of non-take-up of social support and its implications for social policies. There are three reasons for selecting the local social service system of The Hague as the empirical context of this study. First, even though reliable city-level statistical data about the size of our target population are lacking, given the ‘social profile’ of this city, finding individuals who encounter problems and barriers in asking for social support can be expected. More specifically, this population includes individuals with a non-Dutch sociocultural background, who are often underrepresented or not represented at all in (non-)help-seeking research.

The Hague has 533.026 inhabitants and is the third-largest city in The Netherlands. In many regards, it is a segregated city. Some of the most prosperous and some of the poorest neighborhoods in The Netherlands are to be found there. In neighborhoods such as *Schilderswijk*, *Moerwijk* and *Transvaal*, 45,5%, 34,5% and 32,7% of the households, respectively, have an income around the social minimum wage, whereas in other neighborhoods, such as *Vogelwijk*, *Benoordenhout* and *Duinoord,* this proportion is 0,9%, 2,4% and 5,3%, respectively (denhaag.buurtmonitor.nl, 2017).

The city has a long immigrant history, which has resulted in more than half of the population having an immigrant background. In terms of the educational level of the population, 7% either have no education or have completed primary school, 15% have a lower secondary degree, 33% have a higher secondary degree, and 45% have completed higher education, either at the level of applied sciences or the university level. Just over half of The Hague’s residents have a religious affiliation, with Christianity (32%) and Islam (16%) being the two most popular religions. Because it is a large city (at least by Dutch standards) with such social-economic and cultural segregation, it has social problems. It is estimated that almost 12% of the total population suffers from social exclusion, which is a higher proportion of the population than that in other Dutch cities, such as Amsterdam and Utrecht (Van Bergen & Gillissen, 2015); there is a relatively high level of illiteracy, an estimated 24% of people between 16 and 65 years old in The Hague (Gemeente Den Haag, n.d.); and a relatively high number of people are coping with debt problems (Westhof, De Ruig & Kerckhaert, 2015), with an average debt of 39.000 euros per person (Rekenkamer Den Haag 2015a; 2015b). These statistics further increase the likelihood of finding individuals with different types of unfulfilled social support needs. Thus far, the description has been focused on the potential ‘demand side’ of the local social service system; let us now turn to the ‘supply side’ of that system.

In The Hague – as in other Dutch municipalities – third sector organizations perform an essential role within the social service system. Over the past decades, different pressures – *inter alia,* the demand to curb welfare spending, the wish to reduce the direct involvement of public organizations in the delivery of social support services, a changing attitude towards ‘the right to welfare’, and other demands to reform the social service system – have given rise to a complex network of third party organizations that is involved in the delivery of social support services. Currently, a plethora of third sector organizations offer (some form of) social support. These organizations (greatly) vary in terms of geographical presence, organizational configuration, budget, clientele, level of specialization, and service supply.

Some organizations are spread out all over the city and have a presence in every neighborhood, while others operate only in specific areas of the city. Some may have many physical locations, while others may be found only online. Some are very large and/or cater to many individuals with many different welfare problems, while others remain small and/or provide more specialized services. Some offer highly specific services, such as emotional support for young nonprofessional caregivers who are, or run the risk of becoming overburdened, while others offer very generic provisions intended for a much larger target group, such as practical household services (cleaning services, maintenance work, gardening, etc.) or administrative support (e.g., filling out tax forms). Some concrete examples of third sector organizations that are active in The Hague are as follows:

- *Servicepunten XL:* centers spread around the city, offering different types of support, such as debt counseling and information about social services;
- *Boodschappen Begeleidingsdienst*: a grocery delivery and shopping service;
- *De wijkbus*: a foundation that offers transportation services for disabled individuals to visit the doctor, go to the hairdresser, maintain social contacts, etc.;
- *Zorgcoöperatie Haagse Hout*: a care co-op in one of the city's neighborhoods;
- *Zorghotel Residence Haganum*: a care hotel offering social services to nonprofessional caregivers, such as temporarily taking over their care responsibilities;
- *PEP Den Haag*: a foundation that provides advice and information to nonprofessional caregivers;
- *Buddy Netwerk*: an organization that offers buddy support;
- *Zorggroep Florence*: a foundation offering a wide array of services, including home care;
- *Burenhulpcentrale*: a citizen platform offering all sorts of support services;
- *Stichting Kompassie*: a foundation that offers free information and advice to individuals in need of emotional and/or psychological help;
- *Stichting voor Stad en Kerk (Stek)*, a faith-based (Protestant) foundation aiming to support individuals in their help needs by implementing different types of projects.

The second reason to select The Hague's social service system pertains to the availability of secondary data sources. As illustrated above in describing some of the characteristics of the city, several studies and databases provide vital information that is needed to investigate a complex phenomenon such as non-take-up of social support. They include the digital municipal database, which contains all policy documents related to the local social service system and its social support provisions. Not all Dutch municipalities have such a digital database, but the municipality of The Hague offers the opportunity to access and systematically collect such social policy documents.

This study will utilize both primary and secondary data sources and combine different methods of data generation: individual interviews, focus groups, and document analysis (*cf*. Eisenhardt, 1989). Indeed, an important feature of case study research is that it uses a variety of data sources to approach a complex phenomenon from as many sides as possible (Yin, 2013). As Van den Berg notes, "[i]t creates room for cross-validation of information found earlier and reduces the risks of systematic bias within a single data collection method" (2011: p. 122).

The final consideration in selecting the social service system of The Hague perhaps seems pragmatic but is, in fact, crucial, namely, to have an in-depth knowledge of the local context. In general, for case study research, it is both necessary and advantageous to have sufficient background knowledge prior to starting the process of data collection. It provides the researcher with an 'informational head start' and facilitates finding and gaining access to relevant data sources (see, e.g., Linders, 2010). As will be explained later, to recruit respondents from a hard-to-reach target population, one must have this knowledge, as it facilitates gaining access to and cooperating with local organizations. It is of course also very helpful when conducting individual interviews and focus groups, as it saves time (not everything has to be explained), and it can be expected to engender some familiarity or common ground between the interviewer and interviewee(s), which is conducive to a "natural flow" (Alshenqeeti, 2014) of the conversation.

It is for these three reasons that the social service system of The Hague forms a suitable environment for investigating the phenomenon of non-take-up of social support and its implications for contemporary social policies.[25] Although a case study is not without weaknesses, given the current research purposes and given some specific methodological constraints (more on this below), it is deemed the most appropriate research strategy.

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[25] Note that this study does not focus on a specific neighborhood as, for instance, Linders (2010) does in her study of nonprofessional caregiving. Moreover, further analysis of the regional and/or national level is excluded as well. The reason is that social welfare policies are set primarily at the local, municipal level, as explained earlier in this chapter. A final reason for focusing on the local, municipal level is that for an individual to seek many social services from third sector organizations, an important requirement is that he/she be officially registered as an inhabitant of The Hague.

4.4. HOW TO REACH A HARD-TO-REACH TARGET GROUP?

The above research strategy includes a description of specific data collection methods that were employed (individual interviews and focus groups) to recruit respondents who do not ask for support from third sector providers. However, reaching this hard-to-reach target population is not a straightforward affair. In fact, many studies investigating help-seeking for social services do not reach this 'invisible' population at all (see, e.g., Pommer *et al.*, 2018). Even though some efforts to recruit respondents and interview them about their personal perceptions and experiences in help-seeking for social support services were successful, other attempts to recruit respondents were *un*successful. In light of the objective of this study – namely, to reach individuals from a hard-to-reach population – it is valuable to briefly describe these unsuccessful attempts.

Commissioned by the municipality of The Hague, a festival – called *Goed Voor Elkaar* – was organized and moved from one city district to another over the course of several months (September-November 2017). The main objective of the festival was to inform citizens about available social support services in the city, which was done by more than 400 representatives of local third sector organizations.[26] It was decided to attend these festival venues to find and recruit individuals who were in need of some form of social support from third sector organizations but who refrained from asking for support. With the assistance of several trained interviewers who administered a survey to visitors of the festival, we gauged whether some interviewees could also be recruited for this research on non-take-up of social support.

The total number of people who attended the festival was over 7.000, of whom 6% participated in the survey. However, none of the interviewees had unfulfilled social support needs or showed any other signs of difficulties or problems in seeking help. Interviewees visited the festival for information in case they developed help needs later (signaling a preventive/proactive attitude) or to inquire about help on behalf of someone in their personal social network. None of the interviewees 'qualified' to be included in our study of non-take-up. Therefore, recruiting respondents from the venues of this festival proved to be unsuccessful, further underlining the difficulties of reaching potential welfare clients who do not utilize social support from third sector providers. Fortunately, alternative methods to recruit respondents for this study were employed as well, and these proved to be successful. These more fruitful methods have been briefly described in the preced-

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[26] For more information about the organization and aims of this particular initiative, see these weblinks (in Dutch): https://www.stichtingmooi.nl/nieuws/goed-voor-elkaar-festival-alles-over-zorg-en-ondersteuning-in-uw-wijk and http://www.straatconsulaat.nl/event/goed-elkaar-festival-den-haag-2017/

ing section but will be further elaborated upon in chapters 6 and 7. Those chapters will describe and interpret the ‘how and why’ of non-take-up of social support by potential welfare recipients: individuals from a hidden/hard-to-reach target population.

4.5. CONCLUSION

The first part of this chapter presented the overarching research strategy. In line with the research goals and the structure of the analytical framework (see chapter 3), this thesis is divided into three distinct but interrelated research stages. Each stage addresses a different aspect of the analytical framework. Each stage aims to answer a specific subquestion based on specific theories, methods and data. The three stages combined form the basis for answering the main research question. The first research stage focuses on the analysis of the contents of The Hague’s contemporary social policies. The second stage concentrates on ‘the how and why’ of non-take-up of social support by type I and type II individuals. What are the problems and barriers that these two types of individuals perceive and/or experience in their daily lives that inhibit their help-seeking for social support? A qualitative research approach is adopted to better understand why potential welfare recipients refrain from utilizing social support services from third sector organizations. By collecting, describing and analyzing narratives about their personal help-seeking behavior, more light will be shed on the underexplored yet highly relevant phenomenon of non-take-up of social support. In the third stage the results from the previous two stages are compared, and the policy implications of the empirical findings on non-take-up are discussed.

In sum, to concisely describe the three-stage research strategy of this thesis, the first stage is about ‘policy on paper’, the second stage is about what happens in practice in terms of non-take-up of social support, and the third stage is where practice meets the ‘paper reality’ of social policies. Therefore, while each research stage has its own specific focus, subquestion(s), theory, methods and data; together, they tie in to and provide an answer to the main research question.

The second part of this chapter described the general outlines of the case that was selected for this study: the local social service system of the Dutch municipality of The Hague. Three main considerations form the basis of selecting this case. First, given the ‘social profile’ of this city, we expected to find individuals who encounter problems and barriers in asking for social support. In particular, this population includes individuals with a non-Dutch sociocultural background, who are often underrepresented, or not represented at all, in (non-)help-seeking research. Second, secondary data sources are available, including the digital database of social policy documents. Third, having intimate knowledge of the local context and having connections with different local organizations that are (cap) able to access hard-to-reach target groups is a final reason to select The Hague's local social service system as the main case of this study.

Finally, the last part of this methodological chapter showed that investigating non-take-up of social support is not a straightforward affair. Given the nature of the target population, a hidden and hard-to-reach population of potential welfare recipients, locating and recruiting respondents poses a challenge to researchers. This was evident from some unsuccessful attempts to recruit respondents at different venues of a festival organized to inform citizens about social support provisions in The Hague. Nevertheless, other ways to recruit respondents did prove successful and resulted in valuable interviews with individuals from this hard-to-reach population. Chapters 6 and 7 will provide a detailed description and analysis of those conversations. However, before turning to the daily reality of these potential welfare clients and the problems they encounter in seeking social support, the next chapter first provides a content analysis of The Hague's social policies.

Chapter 5

Social policy analysis (research stage I)

ABSTRACT

This chapter presents a qualitative content analysis of the contemporary social policy documents of the municipality of The Hague. The objective is to describe their contents and to determine whether the phenomenon of non-take-up of social support is incorporated into social policies – and, if so, *how* it is incorporated. The recent decentralization of social policies has placed the main responsibility for the governance of the social service system in the hands of local policymakers. They design social policies that shape the local social service system in which third sector organizations operate and that affect the life chances and socioeconomic position of (potential) welfare recipients. This makes it necessary and worthwhile to examine the actual contents of these local policies. To structure the content analysis, a set of empirical design elements is derived from the policy literature. The relevant social policy documents were obtained from the online database of the municipality of The Hague. The empirical findings indicate that policy assumptions lack nuance in regard to help-seeking for social support. Furthermore, there are important blind spots in social policies, as the phenomenon of non-take-up of social support itself, its potential causes, and how it may be addressed receive insufficient attention. This is in sharp contrast to other complex policy issues, such as public health, debt issues and social and emotional loneliness, which receive more in-depth attention in the policy documents under study.

How does this research stage fit in the broader research project?

The results from this policy analysis provide the necessary groundwork to, eventually, assess the 'goodness of fit' between, on the one hand, the contents of contemporary social policies and, on the other hand, the perceptions and experiences of potential welfare recipients. In contemporary policy research, it no longer suffices to confine the analysis to policy documents alone. It is at least as important to determine what actually happens in practice. In other words, this first research stage analyzes the contents of contemporary social policies ('policy on paper', so to speak). The second stage then investigates the perceptions and experiences of potential welfare recipients who refrain from taking up social support from third sector providers. Last, the third research stage discusses the implications of the findings on non-take-up of social support for contemporary social policies in The Hague.

CHAPTER 5 - SOCIAL POLICY ANALYSIS (RESEARCH STAGE I)

5.1. INTRODUCTION

Social policies can be defined as "state activities affecting the social status and life chances of groups, families, and individuals" (Skocpol & Amenta, 1986: p. 132). However, the impact of social policies is not limited only to (potential) welfare clients, as the above quotation might suggest. By setting the administrative, budgetary, and organizational 'rules of the game', social policies also shape the wider social service system (Hasenfeld, 2010; Van Oorschot, 1998). So, they also carry real consequences for all sorts of third sector organizations that develop and offer social support services. Social policies affect their organizational structures, accountability systems, daily operations, interrelationships with other actors, personnel management, service capacities, and budgets of these organizations (Han, 2017; Hanlon, Rosenberg & Clasby, 2007; Evers & Laville, 2004). Hence, social policies entail state activities that both directly and indirectly affect the daily lives of (potential) welfare recipients and set the boundaries in which third sector organizations (have to) operate.

Social policies are often portrayed as objective, technocratic measures that are necessary to sustain welfare state arrangements. However, this downplays, or even denies, their political dimension. Eligibility rules, classifications of target populations, role definition of service providers, policy targets, etc. are not simply given but are actively produced by policymakers (*cf*. Nedlund & Nordh, 2018; Stone, 2012; Starr, 1992). This makes it relevant and worthwhile to conduct an in-depth analysis of the contents of social policies.

Moreover, as of 2015, all tasks and responsibilities related to social policies were transferred from higher governmental planes to the local – i.e., municipal – level. All Dutch municipalities, including The Hague, now bear the primary responsibility for the governance of their local social service systems, which also means they have to formulate their own social policies (Van der Heijden & Schalk, 2018). It is expected that concentrating these responsibilities at the local level will lead to a more integrated and more efficient social service system (VWS, 2014). In anticipation of these efficiency gains, the decentralization operation was accompanied by substantial budget cuts (Rob-Rfv, 2017a; 2017b). This produced a critical public management challenge for local policymakers. In designing and implementing their own social policies, they must formulate an answer to this challenge.

An empirical analysis of the contents of social policy documents will demonstrate how policymakers (intend to) deal with this challenge. Importantly, such an analysis also shows whether and how the phenomenon of non-take-up of social support is incorporated into those documents. What are the (implicit) ideas and assumptions about help-seeking for social support? What do policymakers expect of (potential) welfare recipients? For these reasons, these local social policies will be scrutinized. This chapter's leading research question is *What are the contents of the contemporary social policies of the Dutch municipality of The Hague, and (how) is the phenomenon of non-take-up of social support incorporated into these social policies?*

As the question implies, neither the historical trajectories of these local social policies nor their effects will be the focus of analysis in this chapter. Rather, the aim is to provide a snapshot of *current* social policies by conducting a qualitative content analysis of the relevant policy documents of the municipality of The Hague. To structure the analysis, a set of *policy design elements* (*cf*. Pierce *et al*., 2014; Schneider & Sidney, 2009) is derived from the academic literature. Among other things, these policy design elements pertain to the delineation of state-societal relations, the definition of the target populations, attention to the phenomenon of non-take-up of social support, and the desired outcomes of social policies. Mapping their contents in such a way enables a systematic understanding of what these social policies actually entail. More specifically, this content analysis will point out whether – and, if so, to what extent – social policies pay attention to the phenomenon of non-take-up of social support. The outcome of this policy analysis forms the groundwork for what will come later in this thesis: research stage III (chapter 8) will discuss the implications of the phenomenon of non-take-up of social support for these social policies.

This chapter is structured as follows: the next section will further clarify the approach to policy analysis and how this relates to other types of policy analysis. Subsequently, how the analysis of these local social policies is conducted will be explained. The penultimate section will present and discuss the outcome of the analysis, after which the chapter will be concluded.

5.2. ANALYZING SOCIAL POLICIES

Policy analysis definitely qualifies as a container concept. As others have noted, there is a plethora of definitions and practices of policy analysis (for an overview and discussion, see Weimer & Vining, 2011; Smith & Larimer, 2009). While it is beyond the current scope to discuss every possible way in which policy analyses can be conducted, it is helpful to demarcate the specifics of the approach that is adopted here. Below, what type of analysis will be conducted and how it differs from or is similar to other approaches in the academic literature will therefore be explained.

What does the policy analysis entail, and how does it relate to other analyses?

Social policies play a crucial role in shaping the social service system. They carry real consequences for (potential) welfare recipients as well as third sector organizations. Figure 5.1 visualizes how social policies shape the local social service system.

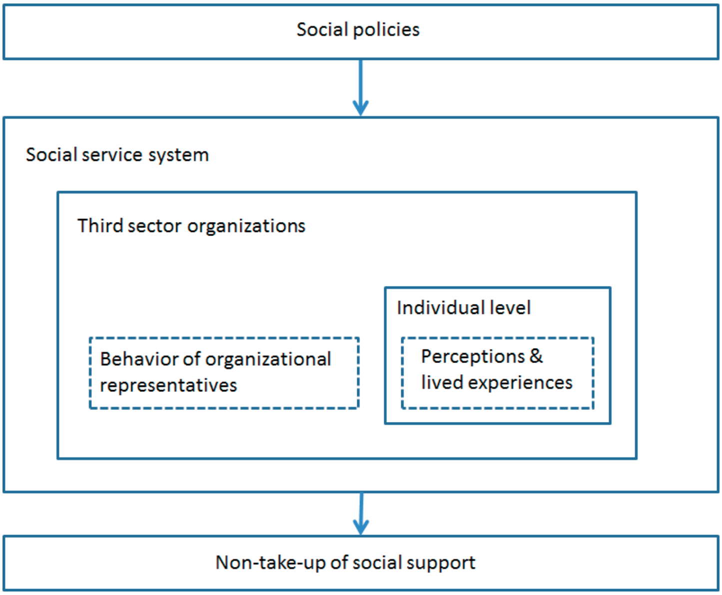

FIGURE 5.1: How social policies shape the social service system

As was argued in previous chapters, any investigation of the phenomenon of non-take-up of social support must be accompanied by an analysis of the contents of social policies. In the current chapter, whether policymakers pay any attention to the phenomenon of non-take-up of social support and, if so, how they portray this phenomenon in social policy documents are of particular interest. This chapter therefore conducts a qualitative content analysis of the contemporary social policy documents of the municipality of The Hague. Policy documents that deal with the local social service system and, more specifically, that deal with help-seeking for social support provisions from third sector organizations will be collected. Analyzing their contents allows us to 'uncover' policymakers' assumptions, expectations, and ideas about the social service system and how third sector organizations, as well as (potential) welfare clients who find themselves within this system, (should) behave.

How does this analysis differ from other policy analyses? What does this policy analysis *not* entail? First, the purpose of the analysis in this chapter is to *describe* the contents of social policies, not to explain their contents. Second, the focus on *contemporary* social policies implies that a historical account of social policy trajectories will not be provided, as others have done in different contexts and/or with different foci (see Esping-Andersen, 2013; Newman & Tonkens, 2011; Armingeon & Bonoli, 2006; Béland, 2005; Cox, 2001; Pierson, 2001; Soss, 1999). Though this chapter will sketch the relevant developments that preceded the decentralization of social policies, this serves mainly as background information to put contemporary social policies of the municipality of The Hague into *some* historical perspective. Third, this chapter will *not* assess the legitimacy of (see Van der Steen *et al.*, 2013; Engbersen, 2009), the politicization of (see Boogers, 2014), attitudes towards (see Laenen, Rossetti & Van Oorschot, 2019; Goerres & Prinzen, 2012a; 2012b), or (public) support for (see Achterberg, Van der Veen & Raven, 2014) social policies. Fourth, it will not focus on the policymaking process and how social policies come about (see Sabatier, 2007; Hajer, 2003; Linder & Peters, 1989). In that sense, social policies are considered as given.

However, to be clear, it is important to acknowledge that social policies are, generally speaking, not written on a *tabula rasa*. They often have a long history. After all, different political reform movements have taken place in the course of time, with differing views of 'good governance' and implementing different reform programs (see Bryson, Crosby & Bloomberg, 2014; Stoker, 1998; Frederickson, 1976). As Wildavsky states in his influential book *Speaking Truth to Power: The Art and Craft of Policy Analysis*, "public policy is about coping with consequences of past policies" (1979/2018: p. xxxv). Moreover, new social policies usually complement or supplement rather than completely replace previous policies (*cf.* Christensen & Lægreid, 2011; DeLeon, 1997; Hogwood & Peters, 1982). In the literature, this is referred to as *sedimentation* (Van der Wal, 2017). Therefore, while it is likely that remnants of previous social policies are still present, the analysis will not compare the new with the old. Finally, this chapter will not investigate or evaluate the effects that social policies may or may not produce (see Esping-Andersen, 2015; Marmot, 2005). In sum, the analysis focuses on what is *within* social policy documents (*cf.* Prior, 2008), on "policy as texts" (Ball, 1993). This brings us to the next question: What elements will be included to structure the content analysis?

Policy design elements: structuring the analysis of social policies

To structure the content analysis, the following set of policy design elements (*cf.* Pierce *et al.*, 2014; Schneider & Sidney, 2009) is derived from the policy literature:

Policy design element 1: problem definition. As is well known, defining a social problem is often an elusive and contested aspect of policymaking (Kingdon, 2014; Baumgartner & Jones, 2009; Rochefort & Cobb, 1993; Weiss, 1989; Rittel & Webber, 1973) and is therefore difficult to grasp. Nevertheless, social policy documents should contain at least *some* definition of the societal problem. After all, as Adachi, Hosono & Iio remark, "if there is no problem to be addressed, or there is a problem but nothing can be done about it. there is no need for policy" (2015: p. 64). Hence, social policies will be scrutinized to determine what problem(s) are identified by local policymakers and how these problems are solidified – or how they are 'framed' – in the policy documents.

Policy design element 2: policy goals. Examples of goals to be achieved by social policies are "self-sufficiency" (Hasenfeld, 2010); to "increase life expectancy free of disability or illness for everyone at all ages" (Daugbjerg *et al.*, 2009: p. 813); or "public safety and child protection" as "key goals of sex offender policies" (Levenson & D'Amora, 2007: p. 175). Social policies may state multiple goals (Howlett & Rayner, 2007), which may vary in terms of their level of specificity and measurability. A distinction is sometimes made between the output and outcome of social policies (Bovaird, 2012), and subjective and/or objective indicators may also be included (Veenhoven, 2002).

Policy design element 3: demarcation and definition of actor roles. How do social policies demarcate the boundaries between different actors in relation to social service delivery? What are the roles that public organizations, (potential) welfare clients, and third sector organizations (should) play?

Policy design element 4: categorizing target groups. Social policies and social categorization go hand in hand (Stone, 2012; Schneider & Ingram, 1993; Starr, 1992). As Nedlund & Nordh note, "to be able to receive certain rights, a person needs to belong to a culturally legitimate category such as children, elderly or ill" (2018: p. 257). Precisely for that reason, policy analysts examine how policymakers categorize target groups (Wright, 2016; Broer & Pickersgill, 2015; Pierce *et al.*, 2014). The term 'target groups' refers to those who are identified and described in social policies and who receive, or may receive, benefits or burdens (Schneider & Sidney, 2009).

Policy design element 5: underlying policy theory. This element refers to the internal cause-and-effect logic within social policies (see Ingram, Schneider & DeLeon, in: Sabatier, 2007).[27] As Pressman and Wildavsky state, any policy is a "hypothesis containing initial conditions and predicted consequences. That is, the typical reasoning of the policy-maker is along the lines of 'if X is done at time t(1) then Y will result at time t(2)'" (1973). Policy analysts have developed methods to reconstruct underlying policy theories and to test their validity and/or quality (Leeuw, 2003; Hoppe, 1999; Bressers & Hoogerwerf, 1991; Hoogerwerf, 1990; Hoppe, 1988). To be sure, the objective in the present chapter is not to test the validity/quality of the underlying policy theory (*cf.* Leeuw, 2003) nor to assess whether all "critical conditions" are met for successful implementation (*cf.* Hogwood & Gunn, 1993). The goal is to derive the underlying policy theory from social policy documents and to describe it.

Policy design element 6: policy assumptions. This design element pertains to the explicit and implicit assumptions of policymakers about the capacity and behavior of people or organizations (see Schneider & Sidney, 2009).

Policy design element 7: governance tools. Social policies also (need to) specify the incentives and/or disincentives for agencies and target groups to act in accordance with policy directives (Schneider & Sidney, 2009). What, in other words, are the tools of governance that policymakers envision and/or employ to achieve the desired policy goals?

Policy design element 8: policy implementation structure. Ever since the 'wake-up call' by Pressman & Wildavsky ([orig. 1973], 1984), who conducted their classic case study of the failed implementation of the Economic Development Administration, the issue of policy implementation has received much more serious attention (see also Hill & Hupe, 2014; Howlett, Ramesh & Perl, 2009). Indeed, as Elmore states, "policies cannot be understood in isolation from the means of their execution" (2002: p. 241). Social policies should therefore be accompanied by an implementation plan, which should also include a clear definition of the actor(s) who are responsible for the implementation (Daugbjerg *et al.*, 2009). In addition to this implementation plan, a specification of a timeframe and a budget allocation for the implementation are necessary.

Policy design element 9: incorporation of the phenomenon of non-take-up of social support. As defined earlier, non-take-up of social support here refers to the phenomenon that eligible individuals do not utilize social support services that are offered by third sector

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[27] This design element thus refers to 'policy theory in practice' and should not be conflated with an academic policy theory or scientific theory on policy. Academic policy theories are aimed at explaining, for example, why certain policies work or do not work, why one policy was adopted and not another, why a policy problem is high on the political agenda while another issue is lower on the agenda, etc. (see also Meier, 2009).

organizations. The question is whether and how this phenomenon is incorporated into social policy documents. This specific policy design element is therefore added alongside the other elements.

Summary

The objective is to analyze the key elements of the “architecture” (Schneider & Sidney, 2009: p. 104) of the contemporary social policies of the municipality of The Hague. Thus, whether policymakers devote (any) attention to non-take-up of social support and, if so, how this phenomenon is portrayed in social policy documents are also examined. The set of policy design elements that was derived from the policy literature structures the content analysis. All elements can be, either directly or indirectly, empirically observed in social policy documents (*cf*. Schneider & Sidney, 2009). Table 5.1 summarizes the nine policy design elements that were identified and defined in the preceding section.

Policy design elements	Description
1. Problem definition	How policymakers frame the social problem
2. Policy goals	The formulation of the desired social policy outcomes
3. Demarcation and definition of actor roles	The interrelationship between public organizations, third sector organizations, and (potential) welfare recipients and the roles they (have to) fulfill in relation to social service delivery
4. Categorizing target groups	Identification and categorization of those who receive, or are eligible to receive, benefits or burdens
5. Underlying policy theory	The internal cause-and-effect logic within social policies
6. Policy assumptions	The assumptions expressed in social policies about the capacity of people or of organizations
7. Governance tools	The instruments that policymakers envision and/or employ to achieve the desired social policy goals
8. Policy implementation structure	A description of how social policies are implemented, which includes the actor(s) involved, a timeframe, and budget
9. Incorporating non-take-up of social support	Whether (and, if so, *how*) policymakers incorporate the phenomenon of non-take-up of social support into social policies

TABLE 5.1: Policy design elements (summary)

5.3. METHOD OF DATA COLLECTION AND ANALYSIS

The method for collecting and examining the social policy documents of the municipality of The Hague consists of the following three steps:

Step 1: Collecting policy documents. The municipal database (https://denhaag.raadsinformatie.nl/) forms the source of the policy documents. This is an online database where all local policy documents are archived and publicly available. A list of all municipal documents of the years 2015-2019 was extracted from this database (the final search took place in February 2019). The search results were exported to separate year files and were then merged into one data file containing a total of 6949 items. These items ranged from announcements and minutes to agenda items and council documents. From this list, the following categories were excluded: *besluitenlijst, burgemeestersbesluit, lijst met ingekomen stukken, lijst met toezeggingen, termijnplanning* and *verslag*, leaving 5331 items. Subsequently, all items belonging to the following themes were filtered out: *bestuur en waaronder deconcentratie*, *burgerzaken*, *citymarketing, cultuur, dierenwelzijn, economie, energie en duurzaamheid, financiën, gebiedsontwikkeling, grondbedrijf, Haaglanden/Metropoolregio, ICT, internationale zaken, klimaat, leefomgeving en waaronder handhaving, media, milieu, monumentenzorg, natuur, onderwijs, personeel, ruimtelijke ordening, sport, vastgoed, veiligheid,* and *verkeer*. The results were saved in a data file that contained a total of 1258 items.

Step 2: Selecting the relevant social policy documents. After the first rounds of filtering (step 1), the contents of the remaining items were scanned (first the title and then, if necessary, the description and contents), and relevant items were selected. The relevance judgment was based on four criteria. First, only policy documents that were (predominantly) about The Hague's social service system were selected. Furthermore, given the focus on *contemporary* social policy documents, only up-to-date documents were selected. In addition, policy documents had to contain sufficient references to any or all of the actors within the social service system: public sector organizations, third sector organizations, and/or (potential) welfare recipients (type I and/or type II individuals). Finally, the policy documents also had to pertain (predominantly) to social support services, as defined in chapter 3.

If a policy document did not match the above inclusion criteria, or matched them only superficially, it was filtered out. For instance, the policy document on citizen participation (*Actieplan Burgerparticipatie 2016-2020*) was excluded because it was about (increasing) the involvement of citizens in the municipal decision-making process.[28] In addition, the regional policy vision on sheltered accommodation for vulnerable clients (*Regionale*

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[28] As stated in the policy document, "*Dit actieplan gaat over burgerparticipatie. Dat wil zeggen over situaties waarin burgers, partners in de wijk en (sociaal) ondernemers zelf initiatieven nemen óf door het gemeentebestuur worden uitgenodigd om mee te denken, mee te praten of mee te beslissen over gemeentelijk beleid of de uitvoering daarvan*" (Actieplan Burgerparticipatie 2016-2020, 2016: p. 1).

beleidsvisie beschermd wonen en maatschappelijke opvang 2018–2020) was filtered out, as it focused mainly on specialized forms of care and how they would be facilitated by the various municipalities in the broader region of The Hague. Table 5.2 contains the overview of the policy documents that were selected for further analysis. Each document was given a unique ID (D1-D11) for efficient referencing in the remainder of this chapter.

Policy documents	ID
Den Haag, seniorvriendelijke stad 2015-2018 – Actieprogramma Haags Ouderenbeleid	D1
Haagse kracht van zorgvrijwilligers en mantelzorgers – Actieprogramma Informele zorg 2015-2018	D2
Beleidsplan maatschappelijke ondersteuning 2015-2016	D3
Wmo 2017-2018, overzicht van activiteiten	D4
Nota volksgezondheid 2015-2018	D5
Actieplan en campagne eenzaamheid 'Met z'n allen niet alleen' 2019	D6
Beleidsnota Samen en met eigen kracht 2016-2018	D7
Nota Sterk zijn – Hagenaars met een beperking 2016-2019	D8
Jeugdbeleidsplan "Haagse Jeugd, samen aan zet" 2018-2020	D9
Beleidsplan schuldhulpverlening 2016-2019	D10
Armoede- en Schuldenbrief 2018	D11

TABLE 5.2: Overview of social policy documents selected for further analysis

Step 3: Assigning quotations from policy documents to the design element categories. Each policy document was scrutinized, and relevant quotations were assigned to the various design elements (as summarized in Table 5.1). For example, the quotation "*Ouderen willen actief en zinvol bezig zijn, betrokken blijven, en bovenal de regie willen houden over hun eigen leven*" (D3, p. 19) was assigned to the element 'policy assumptions'. A quotation such as "*Hoofddoel van dit Actieprogramma is de zorgzame samenleving te ondersteunen, faciliteren en stimuleren*" (D2, p. 3) was assigned to 'policy goals'.

As another example, the quotation "*In deze nota richten we ons op mensen met een functiebeperking, waarvoor de gemeente vanuit de Wmo, Participatiewet en Jeugdwet verantwoordelijk is. Met de term functiebeperking wordt gerefereerd aan de mate waarin mensen met een beperking nadeel ondervinden of bepaalde rollen niet kunnen uitoefenen*" (D8, p. 5) was assigned to 'target group'. Last, in line with the research objective, particular attention was paid to quotations (indirectly) related to the phenomenon of non-take-up of social support.

5.4. DESCRIBING THE CONTENTS OF THE HAGUE'S SOCIAL POLICY DOCUMENTS

What are the results of the content analysis? In this section, each policy design element will be illustrated with relevant quotations from the policy documents. Special attention is thereby paid to quotations related to (non-)help-seeking for social support services. When using illustrative quotations from the policy documents, these quotations will not be translated but will be presented in their original form. In this way, the specific connotation of the "words of welfare" (Lens, 2002: p. 137) that policymakers use in policy texts will not be lost in translation.

Policy design element 1: problem definitions

A number of problem definitions can be discerned from the policy documents – although terms other than 'problems' or 'problem definition', such as "*opgaven*", "*uitdaging*", "*visie*", or "*opdracht*", mostly seem to be preferred by policymakers. The main problems that policymakers formulate in the policy documents are as follows:

- Local government receiving additional tasks due to the decentralization of social policies (see, e.g., D7 and D8). As the following quotation illustrates, "*We constateren dat er een uitbreiding is van taken voor de gemeente. (…) De verruiming van de inhoudelijke opgave gaat gepaard met bezuinigingen. Dit vereist innovatie, efficiëntie en een integrale aanpak van de problematiek*" (D7, p. 5-6).
- Related to the foregoing point, budget cuts and the need to reform the social service system (see, e.g., D3 and D4): "*Daarbij gaat de decentralisatie gepaard met forse bezuinigingen wat ook verandering en vernieuwing noodzakelijk maakt*" (D3, p. 11).
- The need to activate citizens and to increase their independence and self-reliance (see, e.g., D5 and D7): "*Onder de noemer algemene voorzieningen helpt de gemeente Den Haag haar inwoners om actief te blijven. Want wie actief is, neemt deel aan de samenleving, behoudt de regie over zijn of haar leven en kan in de regel langer zelfstandig blijven wonen*" (D4, p. 22).
- Debt problems among citizens in The Hague (see, e.g., D10 and D11), which can be illustrated by this quotation: "*In Nederland heeft bijna één op de vijf huishoudens te maken met problematische schulden, of loopt het risico daarop. In Den Haag is dat helaas niet anders. Er ligt dus een enorme opgave, die van ons vraagt dat we drie stappen verder gaan dan de bestaande schuldhulpverlening*" (D10, p. 2).
- Social and emotional loneliness (see, e.g., D1 and D6): "*Eenzaamheid is een probleem dat we als gemeente niet alleen kunnen oplossen. Eenzaamheid kan alleen gekeerd worden als overheid, verenigingen, ondernemers, professionals en de bewoners de handen ineen slaan. Daar hebben we alle Hagenaars voor nodig. Want het doorbreken van eenzaamheid is onze gezamenlijke verantwoordelijkheid*" (D6, p. 3);

- Nonprofessional caregivers being/becoming overburdened (see, e.g., D2 and D3). The following quotation refers to an assessment of the current situation: "*Naar schatting 12.000 mantelzorgers zijn zwaar- tot overbelast*" (D2, p. 2). Policymakers also warn of the risk of more caregivers becoming overburdened in the future: "*Door de bezuinigingen en de kortingen van het Rijk zal ook de druk op deze burgers toenemen en kunnen leiden tot overbelasting*" (D2, p. 2);

It can be observed from the way local policymakers frame the policy problems that 1) some policy problems are apparently caused or aggravated by the decisions and actions of governmental actors at the national level; 2) other societal actors are indispensable for dealing with the problems at hand; and 3) despite the complexity of the policy issues, we can discern a belief in the ability to at least mitigate some problems, if not completely 'solve' them all.

Policy design element 2: policy goals

As could be expected, each policy document contains multiple policy goals. They stem from the problems defined by policymakers, as described in the previous design element section. The policy goals vary in terms of how they are labeled and their degree of specificity. Regarding their labeling, policy goals are referred to in different ways, including "*speerpunten*", "*ambities*", "*(hoofd)doelen*", "*resultaten*", "*streven*", and "*willen bereiken*". Regarding their specificity, some are quite generic, such as "*Ouderen stimuleren gezond, vitaal en betrokken te zijn*" (D1, p. 4), while others are more specific: "*Jaarlijks groeit het aantal Haagse vrijwilligers met 1 procentpunt*" (D2, p. 8). Furthermore, policy goals are sometimes also 'concealed' or 'packaged' in a description of the (desired) future state of affairs, such as "*Mensen met GGz-/Vz-problematiek die zelfstandig wonen ontvangen de juiste ondersteuning/woonbegeleiding om hun zelfredzaamheid te bevorderen, stabiliteit te behouden en terugval en dakloosheid te voorkomen*" (D7, p. 29). Another example of a description of a (desired) future situation is as follows:

> "*We nemen de belemmeringen weg die de zelfredzaamheid van mensen met een beperking in de weg staan. Met het verbeteren van de toegankelijkheid van woningen, gebouwen, openbare ruimte, openbaar vervoer en informatie en zorgen we ervoor dat mensen met een beperking ook meedoen. Daarmee dringen we eenzaamheidsgevoelens terug*" (D6, p. 13).

To enumerate and illustrate *all* policy goals that policymakers have formulated would stretch far beyond the scope of this chapter. Instead, an overview of the most important policy goals, as they have become solidified in the policy documents, will be provided here. The document on elderly policies (D1) aims to improve the health of elderly people, to reduce feelings of loneliness, and to enable elderly people to live independently at home for longer. Policymakers formulate it as follows: "*1. Ouderen stimuleren gezond, vitaal en betrokken te zijn. 2. Ouderen helpen eenzaamheid te verdrijven en te focussen op levensplezier. 3. Ouderen ondersteunen om langer zelfstandig te wonen in een veilige, seniorvriendelijke leefomgeving met passende voorzieningen*" (D1, p. 4).

With regard to the document on nonprofessional care (D2), policymakers formulate the main policy goal as follows: "*Hoofddoel van dit Actieprogramma is de zorgzame samenleving te ondersteunen, faciliteren en stimuleren*" (p. 3). Even though a comprehensive definition of the *zorgzame samenleving* ('caring society') is not provided in this document, policymakers describe some of its characteristics as they elaborate on the main policy goal:

> "*Met dit programma willen we Haagse bewoners meer ruimte en eigenaarschap geven, zodat zij in staat zijn voor zichzelf en anderen in de eigen omgeving te zorgen en er te blijven wonen. Waar nodig bieden we ondersteuning aan mantelzorgers en zorgvrijwilligers, bijvoorbeeld via voldoende en passende respijtzorg en de oprichting van een Haagse Vrijwilligersacademie. (…) Tot slot is een goede afstemming tussen formele en informele zorg cruciaal voor een goede zorg voor iedereen*" (D2, p. 3).

Policy documents D3 and D4 both deal with the decentralization of social policies and specify how the municipality of The Hague intends to deal with this issue. The former document formulates the main purpose of the decentralization operation as follows:

> "*Het algemene doel van de Wmo is dat burgers de regie behouden over hun eigen leven en zo lang mogelijk thuis blijven wonen, ook als er sprake is van een beperking. Wie ondersteuning en zorg nodig heeft, krijgt deze zoveel mogelijk dichtbij huis, in de eigen leefomgeving. De ondersteuning en zorg zijn gericht op zelfredzaamheid van mensen en het versterken van de zelfstandigheid*" (D3, p. 12).

The latter policy document (D4) is a follow-up of the initial policy document that deals with the decentralization operation. It subscribes to the same purpose and further elaborates on it by formulating this set of principles (*uitgangspunten*):

"- *Iedereen doet mee aan de samenleving.*
- *Eigenaarschap en zelfredzaamheid.*
- *Dicht bij de mensen in hun eigen omgeving.*
- *Voorkomen is beter dan genezen.*
- *Een solide en sociaal vangnet voor kwetsbare burgers.*

- *Veiligheid staat voorop.*
- *Vraaggericht.*
- *Minder regels en meer vertrouwen.*
- *Permanente innovatie.*
- *Inspraak van belangen- en cliëntenorganisaties*" (D4, p. 16-17).

The policy document on public health specifies the main ambition as follows: "*Het stimuleren van gezond leven in alle levensfasen en meedoen naar vermogen voor alle Hagenaren*" (D5, p. 19). The action plan on social and emotional loneliness formulates these three 'program lines':

> "*1. Beter herkennen van eenzaamheid in de Haagse wijken. Met inzicht in aard, omvang en oorzaken van eenzaamheid ontwikkelen we een effectieve aanpak op wijkniveau, waarmee we de stijgende trend ombuigen.*
> *2. Versterken van de aandacht van Hagenaars voor elkaar. Met een stedelijke en wijkgerichte bewustwordingscampagne stimuleren we Hagenaars in actie te komen voor eenzame inwoners. Professionals, vrijwilligers en uiteindelijk alle Hagenaars signaleren eenzaamheid en maken dit bespreekbaar. Eenzame burgers durven zelf om hulp te vragen.*
> *3. Effectief en integraal ondersteunen van eenzame Hagenaars. Samen met de stad zetten we gerichte instrumenten in waarmee we eenzaamheid effectief terugdringen*" (D6, p. 15).

Regarding the policy document on vulnerable people (D7), these are the main policy goals formulated by policymakers:

"*Algemene doelstellingen*:
- *Vroegtijdige herkenning en signalering van personen met GGz- en/of Vz-multiproblematiek en tijdige toeleiding naar ondersteuning en/of zorg in de vorm van maatwerk met inzet van eigen kracht.*
- *Maximale/optimale participatie van mensen met GGz- en/of Vz-problematiek in de Haagse samenleving (wonen, sociale relaties en dagbesteding).*
- *Voorkomen van terugval na herstel.*
- *Bieden van Maatschappelijke Opvang en Beschermd Wonen*" (D7, p. 11-12).

The vision set out in the policy document that targets people with disabilities (D8) reads as follows:

> “*De belangrijkste uitgangspunten voor onze visie zijn dat iedereen gelijkwaardig en naar eigen inzicht en vermogen vorm geeft aan zijn of haar leven en een actieve bijdrage levert aan de samenleving. In samenwerking met alle betrokken partijen zetten we het inclusief beleid voort waarbij we op alle beleidsterreinen streven naar toegankelijke voorzieningen op woongebied, in de openbare ruimte en in het openbaar vervoer, Maar ook toegang tot onderwijs, werk, sport -en vrijetijdsvoorzieningen en zorgondersteuning is essentieel. Zelfredzaamheid wordt gestimuleerd door allereerst de eigen potentie en regie, en de kracht van het eigen netwerk (familie, kennissen, vrienden, buurtgenoten) te benutten. Waar de eigen mogelijkheden en die van het netwerk niet toereikend zijn, wordt passende ondersteuning aangeboden, zo licht als mogelijk en zo zwaar als nodig*” (D8, p. 6).

The document on youth care (D9) – which is one of the social policy areas that have been decentralized to municipalities – sums up a number of so-called transformation goals:

> “*De stelselwijziging van de jeugdhulp (2015) heeft de volgende transformatiedoelen:*
> 1. *Meer preventie, meer eigen verantwoordelijkheid en meer benutten van eigen kracht en het sociale netwerk van kinderen en hun ouders.*
> 2. *Kinderen en jongeren naar vermogen mee laten doen, laten participeren. Daarom willen we normaliseren, ontzorgen en niet onnodig medicaliseren.*
> 3. *Sneller jeugdhulp op maat, dichtbij huis, om zo het beroep op gespecialiseerde jeugdhulp te verminderen.*
> 4. *Integrale, samenhangende hulp door betere samenwerking rond gezinnen: één gezin, één plan, één regisseur, onder andere door ontschotting van budgetten.*
> 5. *Meer ruimte voor professionals, door de regeldruk serieus terug te dringen*” (D9, p. 10).

Last, the main goals of the policy documents on debt issues (D10 and D11) are reflected in this quotation:

> “*Ledere Hagenaar moet kunnen meedoen in de samenleving. Mensen moeten zelfredzaam zijn en hiervoor de regie over hun eigen leven hebben, krijgen en houden. Belemmeringen die het meedoen in de weg staan, brengen we in een zo vroeg mogelijk stadium in beeld en pakken we integraal aan. Dit is het streven van de gemeente Den Haag. Dit geldt ook voor problemen met schulden. Maatschappelijke partners in de stad zijn alert op het signaleren van schuldenproblematiek en nemen hierin een actieve rol. We voorkomen samen met onze partners in de stad dat problematische schulden kunnen ontstaan, maken schulden hanteerbaar en lossen ze waar mogelijk op*” (D10, p. 8).

Policy design element 3: demarcation and definition of actor roles

What clearly emerges from the policy documents is that public authorities confine their role to policymaking and to facilitating other parties in delivering social support services. A pivotal role with regard to developing and offering social services is attributed to third sector organizations. The following quotation captures the role description of both actors:

> "*Kern is dat de gemeente vooral de maatschappelijke partners wil faciliteren om invulling te geven aan deze speerpunten. De welzijnsorganisaties zijn aan zet als het gaat om de directe uitvoering zoals advisering, huisbezoeken, wijkgesprekken en het ondersteunen van burgerinitiatieven voor en door ouderen*" (D1, p. 18).

The strong reliance on third sector organizations is explicitly mentioned in various policy documents, such as the one on debt problems: "*Maatschappelijke partners in de stad zijn alert op het signaleren van schuldenproblematiek en nemen hierin een actieve rol*" (D10, p. 8). More generally, all sorts of third sector organizations fulfill an important role in the provision of social services:

> "*Er zijn in Den Haag verschillende soorten instellingen/organisaties en initiatieven die algemene voorzieningen aanbieden, van sociaal-culturele instellingen (professionele welzijnsorganisaties en vrijwillige (zelf)organisaties), sportfaciliteiten en vrijwillige vervoersdiensten tot klussendiensten en vrijwilligerszorg. Algemene Voorzieningen kunnen worden gesubsidieerd door de gemeente. Daarnaast zijn er algemene voorzieningen zijn die worden gefinancierd door sponsoring, fondsen of lidmaatschap (denk aan een sportvereniging). Algemene voorzieningen kunnen ook gratis zijn omdat deze worden georganiseerd door vrienden, buren of vrijwilligers*" (D3, p. 24).

What is also clearly recognized in the policy documents is that (potential) welfare clients are expected to adopt an active (or more active) role in addressing their personal welfare problems. Policymakers therefore refer to increased self-reliance and more participation: "*De eisen die aan de rechten en plichten van burgers en hun rollen worden gesteld, veranderen. De maatschappelijke verwachting dat mensen werken, zelfredzaam zijn en aan mensen in hun omgeving zorg verlenen (participatiesamenleving) zijn hier voorbeelden van*" (D4, p. 13). In addition to self-reliance and participation, the policy documents emphasize individual responsibility (see, e.g., D1, p. 15), entrepreneurialism (see, e.g., D3, p. 13), having an active attitude (see, e.g., D4, p. 16), ownership (see, e.g., D2, p. 3), and the need to take control of one's own welfare (see, e.g., D10, p. 8). It is expected that potential welfare recipients will seek help to solve their personal welfare problems. This quotation refers to this line of argumentation:

> "*Eigenaar zijn van de eigen ontwikkeling en die van de omgeving, maakt burgers ondernemend en proactief. Zij zoeken, al dan niet in organisatorisch verband, zelf naar verbindingen met anderen. Zij zijn in staat om voor zichzelf te zorgen en naar anderen om te zien. Zij zijn zelfredzaam. Samen met vrienden, familie en in buurtorganisaties, verenigingen, vrijwilligersorganisaties geven burgers inhoud aan wat zij zelf (aan) kunnen*" (D3, p. 13).

Overall, in terms of role assignment, the idea of the *enabling state* – a facilitating role for public organizations, a more active role for other societal actors – clearly resonates in these local social policies. In particular, public authorities rely heavily on third sector organizations for the development and delivery of social services. Moreover, local policymakers urge individuals in need of social support to take on more active responsibility for organizing their own care and support.

Policy design element 4: categorizing target groups

Policymakers identify a wide range of target groups in the various policy documents. These include healthcare insurers, volunteers, professionals, and, of course, (potential) welfare recipients. The latter group can be further divided into a number of subcategories, as can be discerned from the various policy documents. Examples range from very generic to highly specific subcategories that include but are not limited to the following:

- Elderly people aged 65+ years and, more specifically, elderly people aged 75+ (D1, p. 15);
- Nonprofessional caregivers, who are divided into several subcategories, namely, elderly caregivers as well as "*jonge, werkende en allochtone mantelzorgers en mantelzorgers van andere kwetsbaren groepen, zoals mensen met psychische aandoeningen en mensen met een beperking*" (D2, p. 3);
- Social support provisions that are accessible to all citizens but also more specific provisions for vulnerable groups: "*De Wmo kent brede projecten voor de gehele stad, maar ook specifieke ondersteuning voor kwetsbare groepen*" (D3, p. 5);
- Individuals with disabilities: "*De doelgroep omvat mensen met een lichamelijke, zintuiglijke of verstandelijke beperking, chronische ziekte of een combinatie hiervan. Deze doelgroep is zeer divers. Ongeveer 23,5% van de Hagenaars heeft een beperking*" (D3, p. 19).
- The most detailed subcategorization of target groups is found in the policy program that addresses the issue of loneliness: "*Om beter inzicht te krijgen in aard, omvang en oorzaken van de eenzaamheid in Den Haag hebben we uitgebreide data-analyse verricht en gesprekken gevoerd met professionals, vrijwilligers en burgers in alle stadsdelen. Op basis van deze informatie hebben we profielen gemaakt van de verschillende groepen kwetsbare inwoners die te maken hebben met eenzaamheid. Met deze unieke Haagse*

> *aanpak hebben, we 21 persona's ontwikkeld. Elk persona staat voor een groep mensen die onze steun verdient in de strijd tegen eenzaamheid*" (D6, p. 21).

Notably, some of these target groups are (far) more specific than others. The reason for this choice does not become clear from studying the policy documents. Nor do policymakers explain their methods of identifying and defining these specific target groups – other than perhaps a reference to talks with other actors or having conducted some form of data analysis.

Policy design element 5: underlying policy theory

In relation to social support provisions for (potential) welfare recipients, the underlying policy theory can be summarized as follows.

> *Due to the decision to decentralize additional tasks and responsibilities within the domain of care and social support, accompanied by (severe) budget cuts, a major reform of The Hague's social service system is necessary. At the same time, the decentralization of social policies provides the municipality with the opportunity to innovate and improve its social service system. The desired policy outcomes (or intended policy effects) are a more efficient and effective social service system, reducing feelings of loneliness among citizens of The Hague, improving public health, enabling welfare clients to be self-reliant, enabling individuals to live independently at home for longer, and ensuring that fewer nonprofessional caregivers will be(come) overburdened.*

To attain these policy outcomes, the municipality of The Hague employs various means, namely, 1) activation policies inducing welfare clients to increase their utilization of collective social support provisions and to decrease their use of more expensive forms of care and support; 2) facilitating and subsidizing third sector organizations so that they can develop and deliver tailor-made social support provisions to welfare clients who are in need of help, which will lead to more efficient and effective use of help sources; 3) stimulating various third sector organizations to cooperate so that a more integrated supply of social services can be attained; and 4) providing (more) information about the supply of social support services to lead to a higher level of awareness among (potential) welfare clients and increase the use of collective support provisions – and, again, to decrease the use of more expensive forms of support.

Policy design element 6: policy assumptions

The policy documents contain a large number of policy assumptions – some of which are more implicit than others. The following six key assumptions are worth considering in more detail.

1) The assumption of vicinity. It is assumed that when social support services are offered to nearby (potential) welfare clients, these support services will be utilized by those who need them. The following quotation suggests that if support services are organized for nearby (potential) welfare clients, they will take action to fulfill their personal help needs:

> "*Dicht bij de mensen in hun eigen omgeving. De gemeente stimuleert burgers verantwoordelijk te zijn voor hun eigen ontwikkeling en die van de samenleving door dichtbij de mensen voorzieningen te bieden. Burgers krijgen daarin een rol, op stadsdeel-, wijk- of buurtniveau. Op deze kleinere schaal kunnen activiteiten slimmer worden gecombineerd, is minder coördinatie nodig en worden signalen sneller en beter opgepakt*" (D4, p.16).

Closely related is the idea that lowering the threshold for social support services by improving their physical accessibility will lead to more take-up of those services by individuals who need help. For example, nearby locations that offer support should have an 'inviting' character: "*Uitnodigende locaties, activiteiten en voorzieningen in de buurt krijgen een steeds belangrijkere rol, zoals bijvoorbeeld de Buurthuizen van de Toekomst*" (D3, p. 18). It is also suggested that by integrating social services, accessibility will be increased: "*Dertien wijkcentra in stad vormen de toegang tot de Algemene Voorzieningen. Door de informatie én de contacten hierover op één locatie bij elkaar te brengen wordt de toegankelijkheid van deze voorzieningen vergroot*" (D3, p. 25). Overall, policymakers believe that (potential) welfare clients will consult these service points when they are offered within their own neighborhood. The next quotation captures this line of reasoning:

> *"De burger moet altijd in de eigen buurt terecht kunnen met vragen over zorg en ondersteuning. (…) Met de inrichting van deze servicepunten bundelen we tevens verschillende loketten. Mensen kunnen hier terecht voor advies en informatie over het sociaal domein, waaronder de maatschappelijke ondersteuning, en worden door de medewerkers zo goed mogelijk op weg geholpen naar een antwoord op hun vraag. Deze servicepunten worden gerealiseerd in bestaande loketten en fysieke inlooppunten in de wijken zoals bijvoorbeeld buurthuizen, CJG's, Centra voor ouderen, I-shops, bibliotheken. Logische plekken waar Hagenaars toch al komen en eenvoudig binnen wandelen. Burgers worden gestimuleerd zoveel mogelijk zelf oplossingen te bedenken, maar wie dat niet kan wordt daarbij geholpen. Op dertien van deze locaties, namelijk de wijkcentra, zijn ook (vrijwillige) medewerkers aanwezig die helpen met [1] het helder krijgen van de vraag en [2] het (leren) gebruiken van digitale dienstverlening [3] informatie over en toeleiding naar algemene voorzieningen en [4] stimuleren van het aanspreken van het eigen sociale netwerk. Hagenaars kunnen hier zelf binnenlopen maar ook doorverwezen worden door bijvoorbeeld een hulpverlener*" (D3, p. 31).

2) The assumption of a demand-driven social service system and tailor-made support services. The starting point is the specific help demand, not the help supply. It is assumed that the demand for support can be rather precisely 'calculated', as this quotation suggests: "*Wat er voor de burger nodig is, is leidend en niet het aanwezige aanbod. Vraaggericht werken is daarom een leidend principe, waarbij licht ondersteund wordt waar het kan en intensief en zwaar waar het moet*" (D3, p. 13). As a corollary, this also means that providers of support services are able to detect specific help demands and can take these into account in order to create tailor-made support services, as this quotation also refers to:

> "*Meer aandacht wordt besteed aan het bepalen van de behoefte, wensen en de eigen mogelijkheden van mensen met een beperking. Bij het bieden van ondersteuning zal meer vanuit de daadwerkelijke behoefte gedacht moeten worden, en niet zozeer vanuit het aanbod aan middelen en voorzieningen. Hiervoor zal ook de burger een omslag moeten maken. Niet langer wordt uitgegaan van het recht en de claim op voorzieningen, maar de zelfregie, het meedenken aan oplossingen en het gebruik van het sociale netwerk om aan de behoefte te voldoen, staan voorop*" (D8, p. 7).

3) The assumption of integrality and comprehensiveness. Policymakers assume that a closed support network ("*sluitend network*") of nonprofessional caregivers, volunteers and professionals can be formed around (potential) clients so that their social support needs will be signaled and can be addressed as early as possible, as illustrated by this quotation:

> "*Hoe eerder risico's en problemen worden gesignaleerd en aangepakt hoe minder groot de kans dat iemand (langdurig) zorgafhankelijk wordt. Daarom zorgen wij voor een sluitend netwerk van vrijwilligers en professionals in de wijken en laagdrempelige plekken waar bewoners terecht kunnen voor informatie, advies of een vraag om ondersteuning*" (D3, p. 18).

A similar assumption is made specifically in relation to more vulnerable individuals, as this quotation illustrates:

> "*Voor mensen met problemen op het gebied van dagstructurering en dementie zorgen we voor een hecht netwerk van centra in de buurt waar zij en hun mantelzorgers terecht kunnen voor ondersteuning, begeleiding, instructie en dagopvang. Door slimme combinaties met andere sectoren zoals kunst, cultuur en sport worden mensen uitgedaagd steeds weer nieuwe doelen te stellen op basis van hun mogelijkheden*" (D1, p. 19).

The assumption of a comprehensive support network is also reflected in the following set of quotations about (the importance of) an integrated supply of social support services: "*Door samen in sociale wijkzorgteams te werken, kunnen problemen niet verkokerd, integraal worden opgepakt wat resulteert in een sluitend en volledig aanbod voor de klant* (D3, p. 35); "*Op wijkniveau wordt ook de ondersteuning aan kwetsbare Hagenaars met complexe en meervoudige problemen beter en meer samenhangend georganiseerd volgens het principe '1 plan – 1 huishouden – 1 regisseur'*" (D4, p.16); and "*Er is een integrale aanpak met preventie en vroege signalering, via opvang en herstel naar nazorg en participatie*" (D5, p. 10).

4) The assumption of awareness and 'voice'. This assumption is based on the ideas that (potential) welfare clients 1) are aware of their own help needs, that they themselves know what is best for them, and that they 2) are able to express their help needs to others (whether to someone in their social network, third sector representatives, or others). The following quotation illustrates this: "*In de seniorvriendelijke stad is niet alleen helder wat ouderen nodig hebben, maar dragen buurtbewoners zelf ook gerichte oplossingen aan. Zij weten immers het beste wat nodig is om greep te krijgen op hun eigen leven*" *(D1, p. 16)*. Policymakers emphasize the individual responsibility of (potential) welfare clients to undertake action to deal with personal welfare problems, as the following quotation reflects: "*Essentieel in deze aanpak is de verantwoordelijkheid van de oudere zelf bij de stappen die gezet worden*" (D1, p. 15). When, for instance, an elderly person feels lonely, he/she is expected to signal this problem to others. In fact, this signaling is regarded by policymakers as the starting point of the process.

5) The assumption of informed action. When potential welfare clients receive information about and become aware of potential sources for support, they will then utilize those services. This assumption is reflected in the following quotation:

> "*Voor alle voorzieningen geldt dat we deze steeds meer onder Hagenaars bekend willen maken. Zo kunnen Hagenaars nog beter en sneller de ondersteuning krijgen die bij hen past. Dat betekent: voorzieningen in de eigen woonomgeving en deze combineren met voorzieningen en activiteiten in de buurt*" (D4, p. 19).

The assumption also resonates when there is direct contact between an advisor and a potential client, for example, when an advisor for the elderly (*ouderenconsulent)* informs a potential client about available support sources:

> "*De ouderenconsulent helpt in gesprek de oudere tot inzicht te komen wat bij dit individu helpt tegen isolement en eenzaamheid en wat bijdraagt aan levensplezier. De ouderenconsulent stimuleert de oudere op zoek te gaan naar een activiteit die hierop*

> *aansluit. Het betekent dat de consulent: concreet ideeën aandraagt, of/en een vrijwilliger laat aansluiten om met de oudere iets nieuws te ondernemen, of/en verwijst naar het servicepunt ter oriëntatie op de mogelijkheden*" (D1, p. 15).

6) The assumption of prevention. This assumption pertains to policymakers' expectation that (potential) welfare recipients will address their personal help needs as soon as possible:

> "*Om inwoners in staat te stellen zo lang mogelijk zelfstandig te laten blijven wonen, is het belangrijk problemen zoveel mogelijk te helpen voorkomen. Preventie staat niet op zichzelf, maar zit verweven in de hele keten van voorzorg (voorkomen) tot nazorg (tegengaan van terugval)*" (D3, p. 17).

Preventive action by (potential) welfare clients is needed to increase participation and to avoid their be(com)ing dependent (again), as this quotation states: "*Preventie in relatie tot de Wmo heeft voornamelijk betrekking op het vergroten van maatschappelijke participatie en het voorkomen dat mensen (meer/weer) afhankelijk worden van voorzieningen*" (D3, p. 17). In another policy document, this is reiterated: "*Voorkomen is beter dan genezen. We zetten breed in op preventie: het voorkomen van (verder) verlies van de zelfredzaamheid en van beroep op (zwaardere) zorg en ondersteuning*" (D4, p. 16).

Overall, the image of help-seeking for social support by a (potential) welfare recipient that emerges from these policy assumptions is quite optimistic. In summary, policymakers assume that when an integrated network of support sources is offered nearby, individuals who are in need of support will actively seek help as early as possible so that they can deal with their personal welfare problems before they worsen. However, as will be illustrated below, some snippets in the policy documents seem to point to (at least) some awareness among policymakers of the problems and difficulties that may exist in help-seeking for social support. These will be discussed under element 9 after elements 7 and 8, governance tools and the policy implementation structure, respectively, are described.

Policy design element 7: governance tools

As already mentioned, local government adopts a leading role in *formulating* social policies and a facilitating role in regard to *implementing* those social policies. To attain the desired policy outcomes, policymakers (intend to) use several different governance tools. One of the most important tools of governance is subsidizing third sector organizations to develop support provisions for (potential) welfare clients. By means of this subsidy tool, the municipality attempts to control and steer the actions and policies of third sector organizations in the desired direction:

> "*Via het subsidie-instrument kan direct en gericht sturing worden gegeven aan het aanbod van de instellingen en organisaties waar de gemeente een subsidierelatie mee heeft. In de subsidie-afspraken met de verschillende organisaties worden afspraken over de organisatie van de algemene voorzieningen opgenomen*" (D3, p. 24).

In line with the previous governance tool, local policymakers also intend to provide facilities for service points, voluntary organizations and neighborhood centers. Furthermore, local government wants to act as a coordinator in the network of organizations that are active in the local social service system, as the next two quotations indicate: "*In de Buurthuizen van de Toekomst en met de opbouwwerkers, ouderenconsulenten, vrijwilligers en bovenal de oudere buurtbewoners willen wij het gesprek in de buurten stimuleren en samenwerkingsinitiatieven de kans geven*" (D1, p. 17) and "*Wij constateren dat met andere ogen naar schuldhulp gekeken kan en moet worden om meer mensen passende ondersteuning te bieden. Daarom intensiveren wij de samenwerking in en met de stad*" (D10, p. 4). Finally, in some cases, local government provides specific expertise. All of the above governance tools are summarized nicely in the policy document on debt problems:

> "*De gemeente geeft voorlichting en training aan professionals en vrijwilligers, stimuleert onderlinge contacten en kennisdeling tussen de maatschappelijke organisaties door het faciliteren van een periodiek stedelijk overleg, en geeft soms financiële ondersteuning (subsidies)*" (D10, p.21).

The facilitating role of local government can thus be characterized by a set of indirect tools of governance. By using these indirect governance tools, policymakers have an important effect on the shape of the local network of third sector organizations. As Salamon points out, "tools significantly structure networks: they define the actors that are centrally involved in particular types of programs and the formal roles they will play" (2001: p. 1632). Finally, to incentivize (potential) welfare recipients to take an active role in dealing with their personal help needs, policymakers employ the following governance tools: activation policies, providing information, and co-organizing/facilitating publicity campaigns (both on- and offline).

In sum, public authorities rely heavily on *indirect tools of governance* (*cf.* Salamon, 2001). With regard to third sector organizations, they use subsidies, provide facilities, adopt a coordinative role, and offer to (incidentally) share their expertise. To enable (potential) welfare clients to become more active, local policymakers formulate activation policies and employ different types of information tools.

Policy design element 8: policy implementation structure

As already touched upon in previous elements, policymakers rely heavily on third sector organizations to implement social policies, in particular the development and delivery of social support services. Local government wants to cooperate with third sector organizations, intending to give them a role in the implementation of social policies:

> *We willen samen optrekken met de professionele- en welzijnsinstellingen in het sociale domein. (…) We stellen een gezamenlijke uitvoeringsagenda op, gericht op samenhang, synergie en innovatie, kwaliteit en betrokkenheid. Daarbij maken we onderscheid in korte en langere termijn: wat willen we nu inregelen, en wat kan later* (D3, p. 40-41).

Local government thus emphatically seeks to include third sector organizations, even beyond the ones they subsidize, as this quotation indicates:

> "*Onze samenwerking gaat verder dan alleen met die organisaties waarmee we een subsidie of inkooprelatie hebben. Er zijn heel veel partijen in de stad, waaronder veel levensbeschouwelijk organisaties, die activiteiten uitvoeren die van belang zijn voor de civil society en het slagen van onze doelen in het sociaal domein. We gaan inventariseren welke partijen dit zijn en betrekken hen bij actief bij onze inspanningen*" (D3, p. 41).

Policy design element 9: incorporating the phenomenon of non-take-up of social support

Though scarce and scattered, there are some references to the difficulties (potential) welfare recipients may experience in help-seeking for social support, as this quotation indicates: "*Hulpzoekers vinden het soms lastig om de hulp van een vrijwilliger of het eigen netwerk in te schakelen ('vraagverlegenheid')*" (D2, p. 10). It also seems that policymakers are (somewhat) aware that not all elderly people have an overview of the available support sources: "*Wat ontbreekt, is het overzicht voor de oudere buurtbewoners wat er mogelijk is en inzicht in wat noodzakelijk is*" (D1, p. 16). Therefore, policymakers intend to investigate help needs, including those of nonprofessional caregivers: "*Er wordt een analyse gemaakt van de behoefte van mantelzorgers aan respijtzorg*" (D2, p. 4) and

> "*In de te ontwikkelen Haagse Cliëntvertegenwoordiging zullen de behoeften en de ondersteuning van de mantelzorger regelmatig aan de orde komen. Hierdoor kunnen de ervaringen, wensen en zorgbehoeften van mantelzorgers en hun familie/netwerk worden meegenomen in de ontwikkeling van het beleid en op te zetten acties*" (D2, p. 2).

Perhaps as a more indirect reference to non-take-up of social support, the importance of service accessibility is acknowledged as well, both on- and offline:

> "*Het digitale formulier waarmee bewoners van de gemeente Den Haag om ondersteuning kunnen vragen is vereenvoudigd. Daarnaast is het mogelijk om vormvrij om ondersteuning te vragen: via de telefoon, op het gemeentehuis, via een vraag op de website van de gemeente, alles mag*" (D4, p. 27).

Moreover, services should be 'customer-friendly', which is also why the municipality investigates the experiences that welfare clients have (had) with applying for social support:

> "*Om onze dienstverlening en de inrichting van de Wmo verder te verbeteren, voeren we regelmatig klantreisonderzoeken, klantervaringsonderzoeken en usability onderzoeken uit. Hiermee worden ervaringen in beeld gebracht van mensen die zorg of ondersteuning aanvragen, deze krijgen of informatie over de Wmo zoeken. Daarnaast doen we mee aan het jaarlijkse landelijke klanttevredenheidsonderzoek onder gemeenten. De uitkomsten van het tevredenheidsonderzoek 2016 zijn voor de gemeente Den Haag redelijk vergelijkbaar met de gemiddelden van andere gemeenten in Nederland. Den Haag scoort hoger dan het gemiddelde op de kwaliteit van de ondersteuning en het resultaat dat bereikt wordt, maar lager op de vraag of de cliënt wist waar hij/zij met de hulpvraag heen kan*" (D4, p. 19).

In relation to caregivers, it is mentioned that they should be able to navigate their way through the social service system to receive the necessary support:

> "*Maar het feit blijft dat de combinatie van zorg met gezin en werk heel zwaar kan zijn. Daarom is het belangrijk dat deze mantelzorgers – indien zij dit aangeven – af en toe tijd voor zichzelf kunnen nemen en de zorg tijdelijk aan anderen kunnen overlaten. Daarvoor moeten zij de weg naar de ondersteuning weten te vinden*" (D2, p. 2).

Nevertheless, what prevails is the idea that those who need help will receive the necessary support. This expectation also applies to more vulnerable individuals, as this quotation illustrates:

> "*De kwetsbare, niet loketvaardige burgers inclusief de zorgmijders hebben concrete ondersteuning nodig in de vorm van casusregie, omdat zij zelf niet (meer) in staat zijn hun weg te vinden. Kwetsbare burgers kenmerken zich door multi-problematiek en/of het ontbreken van vaardigheden om problemen zelfstandig op te lossen. Om deze groep kwetsbare burgers te kunnen ondersteunen worden sociale wijkzorgteams opgezet door de gemeente en partners op het gebied van zorg en welzijn in de wijk*" (D3, p. 35).

The same expectation resonates in quotations about vulnerable nonprofessional caregivers who experience problems in coping with their responsibilities:

> "*Als kwetsbare mantelzorgers niet in staat zijn om zelfstandig de ondersteuning te blijven bieden die nodig is, kunnen zij een beroep doen op de Taskforce Mantelzorg. Professionals uit zorg en welzijn bezoeken de mantelzorgers dan thuis en geven persoonlijke ondersteuning, advies en informatie*" (D2, p. 4).

Strikingly, in contrast to problems such as loneliness, debt, and public health, the policy documents do not include a thorough discussion of (the potential causes of) non-take-up of social support even though several policy documents do provide a more in-depth discussion of the phenomenon of social and emotional loneliness (see in particular D1 and D6). Policymakers (attempt to) define the problem and include a brief discussion of its (potential) causes:

> "*Van emotionele eenzaamheid is sprake als iemand een sterk gemis ervaart van een intieme relatie of van een emotioneel hechte band met een partner of vriend(in). Van sociale eenzaamheid is sprake als iemand betekenisvolle relaties met een bredere groep mensen, zoals collega's, kennissen, buurtgenoten of mensen met dezelfde belangstelling mist. Uit onderzoek komt naar voren dat mensen emotionele eenzaamheid als ernstiger beleven dan sociale eenzaamheid. Mensen die zowel emotioneel als sociaal eenzaam zijn, blijken eenzaamheid als het meest ernstig beleven. Ook heft een intieme partnerrelatie sociale eenzaamheid niet op*" (D1, p. 10).

A similar approach is adopted with regard to debt problems among citizens (see in particular D10 and D11). The policy documents in question pay considerable attention to the potential causes of debt issues. As the next quotation shows, there is a line of reasoning by policymakers, from the roots of the problem via the effects debt issues can produce to the necessity of developing a policy to address the problem:

> "*De oorzaak van problematische schulden ligt lang niet altijd in het uitgavenpatroon van mensen. Wie 'Eigen schuld, dikke bult' zegt, gaat te kort door de bocht. Steeds meer mensen moeten rondkomen van een minimaal inkomen, terwijl de uitgaven, bijvoorbeeld door de gestegen huurprijzen, fors zijn toegenomen. Daarnaast brengen ingrijpende gebeurtenissen als werkloosheid of echtscheiding mensen ongewild in problemen. Wie eenmaal in de schulden zit, heeft er een grote zorg bij. Schulden slokken alle aandacht op. In veel gevallen raken mensen in een isolement, met weer nieuwe problemen tot gevolg. Stress en schaamte belemmeren het dagelijks functioneren en verkleinen de kans op bijvoorbeeld een betaalde baan. Daar willen we in Den Haag iets aan doen.*

> *We hebben een actief armoedebeleid, waarmee we mensen met lage inkomens zoveel mogelijk willen laten meedoen in de stad. Maar we pakken de schuldenproblematiek zelf natuurlijk ook aan*" (D10, p. 2).

Last, in the policy document on public health, policymakers also dwell on factors that influence the health of the population, as this quotation illustrates:

> "*Als we het functioneren voor gezondheid centraal stellen, dan zijn welzijn, preventie, zorg en ondersteuning belangrijke factoren die hieraan bijdragen. Maar problemen in het functioneren worden niet alleen bepaald door de fysieke en psychische gezondheidstoestand. Naast bijvoorbeeld verouderingsprocessen en chronische aandoeningen spelen ook persoonlijke en externe aspecten een rol. Ook de levensfase en leefomstandigheden – werk, woning, sociale en leefomgeving – zijn van invloed. We moeten aansluiten bij de individuele behoeften. Maar de omgeving vraagt ook om een meer collectieve aanpak. Voor het goed en betaalbaar houden van onze collectieve en individuele voorzieningen zullen we zowel in als buiten de gezondheidszorg moeten werken aan innovatieve doorbraken*" (D5, p. 7)

Therefore, whereas policymakers pay a fair amount of attention to causes of other complex policy issues, such as social and emotional loneliness, debt, and population health, the 'how and why' of non-take-up of social support receives only scant attention. This is a blind spot in The Hague's social policies. The reason for this lack of attention is (probably) because not much is known about this topic. As policymakers mention in one of the policy documents, they intend to investigate what may cause non-take-up of social support: "*Wij gaan onderzoeken in hoeverre en in welke gevallen er bij hulpvragers sprake is van vraagverlegenheid en wat de gemeente in samenwerking met partijen in de stad daaraan kan doen*" (D2, p. 10).

5.5. CONCLUSION

This chapter has taken the important step of describing the key features of the contemporary social policies of the municipality of The Hague. Analyzing the contents of these social policies is highly relevant, as they define the social rights of (potential) welfare recipients and categorize them into specific target groups. Furthermore, social policies shape the legal, budgetary, and organizational boundaries of the local social service system in which third sector organizational and (potential) welfare recipients find themselves. The content analysis of the policy documents 'uncovered' the main assumptions, expectations, and ideas of policymakers about the social service system and how third sector organizations and (potential) welfare clients who find themselves within this system (should) behave. At the same time, the content analysis also points to several striking shortcomings in The Hague's social policies.

The policy documents clearly reflect the complex public management challenge that The Hague's local government faces: the decentralization of social policies has brought additional tasks and responsibilities, while simultaneously, there is a need to curb public welfare expenditures, as the financial support of the national government is dwindling. However, local government is not actively involved in the social service system but focuses primarily on its policymaking role. Local policymakers rely heavily on a wide array of third sector organizations to develop and deliver social support provisions to welfare clients. Regarding the third of these actors, the (potential) welfare clients are expected by policymakers to adopt an active role in addressing their personal welfare problems. Furthermore, the content analysis shows that policymakers assume that when an integrated network of support sources is offered nearby, individuals who are in need of support will actively seek help as early as possible so that they can deal with their personal welfare problems before they worsen.

Finally, it was observed that social policies show some important omissions, as the phenomenon of non-take-up of social support itself, and its potential causes, receives inadequate attention. This is in sharp contrast to other complex policy issues, such as public health, debt issues and social and emotional loneliness, which receive far more attention from local policymakers. To address this hiatus, subsequent chapters (6 and 7) will therefore focus the issue of non-take-up of social support. What actually happens in practice? What do (potential) welfare recipients experience and perceive in their daily lives? In other words, how can we better understand the phenomenon of non-take-up of social support? The insights and knowledge provided by such an investigation will be used to discuss the implications of the phenomenon of non-take-up of social support for contemporary social policies in The Hague (research stage III, chapter 8).

Chapter 6

Non-take-up of social support by type I individuals (research stage IIa)[29]

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[29] This chapter is an adapted version of the article by *Reijnders, Schalk & Steen (2018). Services wanted? Understanding the non-take-up of social support at the local level, VOLUNTAS: International Journal of Voluntary and Nonprofit Organizations*, *29(6),1360–1374*. The authors kindly thank all participants in this study for their valuable contributions. We also would like to thank Liselotte Hagen and Theanne van Schaik for their excellent assistance with the interviews. Finally, we thank the two anonymous reviewers for their useful feedback on the previous version of the article.

ABSTRACT

The objective of this chapter is to understand why type I individuals refrain from utilizing social support provisions, which are being offered by social service providers in the third sector. This phenomenon of non-take-up of social support is still underexplored, and our theoretical understanding of it is highly fragmented. This chapter proceeds in two steps: first, the potential determinants of non-take-up of social support are distilled from psychological, socio-epidemiological, socio-cultural, and public administration research. Subsequently, based on 55 narratives (individual interviews) and two focus groups (n=16) in the Dutch municipality of The Hague empirical evidence for these determinants is examined. Empirical results indicate that (perceived) bureaucratic obstacles and the desire to maintain one's (feeling of) independence are critical barriers to help-seeking behavior for social support from third sector providers.

How does this research stage fit in the broader research project?

This research stage (IIa) contributes to our understanding of the ubiquitous, yet opaque phenomenon of non-take-up of social support. By collecting, describing and analyzing the perceptions and lived experiences of type I individuals, one gets a better grasp of their daily reality. Not only is this improved understanding relevant in and of itself, it also provides the foundation for further investigation. Because at a later stage in this thesis, this knowledge is vital for the discussion of the implications for contemporary social policies in the municipality of The Hague.

CHAPTER 6 - NON-TAKE-UP OF SOCIAL SUPPORT BY TYPE I INDIVIDUALS (RESEARCH STAGE IIA)

6.1. INTRODUCTION

A woman suffering from severe rheumatism and feelings of loneliness, but who refrains from asking for help from a social welfare organization. An elderly man who is unaware of a meal service, offered by a group of local residents on an online platform. Or a man who is going through a divorce and is confronted with various problems, but finds it difficult to ask for help from an organization in his neighbourhood that offers emotional and administrative support. These are three examples, out of many, of individuals who – albeit under different circumstances and for different reasons – are unable to effectively utilize available sources of social support from third sector providers. Despite its apparent universality, our empirical and theoretical understanding of this phenomenon of *non-take-up of social support* is still limited. This is problematic, because failure to understand and effectively address non-take-up leaves social needs unattended to. Non-take-up may also lead to higher social welfare costs in the long run, as individuals may develop even more serious problems that require more (professional) attention.

To improve our understanding of this phenomenon, this chapter will investigate the determinants of non-take-up of social support. This chapter hereby specifically focuses on type I individuals: individuals who are eligible for social support from third sector organizations in order to sustain or increase one's self-reliance, but who refrain from asking for that help (recall the distinction between type I and type II individuals). As will be further illustrated in this chapter, there is a wide array of services being offered by third sector organization, specifically targeted at these potential welfare recipients. These services are intended to sustain or increase an individual's self-reliance, which is an important objective of contemporary social policies. The research question is: *how can non-take-up of social support by type I individuals be explained?*

To answer this question, this chapter proceeds in two steps. First, guided by the analytical framework (see chapter 3), potential explanations for non-take-up of social support are distilled respectively from social-psychological, socio-epidemiological, socio-cultural, public administration, and legal research. Although each discipline offers a wealth of information about the determinants of help-seeking behavior in various contexts, this knowledge is rarely directly related to the specific phenomenon of non-take-up of social support. Additionally, these academic disciplines have developed rather separately over time and, while differing in many respects, they also (though often implicitly) show some overlap. As argued in previous chapters, to better understand this phenomenon it is necessary to move towards a more integrated theoretical perspective. Therefore, based on knowledge and insights from various relevant strands within the academic literature, an important objective is to provide a more comprehensive understanding of the main reasons why type I individuals refrain from asking for social support from third sector service providers. This integrative theoretical approach resonates with the case Robert Dahl made back in 1947, when he "(…) argued that public administration must work together closely with fields that focus on human behavior in other areas, including psychology and sociology" (Grimmelikhuijsen *et al.*, 2017: p. 3).

Second, this chapter examines the extent to which empirical evidence is found for these determinants, based on the narratives (individual interviews) of 55 individuals and two focus groups (n=16) in The Hague. Given the challenging nature of recruiting interviewees from this "hidden or hard-to-reach population" (Shaghaghi, Bhopal & Sheikh, 2011), respondents were selectively sampled at different locations where individuals, *perforce*, come to meet (some of) their other help needs. In the present study, these locations are the emergency room of a local hospital, different locations of the food bank and the offices of social work counselors. The two focus groups were organized to deepen our understanding of reasons for non-take-up (Morgan, 1996) and to strengthen the internal validity of this study.

6.2. DETERMINANTS OF NON-TAKE-UP OF SOCIAL SUPPORT

In this section potential determinants of non-take-up of social support are derived from different streams of research in the academic literature. The analytical framework (see chapter 2) is hereby used to guide the search of the academic literature and to structure the literature review.

Non-take-up of social support: using the analytical framework as a heuristic device

As has already been established in previous chapters, it is important to take into account the multi-layered context in which help-seeking for social support occurs. This means that factors influencing help-seeking and non-take-up of social support may stem from the individual (micro), organizational (meso), and/or local welfare system (macro) level. To visualize these different levels, as well as the relevant actors involved in the help-seeking context, the tailor-made analytical framework that was developed in chapter 3 is shown again here (see figure 6.1 below).

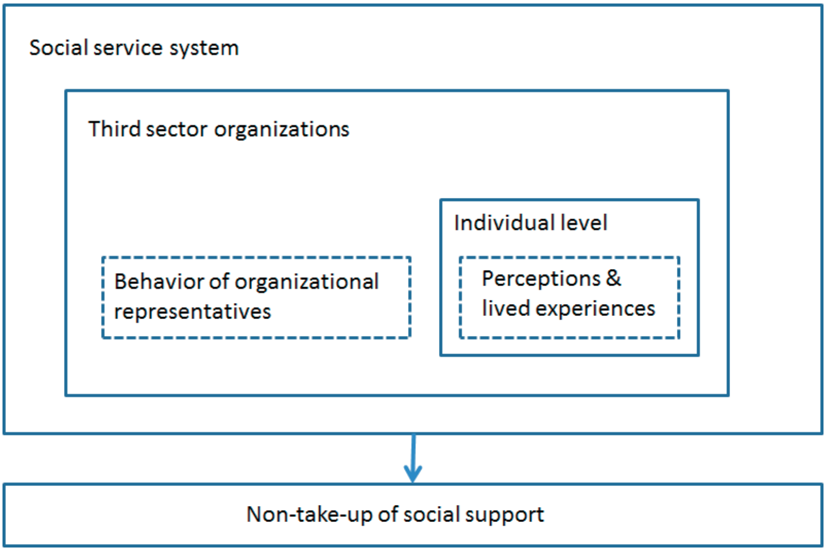

FIGURE 6.1: Multi-level influences on non-take-up of social support

This framework serves as a heuristic device to search for potential determinants and to structure the literature review of non-take-up of social support by type I individuals. The next three sections will identify and discuss the relevant determinants for non-take-up of social support from social-psychological, socio-epidemiological, socio-cultural, public administration, and legal research. The final part of this section wraps up with a integrative summary of relevant determinants from these literatures.

Social-psychological research

This line of research is characterized by its focus on personal psychological barriers and the ambivalent, often conflicting emotions that individuals have when deciding whether or not to ask for help (Nadler, 2012; DePaulo, 1983). Several theoretical frameworks have been developed to explain (non-)help-seeking behavior (Cohen, 1999), of which *reactance theory* and the *threat to self-esteem model* are most relevant for current research purposes.

The central assumption of *reactance theory* is that individuals want to retain their freedom of choice and that a perceived loss of freedom leads to a negative psychological state: reactance (Miron & Brehm, 2006; Brehm & Brehm, 1981). It further states that individuals are motivated to redress a threat to – or an actual loss of – freedom. When applied to help-seeking behavior, this theory suggests that negative feelings towards potential helpers – and resistance towards their efforts to help – may arise as a result of a (perceived) loss of freedom and (perceived) dependence on a source of help (Gross, Wallston, & Piliavin, 1979). As Gross, Wallston, & Piliavin state: "(…) reactance and associated negative feelings toward assistance should be greatest when help is arbitrarily and externally imposed and least when the recipients have maximum choice regarding when, where, and how they are helped" (1979: p. 300).

Mazelis (2017), in her research of the role of social ties within privates safety nets of the poor in America, also finds that this feeling of independence plays a prominent role. She states: "For many participants, forging ties with others and getting assistance with daily needs poses a threat to their sense of independence" (Mazelis, 2017: p. 62). Although this work focuses on help-seeking within private safety nets (one's personal social network), it is contended here that an individual's sense of independence should also be considered in the context of third sector organizations.

The second theoretical framework is the *threat to self-esteem model*, developed from the 1980s onwards, and empirically validated over time (Nadler, 2015; Nadler, 2012; Nadler, 1987). This model "(…) assumes explicitly that self-related consequences of aid are critical in determining the recipient's reactions" (Fisher, Nadler & Whitcher-Alagna, 1982: p. 38). Summarizing this model, Wang (2002) states that asking for help is a mix of self-supportive elements (e.g., being able to solve problems) and self-threatening elements (e.g., feelings of failure, dependency, inferiority). Specific aspects of the context may highlight one set of elements over the other and determine if help-seeking is experienced as self-supportive or self-threatening. To the extent that this is associated with self-threatening elements, Wang continues, it is likely to invoke a cluster of negative defense reactions, such as unfavorable donor evaluations and low help-seeking behavior. In other words, individuals make an implicit cost/benefit analysis of their self-esteem when they consider whether to ask for help (Cohen, 1999).

A third framework that was identified within the social-psychological literature, is *equity theory*. This was originally developed as a general theory to explain social behavior and was later also applied to explain helping behavior in the context of individual social networks (see e.g., Walster, Berscheid & Walster, 1973). Its main assumption is that individuals want to maintain equity in their interpersonal relations and are discomforted (i.e., experience negative arousal) when they experience inequitable relations. In the context of helping relations, this means that equality in the relationship between the helper and the recipient, feelings of indebtedness, and the principle of reciprocity are all important elements (Cohen, 1999; Walster, Berscheid & Walster, 1973). However, this particular theoretical framework is outside the scope of the current research, as it focuses on the context of individual social networks instead of that of third sector organizations.

Socio-epidemiological and socio-cultural research

Socio-epidemiological and socio-cultural research further contribute to our general understanding of help-seeking behavior. Both emphasize the role of the broader social context. More particularly, the former discipline focuses on the relationship between social-structural factors and individual helping behavior (e.g. Groenou *et al.*, 2006; Asser, 1978). The latter concentrates on the impact of cultural norms and values on individual help-seeking behavior (Nelson-Le Gall, 1985; Fishbein & Ajzen, 1975). Several relevant insights can be derived from these two streams of literature.

The first crucial contribution is that epidemiologists conceive helping behavior as a *process*, differentiating between different phases of help-seeking. Rickwood *et al.* locate the help-seeking process "(…) at the nexus of the personal and the interpersonal" (2005: p. 8). This means that individuals first have to be personally aware of (and acknowledge) their symptoms as relating to a welfare problem that needs to be solved. Subsequently, individuals must – at the interpersonal level – be able to articulate their help needs to (potential) providers of help. If an individual is unaware of available support, or perceives it as being unavailable, then this impedes help-seeking (Rickwood *et al.*, 2005). Epidemiologists also contribute by investigating the role and importance of the *knowledge* and *abilities* in help-seeking behavior. This pertains to digital and linguistic proficiencies (*cf.* Sannen, 2003), health literacy (*cf.* Sørensen *et al.*, 2012; Gulliver, Griffiths & Christensen, 2010; Lee, Arozullah & Cho, 2004), social skills, and knowledge about (the availability of and eligibility for) support provisions (*cf.* Childers, 1975). Whereas interesting research is conducted into how such knowledge and skills matter for (non-)help-seeking for professional medical services (e.g., Andersen, 2008) and mental health services (e.g., Pescosolido, Boyer & Medina, 2013), there is still a relative lack of research regarding (non-)help-seeking of social support from third sector organizations. In sum, what is to be learned from socio-epidemiological research is that even when individuals recognize their personal welfare problem, acknowledge the need for support, and want to seek help, there can still be many potential obstacles in various phases throughout the help-seeking process.

Socio-cultural research aims to understand how individuals are socialized – through culture, ethnicity, gender – and how this influences helping behavior. From this perspective, "individuals could be expected to differ in the tendency to seek help as a function of the degree to which they have internalized these societal norms and values" (Nelson-Le Gall, 1985: 57), which is why this perspective is also known as the social-normative approach. For example, a study of adolescents' decisions to seek professional help for mental health problems indicates that cultural factors, such as family obligations, play an important role in help-seeking behavior (Guo *et al.*, 2015). Additionally, different studies of help-seeking for community health and social services find that these services are underutilized by some ethnic minority groups compared to the rest of the population (see Howse, Ebrahim & Gooberman-Hill, 2004).

Lastly, Linders (2010) finds that so-called *feeling rules* play a role in individual helping behavior for social support. This concept stems from the work of Hochschild (1979) and refers to the social conventions that 'prescribe' to individuals what they are supposed to feel in a specific situation. Feeling rules thus act as social guidelines. This implies, for instance, that social convention 'prescribes' that one can ask someone for instrumental help, such as chores in and around the house, but one feels inhibited to ask that person for more intimate forms of help, such as personal care (Linders, 2010, see also Vreugdenhil, 2012). These findings stem from research on help-seeking for nonprofessional care (help from family, friends, neighbors) and are still quite tentative. This study will further explore whether and how feeling rules affect help-seeking for social support services from third sector organizations.

Public administration and legal research

Public administration and legal research on non-take-up is mostly focused on *public* bureaucracies that distribute all sorts of social security benefits, such as child support grants, healthcare insurance programs (e.g., Medicaid) and unemployment benefits (Heinrich, 2015; Brodkin & Majmundar, 2010; Hernanz, Malherbet & Pellizzari, 2004; Van Oorschot, 1998). This line of research attempts to understand the role and effect of obstacles in transactions, or "bureaucratic encounters" (Kahn, Katz & Gutek, 1976), between eligible welfare clients and (representatives of) government bureaucracies. Such encounters do not always run smoothly and may be negatively affected by a wide array of bureaucratic obstacles, which is well documented in the public administration literature (see e.g., Tummers *et al.*, 2015). Only scant attention, however, is paid to how bureaucratic barriers (may) thwart access to and utilization of support provisions from *third sector organizations* (Salamon & Sokolowski, 2016) in the social domain, such as human service associations, welfare organizations, neighbourhood projects and citizen co-operatives.

These third sector organizations have become an integral pillar of the system of social service delivery (Brandsen & Pape, 2015; Henriksen, Smith & Zimmer, 2012; Brandsen & Pestoff, 2006). They offer all kinds of provisions, which are intended to strengthen the self-reliance of individuals and support them in coping with their personal welfare problems. Furthermore, in many countries policymakers explicitly expect individuals to turn to these third sector organizations first, before seeking other, more expensive forms of support. In other words: in the eyes of policymakers, third sector organizations play a crucial role in curbing social welfare expenditure. In light of this, identifying potential bureaucratic barriers in this particular help-seeking context is highly relevant. To structure the discussion of these barriers, an analytical distinction is made between different types of bureaucratic obstacles that may occur respectively at the individual level, the organizational level and the level of the welfare system as a whole (see figure 6.1 of the analytical framework at the beginning of this section).

Regarding bureaucratic obstacles at the *local welfare system* level, help-seeking can be hindered by inadequate information about services, a fragmented service supply, and a disconnection between the supply of and demand for services (Sannen, 2003). Often a wide array of social services is (freely) available, but when information about those services falls short and does not reach the target group, this negatively affects take-up. Secondly, fragmentation of service provision can cause confusion and may obscure the actual supply of services. And additionally, when services are not tailored to – personal, and sometimes highly specific – support needs, this may (further) diminish the likelihood that they will be utilized.

At the *organizational* level, a variety of bureaucratic thresholds may obstruct the utilization of social support offered by third sector organizations. Sannen (2003) identifies entry conditions and waiting lists for services as potential barriers. The former refers to individuals having to meet certain eligibility criteria (e.g., household income and place of residence) and having to complete entry procedures (e.g., intake interviews and application forms). More generally, complicated rules and procedures may reduce the accessibility of social services and may even lead to *administrative exclusion*. Brodkin & Majmundar (2010) show that both formal and informal organizational practices can add hidden costs to claiming social security benefits to the extent that they are complicated, confusing, or cumbersome. They also find that "(…) organizational practices had unequal effects on subgroups of claimants, in particular, those that we have called administratively disadvantaged (…)", who "(…) had a higher probability of leaving welfare for procedural reasons than for nonprocedural reasons" (2010: p. 843). In other words, *proceduralism* can lead to non-take-up of services.

Brodkin & Majmundar further expect that such bureaucratic practices will be exacerbated when more (financial) pressure is put on these organizations. Such concerns are thus not limited to governmental bureaucracies distributing social security benefits, but are also to be found in research on social service delivery by third sector organizations. For instance, research by Hanlon, Rosenberg & Clasby (2007) shows that voluntary organizations in Canada cope with the pressures of government offloading and budget cuts by adjusting – *rationing* – the ways in which they offer and deliver their services. This may (further) decrease the visibility and accessibility of social service providers, which in turn may negatively affect take-up of social services that are offered by these organizations. And as for instance Henriksen, Smith & Zimmer (2012) show, service levels may vary within countries and between countries (e.g., between the U.S., Germany and Denmark).

Finally, at the *individual* level, impersonal treatment, creaming behaviour, and a passive attitude by representatives of third sector organizations may lead to non-take-up of social support. This is derived from the abundant literature that examines how street-level bureaucrats interact and cope with all sorts of citizen-clients (Tummers *et al.*, 2015; Maynard-Moody & Musheno, 2003; Lipsky, 1980). A potential structural source of conflict in such street-level interactions stems from "(…) the pressure for formal and impersonal treatment when individual, personalized consideration is desired by the client" (Merton, 1940: 567).[30] Representatives of third sector organizations may also display such behavior, which can deter an individual in need of help, resulting in non-take-up.

Furthermore, to cope with their case loads, representatives may become selective in choosing who they want to help, thereby preferring 'easy' or cooperative clients, which is also known as *creaming* or *prioritizing* (see Tummers *et al.*, 2015). These types of behavior may occur when an individual first meets a service provider physically. However, not all individuals will become noticeable and actually come into contact with a representative of a third sector organization. If these representatives adopt a passive stance or a 'wait-and-see-attitude' (Sannen, 2003), not all individuals in need of social support will be identified nor reached. In contrast to research of actual encounters between street level bureaucrats and clients as described above, our understanding of this 'pre-encounter phase' in the help-seeking process is still limited. An important reason is that researchers face the tough challenge of finding this hard-to-reach, or even hidden population – a challenge that will be discussed more elaborately in the methods section of this chapter.

Next to these factors on the 'supply side' that may negatively affect help-seeking behavior, certain characteristics of individuals in need of help (the 'demand side') need to be considered as well. In addition to examining the role and influence of knowledge and abilities, as identified by epidemiological research, public administration, as well as legal studies investigate how *bureaucratic competences* impact helping behavior. Bureaucratic competences refer to knowledge about the structuration and processes of the social welfare system and the abilities needed to cope with its complexities (Gordon, 1975). Different empirical studies report that some individuals cope better than others with the bureaucratic complexities of the welfare state (see e.g., Dijkstra, 1991; Hasenfeld, 1985).

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[30] Such sources of conflict between representatives of public bureaucracies that distribute welfare benefits and their (potential) welfare clients, have also been noticed by others (e.g., Schuyt, 1976).

Although such studies shed light on encounters with *public* bureaucracies, there is only limited knowledge about the role of bureaucratic competences in the help-seeking process for social support from third sector organizations. Furthermore, as Sannen (2003) mentions, negative personal views, attitudes, and beliefs regarding (potential) service providers may also lead to non-take-up of social support. Indeed, it is necessary to better understand the perceptions and lived experiences of individuals who are in need of social support. Many of the elements discussed here can also be linked to the previous discussion of socio-epidemiological and socio-cultural research.

Summarizing the key determinants of non-take-up

In all, social-psychological, socio-epidemiological, socio-cultural, public administration and legal research offers a wide range of potential factors that may cause non-take-up of social support. Table 6.1 below summarizes the main determinants, including the literatures and theories in which they appear most prominently:

1) **The desire to retain one's (feeling of) independence and self-esteem (social-psychological research: reactance and threat to self-esteem models).** If an individual feels threatened in his/her – often deeply felt – desire to remain independent and wants to maintain his/her self-esteem, he/she is more likely to be reluctant to ask for social support.
2) **Socialization (socio-cultural research).** Social conventions and cultural norms and values influence helping behavior. How an individual is socialized may influence help-seeking behavior.
3) **Feeling rules (socio-cultural research).** These pertain to the social conventions that 'prescribe' to individuals what they are supposed to feel in a specific situation, which steers (non)help-seeking behavior.
4) **Bureaucratic thresholds (public administration and legal research).** Non-take-up of social support may also be caused by a variety of bureaucratic factors, including impersonal treatment, waiting lists, complicated rules and procedures, and limited bureaucratic competences.

TABLE 6.1: Summary of the main determinants of non-take-up of social support

This theoretical summary is an important stepping stone towards improving our understanding of the phenomenon of non-take-up of social support and to further guide the empirical research. The next section further elaborates on how the methods and data of this study are informed by the theoretical framework.

6.3. RESEARCH DESIGN

This study adopts a qualitative approach to gain an understanding of the perceptions and lived experiences of individuals who are eligible for social support offered by service providers in the third sector, yet refrain from asking for that support. Two primary data collection methods will be employed: individual interviews and focus groups. A methodological challenge is that the target group constitutes a "hidden or hard-to-reach population" (Shaghaghi, Bhopal & Sheikhi, 2011). That is, there is no register of individuals with (multiple) latent help needs from which to draw a representative sample, which is much *un*like research on non-take-up of social security benefits that may draw from administrative databases of eligible welfare clients (see e.g. Van Oorschot, 1998).

In fact, the size of this 'invisible' population remains largely unknown, as well as the type of problems and help needs they may have – especially in case of very vulnerable groups, such as homeless people (Pommer *et al.*, 2018). Furthermore, the *recruitment* of respondents who do not ask for social support is not a straightforward affair either, as the unavailability of such registers complicates the process of reaching the target population. It is therefore necessary to devise a suitable way of reaching individuals from this hard-to-reach target group.

To recruit respondents for the individual interviews the technique of time-location (space) sampling (TLS) was applied: different venues and establishments where individuals from hidden groups are expected to congregate, were mapped and visited (Shaghaghi, Bhopal & Sheikhi, 2011). In case of this study's sample population, potential respondents may be scattered over a wide array of locations. Hence, different locations were identified where individuals, *perforce*, come to satisfy (some of) their help needs, and aimed for variation across the 'most likely' but still accessible locations. The selected locations are the emergency room of a hospital, four food bank locations, and two locations of social work offices. Although these individuals receive at least some form of support at these locations, they may still have other unfulfilled help needs. Although accurate statistics for the city of The Hague are unavailable, a national-level survey, conducted by The Netherlands Institute for Social Research, estimates that around 8% of Dutch adults – living independently – are in need of more support than they actually receive (Verbeek-Oudijk, Putman & De Klerk, 2017). Furthermore, it was expected that respondents who are now receiving help are able to reflect on the time before they received it, when it was still difficult for them to ask for help (albeit there is the potential drawback of retrospective bias).

Interview process and data analysis

Proper authorization was obtained from the organizations involved to conduct interviews at the various locations in the city (one emergency room location, four food bank locations and two social work locations). Before starting, respondents were informed about the nature of the interview. They were assured that their responses would be used for research purposes only and that their participation had no consequences for any services or benefits they currently received or may receive in the future. Furthermore, anonymity was guaranteed: research output would not contain any detailed personal information and data would under no circumstance be shared with other parties. Finally, it was emphasized that there were no 'right or wrong answers', and they were explicitly invited to share their personal experiences with and perceptions of social support from third sector organizations.

A total of 55 interviews were conducted, during each of which at least two interviewers were present: 20 interviews at the emergency room location, 24 at the food bank locations, and 11 at the social work offices. The duration of the interviews with the respondents varied between 30 and 45 minutes. Table 6.2 below provides the basic descriptive statistics of the sample of individual respondents at the different locations.

	Food bank (n=24)	**Emergency room (n=20)**	**Social work (n=11)**
Female	46%	70%	64%
Mean age	45 years	65 years	50 years

TABLE 6.2: Descriptive statistics of our sample of individual interviews

In addition to the individual interviews, two focus groups were organized. These served to further deepen the understanding (Morgan, 1996) of reasons for non-take-up and as a means of data triangulation (Carter *et al.*, 2014). To recruit participants for the focus groups, an intermediary organization was found, whose representatives are in relative proximity of the target group (*cf.* Groger, Maybarry & Straker, 1999). In this case, participants were recruited in collaboration with *Stichting Kompassie*. This is an independent, The Hague-based foundation that uses expert-by-experience volunteers, who provide free information and advice to individuals with (often multiple) personal welfare problems on where they can find social support. The director of the foundation hereby acted as the 'linking pin' to recruit these expert-by-experience volunteers for the focus groups. There were eight experts-by-experience participating per focus group (total n=16). Furthermore, each focus group was accompanied by a professional social worker, who was present the entire time to – if necessary – clarify questions (while not themselves actively participating in the focus groups). Both group conversations lasted well over an hour.

The main goal of the individual face-to-face interviews was to identify the reasons for non-take-up of social support. While semi-structured interview questions had been prepared, based on the concepts derived from the literature, sufficient room was left for other reasons and conditions to emerge (*cf.* Morgan, 1996). A flexible, open-ended approach was adopted. The initial interview questions were about the respondents' personal background and why they came to the location where they were interviewed. Depending on the direction the conversation was heading, more specific, in-depth questions were posed. Respondents were asked to reflect on the time *before* they received the help that they receive now, how they felt about it, and if it was difficult for them to ask for it (and if so: why). Furthermore, it was gauged if respondents still had other help needs that were not (yet) fulfilled. If so, they were asked for the reason(s) why it proved difficult to ask for this support. Throughout the interview, the interviewees were asked to illustrate their experiences with concrete examples. Lastly, after the interviews, interviewees had the opportunity to bring up comments (if they had any).

With regard to social support, a distinction is made between four types, according to their contents, namely: instrumental support, companionship, personal care, and emotional/ psychological support (*cf.* Gottlieb & Bergen, 2010; Rook, 1987). When someone needs help with chores in and around the house, for example, this is categorized as instrumental support. Help wanted from a buddy, someone who meets with a person every now and then to go for a walk and have a chat, is coded as companionship. Personal care includes help with getting dressed, taking a shower, as well as light medical care. Finally, emotional or psychological support pertains to, *inter alia*, providing guidance, advice and/or coaching to address minor mental health needs. Table 6.3 below provides some empirical examples to further illustrate these categories of social support.

		Social support from third sector organizations
Type of social support	**Instrumental**	Administrative help filling out tax forms with the help from a local community center that offers financial support
	Companionship	A bi-weekly social activity with a buddy from a local voluntary agency
	Personal care	A social welfare organization offering home care after returning from hospital for revalidation
	Emotional/psychological	An online platform of local residents offering support to individuals who suffer from emotional problems after losing their partner

TABLE 6.3: Social support provisions from third sector organizations – empirical examples

To enable empirical analysis of the interview data, a coding scheme was developed based on the relevant variables identified in the academic literature. Then, a first set of interviews was randomly selected and relevant quotes were filtered out and labelled. This process was continued until all interviews were handled. This resulted in a systematic overview of 1) the demographic data of the interviewees (age, gender, socio-cultural background, etc.), 2) the interview locations (allowing to sort interview data by location), 3) the types of personal welfare problems, 4) the types of unfulfilled social support needs, 5) the reasons for non-take-up of social support, and 6) other relevant themes and issues that had emerged from the interview data inductively and were not directly related to the categories that were derived from the literature. The following section reports on the findings from the individual interviews and focus group conversations.

6.4. FINDINGS

To provide a structured account of our empirical findings on the phenomenon of non-take-up of social support, this section is divided into three parts. The first part provides a general overview of the unfulfilled support needs, as derived from the individual interviews. The second part presents the aggregate results on the determinants of non-take-up of social support, drawn from the individual interviews. The third part then elaborates on, and illustrates these findings with relevant examples both from the individual interviews as well as the focus groups. Finally, the section rounds off with some other relevant observations that arose from the data that was gathered.

Unfulfilled support needs

What types of social support do the interviewees state they need, but are reticent to request? In general, the types of personal welfare problems that the respondents have are highly diverse, ranging from alcohol, debt and delinquency issues, psychological and emotional problems, to various kinds of physical difficulties and discomforts. Their social support needs are quite diverse as well, but, as table 6.4 below shows, most individuals express a need for instrumental support.

Location **Type of social support**	**Food bank (n=24)**	**Emergency room (n=20)**	**Social work (n=11)**	**Total (n=55)**
Instrumental support				
- Administrative support	17	2	3	22
- Home care	6	19	3	28
Companionship	4	9	4	17
Personal care	2	9	1	12
Emotional/psychological support	5	**3**	**3**	**11**
Total	34	42	14	90

TABLE 6.4: Types of unfulfilled support needs identified in the interviews (aggregate results, n=55, sorted by location); the total number exceeds 55, as some individuals express having multiple support needs

Based on the interviews, instrumental support was further divided into two separate subcategories: administrative support and home care. Administrative support includes help with household expenses, filling out tax forms, applying for social security benefits, and debt counselling. The other subcategory, home care, pertains to practical chores in and around the house (cleaning, repairs, etc.). The need for administrative support is most dominant – perhaps not surprisingly – amongst respondents at the food bank, while those at the emergency room, being relatively older, appear to be more in need of home care. Table 6.4 further shows that the respondents often have multiple unfulfilled support needs at the same time, as the total number of needs (90) is substantially higher than the number of interviewees (55).

Determinants of non-take-up of social support: aggregate results

What are the most important reasons why respondents do not ask for social support services from third sector organizations? Table 6.5 presents the aggregate results from coding all individual interviewees' narratives (n=55). Bureaucratic barriers are most frequently mentioned as a reason for non-take-up of social support (n=24), closely followed by the desire to remain independent (n=22). Other determinants for non-take-up, socialization (n=11) and feeling rules (n=13), appear to play a less prominent role in this study. Note that sometimes multiple reasons play a role simultaneously – which is why the total number adds up to 70.

Location **Determinants**	**Food bank (n=24)**	**Emergency room (n=20)**	**Social work (n=11)**	**Total (n=55)**
Bureaucratic barriers	11	8	5	24
Retaining independence	9	10	3	22
Feeling Rules	7	3	3	13
Socialization	4	5	2	11
Total	**31**	**26**	**13**	**70**

TABLE 6.5: Reasons for non-take-up of social support from the individual interviews (aggregate results, n=55, sorted by location); the total number exceeds 55, as some individuals provide more than one reason

Based on this brief overview of the (most important) reasons for non-take-up, these findings will be further illustrated with relevant material that we gathered from the individual interviews and focus group conversations. The aim is to gain a more detailed understanding of the respondents' personal perceptions and lived experiences and why they do not ask for social support, despite their eligibility for such services.

Determinants of non-take-up of social support: empirical illustrations

Subsequent sections will further elaborate on the determinants of non-take-up of social support, thereby following the results in table 6.5 in order of their relevance. This means that the first section will elaborate on the (perceived) bureaucratic barriers, the second section will illustrate how (the feeling of) retaining independence leads to non-take-up, and the final section presents some examples of socialization and feeling rules.

Bureaucratic barriers

In general, bureaucratic factors are mentioned most frequently (n=24) by the interviewees as obstacles to social support services. As described in the multilevel analytical framework (see figure 6.1), bureaucratic barriers can manifest themselves at the system level, the organizational level, and the individual level. According to the data, most pronounced are the bureaucratic problems and obstacles at the *organizational level*. Complicated bureaucratic rules and procedures, inadequate information provided by organizations about (the availability of and eligibility for) specific support provisions, language issues, but also negative (previous) experiences with (other) third sector organizations, are oft-cited obstacles to effective utilization of social support. As a result of such organizational barriers, many respondents did not manage to find suitable support for all of their – sometimes pressing – help needs. One of the interviewees, a single mother (age 32) with four children who, at the time, had no kin or other close relations nearby, was in need of administrative support. However, she did not utilize the free social services provided by an agency in her neighborhood, as she was unaware of their existence.

An unemployed single man (age 54) with children experienced a lack of information about support services from third sector organizations: "*Information about services from such organizations is just less visible to me*". And others, such as two male interviewees (one aged 30, originally from Armenia; the other originally from Turkey, age 65), did not know how and where to apply for support due to a language barrier (information was only available in Dutch, or sometimes in English, but not in other languages).

Quite a number of respondents felt demotivated, sometimes even depressed, due to the 'bureaucratic hassle' they encountered. A woman (age 33), who was in need of emotional support, explained that initially it took some time to overcome her hesitation to ask for help. Once she did, she visited various organizations to seek support, but she ended up not receiving any help. She said, sighing, "*Instead, I was being sent from pillar to post, which did not make me feel any better, as you can imagine*." Others had similar experiences. A single man (age 43), suffering from mental health problems, complained about the lack of a central information office to assist individuals in finding the right provider for social support, which could prevent them from being directed from one agency to the next. A married woman (age 54), who was in need of debt counselling, found it exhausting and aggravating when she had to explain her situation over and over again.

In addition, while acknowledging her personal responsibility in having debt problems, she felt she was "*being treated as a number instead of a person*" and felt "*reduced to yet another person with money problems*." Participants in the focus groups explained that such practices often inhibit individuals from talking about their social support needs. As a result, (some) help needs remain hidden and are never properly addressed. Based on personal experiences as well as their observations in their consulting practice, the experts-by-experience often see that individuals seek advice about, for instance, administrative support, and that underlying problems (e.g., illiteracy, mental health problems, addiction) come to the surface only when they feel safe enough and get an opportunity to talk more broadly about their lives. As stated in one focus group, "*Then someone opens up and the cracks become visible. Then you can do something about it. Together you can figure out how to deal with it.*"

At the *individual level*, respondents regularly indicated that professionals, such as general practitioners or social workers, played a crucial role to accessing third sector organizations. Many respondents did not know about being eligible for, e.g., food bank or voluntary home care services, until they were made explicitly aware of their social rights by these professionals. In the focus groups it was added that confusion often arises as a result of the difficult language used by representatives of third sector organizations: "*It is that bureaucratic language which is difficult to comprehend*." And if individuals do arrive at the organization's door, their problems are usually only partially addressed, leaving aside other help needs and underlying problems, according to the focus groups.

Moreover, both from some individual interviews as well as the focus groups, a *spill-over effect* was observed. This spill-over effect means that a negative experience with representatives of one particular (governmental or third sector) organization can have a negative impact on an individual's willingness to seek help from other – oftentimes entirely unrelated – organizations. Participants in one focus group stated that individuals "*(…) fear contacting the tax administration office (…) some are afraid of government (…) intimidated by complicated bureaucratic language (…).*" A conflict about a tax return, a dispute about a permit for renovating one's house, or comparable experiences can 'spill-over' and negatively affect help-seeking behavior for social services from (other) third sector organizations.

Finally, at the *system level*, it was observed that fragmentation of service supply, lack of information, and general system complexity pose important obstacles to effectively seeking social support provisions. For example, with regard to the information on a municipal website containing information on all sorts of social services. Or, as one focus group participant said: "*The computer itself is also a threshold. Even I cannot find information on that website. And I can definitely imagine that someone with a disability says: 'I just don't get it'*." In general, both focus groups corroborated that it is difficult to navigate the fragmented and complex system of social support services. Many individuals in need of social support are unaware of the existing supply of services and their eligibility for (free) social services offered by third sector organizations.

Social policy reforms can also have a detrimental impact on help-seeking for social support. A number of interviewees indicated that they had difficulties to cope with *reforms* of help arrangements, especially when existing help – often a trusted relationship – was being altered or even aborted due to budget cuts or other types of policy reforms. Such changes affected the attitude towards help-seeking of some of our interviewees in various ways. One man (age 35), who had been addicted in the past and was still dealing with emotional problems, complained about this. He used to receive help from a trusted volunteer of a local community centre, but this had ended abruptly after the centre was shut down due to budget cuts. This was a huge disappointment and setback, which resulted in the man becoming reluctant to search for new social support. More respondents explained that it is very difficult to build a new relationship with new support providers. Some even stopped trying and 'accepted' that they would not receive help anymore. Others had lost all hope of receiving help after having had negative encounters in the past. One interviewee, a single, unemployed male (age 43), who no longer received home care, does not ask for help anymore, "*because by now I know that I will not get help anyway.*" In some cases, negative experiences even led to resistance towards seeking new or alternative sources of help.

Retaining independence

The second most important determinant for non-take-up, found in this study, is the desire to retain one's (feeling of) independence and self-esteem (n=22). One illustration is that of a widow (age 75), who wanted to remain independent for as long as possible. She also continued to care for her mother-in-law by herself after her husband had committed suicide, until she reached a point at which she could no longer cope with it physically. Only then did she start looking for help. Another example is of an unemployed man (age 47) who got into serious debt problems. He and his wife hesitated for a long time before asking for help: "*That feels really lousy. It's not what you want, but it was our last resort. We're not like 'Can you please help me?', especially when you are used to your independence for 20 years. Asking for help is just not our thing.*"

Others, whose help needs had not (yet) become as pressing, also expressed how much they valued their independence. As one woman (age 72) responded to the question as to why it was difficult for her to ask for help: "*I'm used to doing things myself. That's who I am.*" Another woman (age 45), who indicated that she would benefit from several different forms of support (administrative, emotional, home care), yet did not ask for it, as she wants to be self-reliant. She further added: "*You just have to say to yourself: it will pass by, tomorrow it will get better.*"

Furthermore, a substantial number of respondents indicated that their situation had become quite hopeless before they finally took the step of asking for (at least some) help. This was especially the case with individuals who wanted to hold on to their (feeling of) independence as much as possible. For example, a divorced man (age 57) decided to go to the food bank only after his (debt) problems became insurmountable. He did not want to become (financially) dependent upon others and it took him a very long time to take action. Due to his divorce and debt issues he had lost many friends. Still now, also after receiving some help from the food bank, he is hesitant to ask for additional social support – even though he indicates that he could use some extra help.

Socialization and feeling rules

As the aggregate results in table 6.4 indicate, there is some evidence for socialization (n=11) and feeling rules (n=13), but overall these determinants appear to play a less dominant role in non-take-up of social support. Nonetheless, this section will illustrate how socialization and feeling rules can lead to non-take-up of (some forms of) social support. Regarding socialization, some respondents explicitly referred to how cultural norms and values influence their help-seeking behavior. For example, a married woman (age 40) explains that in her culture – she and her family are of Turkish origin – it is not customary to ask for help outside of the family, even though she indicated having various support needs. A single woman with children (age 51), a first-generation immigrant from the former Dutch Antilles, expresses a similar view. In her personal experience, asking for help is "*very difficult in my culture*", so she is reluctant to do so.

Another female respondent (Moroccan origin, married, age 39) says she does not ask for help outside her family, even though she sometimes suffers from back problems and bears most of the caring responsibility for her five children as well as for her mother. She says: "*When I feel lost, I turn to my husband. He understands me and he reassures me. He tells me how proud he is. This is how we are used to helping each other in difficult times.*" In both examples, some form of family obligation (*cf.* Guo *et al.*, 2015) appears to be the reason not to ask for social support from third sector organizations. In addition, a number of respondents – including some of Dutch origin – told us that it was "*just the way they had been raised*", which made it difficult for them to (start) ask(ing) for help. They said they simply did not know any better and tried to manage on their own.

Lastly, this section provides some illustrations of why and how feeling rules inhibit help-seeking from third sector organizations. Several interviewees mentioned that they refrain from asking for help because they believe it 'violates' a general social norm. One focus group participant stated that it is 'not done' for highly educated people to ask for help, as they are considered to be able to take care of themselves. Furthermore, the data seems to corroborate other studies that feeling rules come into play in situations when help needs become more intimate (*cf*. Vreugdenhil, 2012; Linders, 2010). For example, a single Dutch woman (age 59), who receives support from a buddy (companionship) does not want to talk with her buddy about her alcohol addiction and underlying psychological problems. She considers it inappropriate to, in her own words, burden her buddy with it. And a single man (age 85), who receives instrumental support (cleaning the house) from a home care organization, does not want to ask for additional help with preparing his meals since he feels one should be able to prepare one's own meal. Only if it is really necessary he would ask his daughter or neighbors to help him out. So, in these cases individuals already receive some form of support from third sector organizations, but refrain from asking for additional help for other help needs that they consider to be more personal or intimate.

Although feeling rules are in a way related to socialization and cultural factors (see Hochschild, 1979), there seem to be at least two important differences between the two types of determinants. Based on the data gathered by this study, it seems that 1) feeling rules stem from general social norms that individuals 'translate' into social guidelines for specific help-seeking situations, while socialization is more about the particular norms and values one has received in one's upbringing; and 2) the role and impact of feeling rules on help-seeking varies according to the level of intimacy of help needs, while socialization affects all help-seeking behavior, regardless of the type of help needed. These are still tentative findings, however, and more research is required to see how feeling rules 'operate' and how they relate to (cultural) socialization.

6.5. CONCLUSION

To curb welfare costs, policymakers expect individuals to utilize social support provisions from third sector organizations, as a complement to, or sometimes as a substitute for publicly funded support. These organizations offer a wide range of social support services, intended to strengthen an individual's self-reliance. However, assuming that sufficient help is available from such organizations, it is not always self-evident that individuals will effectively utilize these resources. Not much is known about the causes of this non-take-up of social support. This study makes an important contribution to better understand this complex phenomenon by drawing together relevant insights from different – and up until now largely separated – academic disciplines. The empirical results indicate that (*perceived) bureaucratic obstacles* and the *desire to maintain one's (feeling of) independence* are two critical barriers in the help-seeking process of potential welfare recipients. However, one must be careful not to attach too strong conclusions to these empirical observations, as this is still a (small-N) qualitative study and is of an exploratory nature.

Regardless, this study has provided crucial insights about non-take-up of social support from third sector organizations.

This chapter further underlines that it is not self-evident that individuals in need of help will utilize services offered by third sector organizations. Furthermore, it sheds light on the multidimensional nature of the phenomenon of non-take-up of social support. Drawing from their personal perceptions and lived experiences, we now have a better grasp of why type I individuals find it difficult to ask for social support from third sector providers. The causes of this non-take-up are neither confined merely to external bureaucratic barriers, nor limited to factors at the individual level. Instead, it appears that non-take-up of social support can be caused by different factors that operate at different levels – ranging from the 'internal, personal level' to the 'interpersonal, social level' and the 'broader, organizational/system level'– throughout different phases of the help-seeking process.

In all, the above knowledge and insights on non-take-up of social support by individuals type I will serve as the foundation to assess the 'goodness of fit' between, on the one hand, the design of contemporary social policies ('policy on paper') and, on the other hand, the daily reality of potential welfare clients and their help-seeking for social support. Before arriving at that research stage, the next chapter first delves into the perceptions and lived experiences of nonprofessional caregivers who are eligible for social support (type II individuals in this study). That chapter zooms in on the way that bureaucratic barriers obstruct the help-seeking process of caregivers, resulting in non-take-up of social support from third sector organizations.

Chapter 7

Non-take-up of social support by type II individuals (research stage IIb)[31]

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ABSTRACT

This chapter explores how bureaucratic barriers inhibit the help-seeking process of nonprofessional caregivers who are eligible for social support from third sector organizations but do not utilize it. Currently, the literature pays insufficient attention to the role and impact of bureaucratic factors on help-seeking by these hard-to-reach nonprofessional caregivers. To address this lacuna in our knowledge, the concept of *administrative burdens* from the public administration literature is introduced and applied. Empirical data are collected from focus groups (semistructured interview format) of caregivers in The Hague who were recruited by collaborating with a local organization that could contact hard-to-reach caregivers. The focus groups consisted of caregivers of Dutch, Surinamese, Turkish, Moroccan, The Netherlands Antilles & Aruban, and Chinese sociocultural backgrounds. Based on the three components of the administrative burdens concept, this study's findings indicate that different types of learning costs and psychological costs are pronounced in the help-seeking process of caregivers. While compliance costs also appear to exert a negative effect on help-seeking, this is still a tentative finding due to low levels of actual service use. The empirical results of this chapter carry important implications for (the future application of) the theoretical concept of administrative burdens.

How does this research stage fit into the broader research project?

As with the previous chapter (research stage IIa), this chapter provides vital knowledge regarding the phenomenon of non-take-up of social support. It specifically focuses on non-take-up of social support by nonprofessional caregivers (type II individuals). What barriers do these potential welfare recipients experience in their daily lives that lead to non-take-up of support? Together with the findings of the previous chapter, it provides the necessary groundwork to discuss the implications of non-take-up for contemporary social policies in the municipality of The Hague – the topic of the subsequent research stage (stage III).

CHAPTER 7 - NON-TAKE-UP OF SOCIAL SUPPORT BY TYPE II INDIVIDUALS (RESEARCH STAGE IIB)

7.1. INTRODUCTION

An elderly Dutch woman who takes care of her husband suddenly becomes ill herself but is reluctant to ask for help from a local organization. A nonprofessional caregiver from the Chinese community does not utilize a free service for administrative support. A young Surinam caregiver who looks after his father is overburdened and is in need of some support yet is unaware of help sources in the neighborhood. These are three examples of nonprofessional caregivers (type II individuals in this study), who, under different circumstances and for different reasons, do not take up social support services that are offered by third sector organizations. This non-take-up of social support by these caregivers is very problematic.

As many studies emphasize, nonprofessional caregivers who provide care and support to someone in their social network often find this caring relationship (very) intensive and difficult to combine with other social responsibilities (see, e.g., SCP, 2019). They are prone to fatigue, burnout and a decline in their own physical and mental health (see Williams, 2017; Metzelthin *et al.*, 2017; De Boer *et al.*, 2009; Struijs, 2006; Scharlach & Frenzel, 1986). Furthermore, it is not uncommon for caregivers to simultaneously have to cope with certain physical and/or mental disabilities of their own (Murphy *et al.*, 2006) and to have no one in their social network who can temporarily take over and relieve them of their caring responsibilities (Cannuscio *et al.*, 2004).

Hence, to support caregivers, numerous forms of social support for nonprofessional caregivers are developed and offered by third sector organizations. These services are intended to prevent caregivers from becoming overburdened and to strengthen and/or sustain their caregiving capacities. However, various international studies consistently report that such services are (severely) underutilized by eligible caregivers (see, e.g., Stephan *et al.*, 2018; Neville *et al.*, 2015; Brandão, Ribero & Martín, 2016; Montoro-Rodriguez, Kosloski & Montgomery, 2003; Zarit *et al.*, 1993). The situation in The Netherlands is no exception. Almost six of ten Dutch caregivers have unfulfilled help needs but do not ask for social support, according to a recent study (SCP, 2017). This corroborates findings from previous studies (Van Exel, De Graaf & Brouwer, 2008; Struijs, 2006) that find that even among substantially strained caregivers, low levels of support utilization are reported (Van Exel *et al.*, 2006).

At the same time, there is ample evidence of Dutch nonprofessional caregivers being overburdened (see, e.g., Van der Heide, Van den Buuse & Francke, 2018; De Klerk *et al.*, 2017). Definitions and statistics vary, but approximately one in ten (De Klerk *et al.*, 2015) or one in seven (CBS, 2016) feels heavily overburdened. In sum, there are clear and consistent signals that many caregivers have unfulfilled help needs but that a considerable part of this population does not ask for support.

Our understanding of this non-take-up of social support by caregivers is still limited. This is highly problematic, as a failure to understand and effectively address this problem poses a threat to the efficacy of contemporary social policies. There is also the risk of a "double boomerang effect" (Van Exel, De Graaf & Brouwer, 2008): when help needs remain unattended to, nonprofessional caregivers themselves, as well as the person for whom they provide care, may become dependent on care and support – which increases public welfare spending in the long run. In particular, there is insufficient systematic analysis of the role and impact of bureaucratic factors on the help-seeking process of caregivers. In the literature, bureaucratic factors are mentioned only very generically or are not even recognized as such, let alone systematically analyzed. If these obstacles to service use are better understood, they may then be addressed (more) effectively. This may then *decrease* the negative impact of administrative burdens on help-seeking by caregivers. Conversely, it is likely to *increase* their take-up of social services, meaning that more social needs will be attended to, which will most likely save welfare costs in the long run.

To address this gap in our knowledge, this study applies the theoretical concept of *administrative burdens* from the public administration literature (Moynihan, Herd & Harvey, 2015). Administrative burdens consist of different costs imposed on citizens when seeking services or welfare benefits from public organizations, i.e., governmental bureaucracies. Moynihan, Herd & Harvey (2015) discern three broad categories of costs: *learning costs* (individuals must learn about the program, whether they are eligible, the nature of benefits, and how to access services), *psychological costs* (individuals face the stigma of participating in an unpopular program as well as the loss of autonomy and increased stress arising from program processes) and *compliance costs* (individuals must complete applications and reenrollments, provide documentation of their standing, and avoid or respond to discretionary demands). Public administration research shows that administrative burdens negatively affect the take-up of welfare benefits and social programs such as Medicaid, Social Security and food-stamp programs (Moynihan, Herd & Harvey, 2015). This non-take-up is often to the detriment of subgroups that are already administratively disadvantaged (Brodkin & Majmundar, 2010). This study further builds on this existing knowledge of administrative burdens in citizen-state interactions and explores the impact of administrative burdens in a different context, namely, that of help-seeking for social support from third sector organizations. This leads to the following question: *How do administrative burdens impact the help-seeking process of nonprofessional caregivers who are eligible for social support from third sector service providers?*

A qualitative approach is adopted to gain an understanding of the administrative burdens that caregivers perceive and experience in their daily lives that lead to non-take-up of social support services. Empirical data are collected from focus groups (guided by a semistructured interview format) of caregivers in the Dutch municipality of The Hague. However, caregivers, especially those with non-Dutch backgrounds, who are eligible for yet do not utilize social support services constitute a "hidden or hard-to-reach population" (Shaghaghi, Bhopal & Sheikh, 2011). Hence, to find and recruit participants for the focus groups, a collaboration with *PEP Den Haag* was established. This is an independent local foundation that is able to reach out to caregivers of different sociocultural backgrounds.[32] A total of seven focus groups were organized with caregivers of Dutch (two groups), Surinamese, Turkish, Moroccan, The Netherlands Antilles & Aruban, and Chinese backgrounds.

7.2. BUREAUCRATIC BARRIERS IN THE HELP-SEEKING PROCESS OF CAREGIVERS

This section first takes stock of the relevant literature on the (non-)help-seeking behavior of nonprofessional caregivers. Thereafter, the theoretical concept of administrative burdens (and its relevance), which provides the means to systematically analyze how bureaucratic barriers affect the help-seeking process of caregivers, will be explained.

Literature review

In general, research on help-seeking for social support by caregivers is still limited – especially compared to research on help-seeking in other subfields, such as help-seeking for professional medical services and mental health services (see Dingwall, 2017; Pescosolido, Boyer & Medina, 2013; Rickwood & Thomas, 2012; Scheid & Brown, 2009; Andersen, 2008; Biddle *et al*., 2007; Cauce *et al*., 2002; Bandura, 1998). More specifically, no systematic attention has been paid to the role and impact of bureaucratic barriers in the help-seeking process of caregivers. Given that policymakers emphasize nonprofessional care for the sustainability of welfare state arrangements (see Courtin, Jemiai & Mossialos, 2014; Koopmanschap *et al*., 2004), and given the oft-cited (increasing) importance of

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[32] The term "sociocultural background" is preferred in this study to the term "race", which is used elsewhere in the literature on nonprofessional care (see, e.g., Wolff *et al*., 2018; Peek, Coward & Peek, 2000; Burton *et al*., 1995; Twigg & Atkin, 1994).

nonprofessional care in evolving societies (see Metzelthin *et al.*, 2017; Bracke, Christiaens & Wauterickx, 2008; Van Houtven & Norton, 2004; Mant *et al.*, 2000; Twigg, 1989), this lack of interest is remarkable.

One possible explanation of this lack of systematic attention is that bureaucratic barriers simply do not exist or have a negligible impact on the take-up of social services from third sector providers. However, this is highly unlikely – if not simply untrue. Although reliable records of actual service use from third sector providers are lacking (see also De Klerk *et al.*, 2019; Pommer *et al.*, 2018), there are some indications that bureaucratic factors indeed (severely) limit, hamper or obstruct nonprofessional caregivers from accessing and utilizing social services. In their systematic literature review, Greenwood *et al.* (2015) enumerate various "barriers potentially affecting carers from any ethnic group", namely, "costs; availability of services (e.g., timing and funding restrictions); low awareness or lack of information about services; administration, e.g., bureaucracy, paperwork, communication with service and waiting lists; lack of transport to service; and language barriers" (Greenwood *et al.*, 2015: p. 70-71). These barriers are all subsumed under the generic label of "practical barriers" by the authors.

Second, in another recent literature review, O'Shea *et al.* (2017) sum up various barriers for what they generally refer to as "the (timely) access to services", namely, poor availability of appropriate services (also in the case of emergency services), difficulties for caregivers in navigating the complex healthcare system, costs, and a lack of transportation services.

Notwithstanding these signals, there are three important shortcomings in the current literature: 1) it lacks the appropriate conceptual tools to attain a more systematic understanding of bureaucratic barriers and how they affect help-seeking; 2) it neglects several important aspects of the help-seeking process, which leads to 3) rather obfuscated recommendations, complicating the design and implementation of measures to mitigate the impact of bureaucratic barriers. Regarding the first shortcoming, although some studies are cognizant of bureaucratic factors as inhibitors of service use, a more nuanced analysis of such factors is still lacking. Typically, studies that do report on obstacles to help-seeking (such as the two literature reviews mentioned above) sum up different types of factors, including bureaucratic factors, and subsume them under generic – and rather meaningless – categories. A more detailed analysis of such bureaucratic factors is unfortunately omitted. This is due to a lack of conceptual tools that allow for a more in-depth analysis of those bureaucratic factors.

Second, not all relevant aspects of help-seeking are taken into account in the current literature. The majority of studies fail to include nonseekers, caregivers who have quit using support services, and/or caregivers who belong to minority ethnic groups. Furthermore, service use is described mostly in terms of *realized* access, while the preceding *process* of navigating the social service system and of gaining access, and the potential hurdles along the way, is largely neglected. For instance, often no differentiation is made between different types of bureaucratic barriers in various stages of the help-seeking process, which inhibits an understanding of when and how specific factors may lead to non-take-up of or withdrawal from social services. Moreover, bureaucratic barriers to help-seeking are often considered in a rather reductionist way, in terms of 'practical barriers', 'services being unavailable' or 'unawareness of services', and only scant attention is paid to the psychological dimensions of such barriers.

More generally, there is a rather isolated focus on the individual caregiver, while many studies neglect the broader context in which the caregiver finds him-/herself. This is problematic from both an empirical and a normative stance. Empirically, external players, such as service providers, may also have an impact on the help-seeking process and should therefore be included in the analysis. From a more normative perspective, omitting other external actors is problematic, as this suggests that individuals bear the sole responsibility to seek support for their personal welfare problems. This is a too-narrow conception, as other external actors also shape and influence the environment in which the help-seeking process is located (*cf*. Munson *et al*., 2012; Pescosolido, in: Pescosolido *et al*., 2011; Van Oorschot, 1998). Overall, more "holistic research" (see Groeneveld *et al*., 2015) on external barriers and their impact on the help-seeking process is required.

Last, the third shortcoming of the current literature is that in terms of prescriptive research, recommendations to mitigate the impact of bureaucratic factors and to improve service supply and accessibility are often entirely absent or remain very vague. For instance, in the study by O'Connell *et al*. (2012), caregivers complain about "bureaucracy" negatively affecting service use. The authors recommend "improv[ing] administration, bureaucracy and communication" (2012: p. 116). However, they do not provide a clear conceptualization of any these terms – what exactly does the term 'bureaucracy' mean, other than a *Schimpfwort* (*cf*. Merton, 1940) used by caregivers? – and such recommendations are not tangible enough to address the problems at hand. What should (policy) practitioners do with such vague advice? Different measures would likely be required if caregivers' unawareness of service supply is caused by a general lack of information, as opposed to this unawareness being due to language barriers. This, however, remains unclear in such generic advice. Prescription is easier said than done. An important first step towards better prescription is a better theoretical and empirical understanding of the bureaucratic factors at play, which could then serve as a more solid foundation for recommendations to (policy) practitioners.

In light of the above discussion, it is both necessary and relevant to conduct a more in-depth study into how bureaucratic factors affect help-seeking behavior. The next section therefore presents the theoretical concept of *administrative burdens* from the public administration literature. This concept captures different types of 'bureaucratic hassles', onerous rules and procedures, and other negative bureaucratic factors that caregivers (may) encounter in their daily lives. It allows for a better understanding of how these shape caregivers' experiences of service delivery by third sector organizations. This concept is expected to produce useful insights for (policy) practitioners to further improve the current system of social service delivery.

What are administrative burdens, and why do they matter?

In the public administration literature, the concept of administrative burdens has been applied in the context of *citizen-state interactions* to better understand how such burdens shape and impact citizen encounters with *public* bureaucracies (see Peeters, 2019; Jilke, Van Dooren & Rys, 2018; Heinrich, 2018; Moynihan, Herd & Rigby, 2016; Moynihan, Herd & Harvey, 2015; Herd *et al.*, 2013). Administrative burdens are defined as "an individual's experience of policy implementation as onerous" (Burden *et al.*, 2012: p. 742). Three key components of administrative burdens can be distinguished: learning costs, psychological costs, and compliance costs. Although these components of administrative burdens are framed in terms of 'costs', this should not be interpreted as individuals rationally weighing costs against expected gains to maximize their utility, which is the dominant view in non-take-up studies (see Chareyron & Domingues, 2016; but for a critical discussion of this view, see Van Oorschot, 1998, as well as chapter 2 of this thesis).

Moynihan, Herd & Harvey formulate an alternative view by assuming that "the impact of burdens depends upon how individuals construe the world, not on objective measures of costs and benefits. This construal is shaped by contextual factors that frame burdens and interact with individual psychological processes, including cognitive biases that may generate disproportionate response to burden" (2015: 4). Table 7.1 contains the different categories of costs.

Type of costs	Application to social policy
Learning costs	Individuals must learn about the program, whether they are eligible, the nature of benefits, and how to access services.
Psychological costs	Individuals face the stigma of participating in an unpopular program as well as the loss of autonomy and increased stress arising from program processes.
Compliance costs	Individuals must complete applications and reenrollments, provide documentation of their standing, and avoid or respond to discretionary demands.

TABLE 7.1: The three key components of administrative burdens (Moynihan, Herd & Harvey, 2015: p. 4)

Note that administrative burdens are different from red tape. Red tape is primarily about how rules affect the experience of administrative employees in an organizational context, whereas administrative burdens pertain to the subjective experiences of citizens in their interaction with the state (see Moynihan, Herd & Harvey, 2015; Heinrich, 2015). Administrative burdens can manifest themselves in "any context in which the state regulates private behavior or structures how individuals seek public services" (Moynihan, Herd & Harvey, 2015: p. 2). Additionally, red tape, by definition, refers to rules that do not serve any legitimate purpose (Bozeman, 2000), while administrative burdens "will often serve legitimate purposes and are not inherently bad" (Moynihan, Herd & Harvey, 2015: p. 5, footnote). A final distinction between administrative burdens and red tape is that the former consists of supplementary components other than the compliance burden of red tape (see Moynihan, Herd & Harvey, 2015).

Administrative burdens in citizen-state interactions matter. Whereas theoretical and empirical studies are predominantly US oriented (with a few notable exceptions, such as Heinrich, 2015), there is compelling evidence of the negative effect of administrative burdens on the take-up rates of various types of welfare programs and social security benefits. A general finding in this line of research is that non-take-up rates by eligible beneficiaries are much higher for means-tested programs than for universal programs (see, e.g., Herd, 2015; Van Oorschot, 1998).

For a number of public welfare programs in the US, Moynihan, Herd & Harvey (2015) report (sometimes drastically) lower take-up rates for a range of means-tested benefits than for universal programs such as Social Security and Medicare. In the latter case, take-up rates are near 100%, while take-up rates for various means-tested programs are as follows:

> "40%–60% for Supplemental Social Insurance (Elder and Powers, 2006); two-thirds for the Supplemental Nutrition Assistance Program (SNAP, frequently referred to as food stamps) (Food and Nutrition Service, 2007); 30%–60% of unemployment insurance benefits (Kroft, 2008); 50%–70% for Medicaid (Sommers et al., 2012); and 75% for the Earned Income Tax Credit (EITC) (Plueger, 2009). Although Aid to Families with Dependent Children (AFDC) had an estimated take-up rate of between 77%–86%, participation rates declined dramatically after 1990s welfare reform, so that its successor, Temporary Assistance for Needy Families (TANF) had a much lower take-up rate of between 42 to 52% (ASPE 2007, II-19)" (Moynihan, Herd & Harvey, 2015: p. 6).

Conversely, Herd *et al.* (2013) show how the *reduction* of administrative burdens significantly *increased* the take-up of Medicaid services in the state of Wisconsin. This was the result of an extensive reform program that shifted – through various measures, including autoenrollment and program and form simplification – administrative burdens from citizens to the state. This demonstrates how administrative burdens matter for enrollment for Medicaid services and how "relatively simple administrative changes can reduce burden, resulting in positive and substantive increases on enrollment" (Herd *et al.*, 2013: p. 577). Based on the outcome of the above studies, some argue for changing program enrollment procedures from self-application to assistance with program enrollment or even to autoenrollment procedures (no action required from the beneficiary) to increase take-up rates and improve the effectiveness of welfare programs (see Moynihan, Herd & Harvey, 2015).

From a normative point of view, these findings on non-take-up raise important questions about accessibility, distributive justice and (in)equality in relation to the design, implementation and effects of social policies and welfare programs. These studies 'uncover' how seemingly technocratic rules, procedures, administrative structures, and other policy measures are in fact inherently political. The way they are designed and implemented carries real consequences for potential welfare recipients. Administrative burdens may restrict welfare recipients in fully exercising their social rights. They are therefore considered the product of 'politics in disguise'; as Moynihan, Herd and Harvey (2015: p.2) put it,

> "(…) Administrative burdens form an important part of the "hidden politics" that characterize contemporary battles about the role of the state (Hacker 2004; Thompson 2012). Policymakers will alter burdens as an alternative or complement to more overt forms of political activity. The attractiveness of administrative burdens as a form of "policymaking by other means" (Lineberry 1977) is tied to their opacity. The details of administration that give rise to burden may be largely invisible to the public and even most policymakers, their impact poorly understood. Changes to burdens may be presented as technical fixes without any specific policy intent, or to serve values widely supported or perceived as apolitical" (Edelman 1985).

As all the preceding examples illustrate, the concept of administrative burdens has been applied in the context of citizen-state interactions, or the "bureaucratic encounters" (Kahn, Katz & Gutek, 1976) between citizens and *public* organizations. It has not (yet) been applied in the context of help-seeking for social support services from third sector organizations. However, administrative burdens may also thwart access to and utilization of support provisions from third sector organizations (*cf.* Sannen, 2003). In other words, caregivers' (non-)help-seeking for social support from third sector providers highlights this as a suitable context for research on administrative burdens.

Summary

This study extends public administration research on administrative burdens to the context of help-seeking for social support by nonprofessional caregivers. The analysis of the role and impact of bureaucratic factors on help-seeking for social support will be based on the different components of administrative burdens: learning costs, psychological costs and compliance costs. This theoretical concept is useful, as it unifies different types of administrative costs that caregivers may encounter in their help-seeking process. This allows for a more detailed investigation of administrative burdens in the interaction between third sector organizations and potential recipients of social support services, i.e., caregivers.

7.3. EMPIRICAL CONTEXT AND RESEARCH DESIGN

This section describes the empirical context of this study. It provides key statistics about nonprofessional care and describes the main features of the local social service system of the Dutch municipality of The Hague. Subsequently, the research design is presented, and the qualitative approach that is adopted to investigate the influence of bureaucratic factors on help-seeking for social support is further elaborated. This section concludes with a description of the process of data collection and data analysis.

Nonprofessional caregiving and social support services in The Hague

The Hague has 533,026 inhabitants and is the third-largest city in The Netherlands. Like other Dutch municipalities, The Hague has formulated policy criteria to determine whether an individual can be officially labeled a nonprofessional caregiver. These policy criteria are that an individual must take care of someone from within their own social network (family member, friend, neighbor) for at least eight hours a week or for three consecutive months (Gemeente Den Haag, 2018a). Caregivers may perform all sorts of primary and/or secondary tasks; the former refers to caring tasks and the latter to other, 'indirect' tasks, such as administrative work, cleaning the house and shopping for groceries. Accurate, longitudinal data are lacking, but estimations of the number of nonprofessional caregivers range from 50,000 (Mantelzorgakkoord, 2009) to 79,000 (Gemeente Den Haag, 2013; Beneken Genaamd Kolmer, 2011), 86,000 (PEP Den Haag, 2018; Werk en Mantelzorg, 2015) and 94,000 (Den Haag mantelzorg, n.d.). A citizen survey of 2015 reported that 28% of nonprofessional caregivers provide care to their parents and/or parents-in-law, 23% to other nuclear family members, 15% to other extended family members, 16% to friends or acquaintances, and 15% to someone in the neighborhood (Dimensus, 2015).

As in The Netherlands as a whole (and in many other countries, for that matter), in The Hague, there are clear signals that considerable numbers of caregivers are (severely) overburdened. Even though exact numbers are lacking, different sources estimate that approximately 12,000 (Beneken Genaamd Kolmer, 2011) to 16,000 (Mantelzorgakkoord, 2009) caregivers in The Hague are severely strained or overburdened. This is why specific social support provisions are developed to prevent them from becoming overburdened and to strengthen and/or sustain their caregiving capacities. It is estimated that over four thousand third sector organizations offer (some form of) social support services to caregivers in The Hague (Gemeente Den Haag, 2018b).

Local policymakers, emphasizing individual responsibility for taking care of personal welfare problems, expect caregivers who are in need of social support to turn first to these third sector organizations before seeking other, more expensive forms of (publicly funded) support. Examples of such third sector organizations are care hotels, volunteer associations, religious institutions, home care organizations, online support platforms, social welfare organizations, day/night care facilities, cooperatives, and community centers. These organizations (greatly) vary in terms of geographical presence, organizational configuration, budget, clientele, level of specialization, and service supply.

Some are spread all over the city and are present in all neighborhoods, while others operate only in specific areas of the city. Some may have many physical locations, while others may be found only online. Some are large and cater to many individuals with many different welfare problems, while others remain relatively small and provide more specialized services. Some offer highly specific services, such as emotional support for young nonprofessional caregivers who are (or run the risk of becoming) overburdened. Other organizations offer very generic provisions, such as practical household services (cleaning services, maintenance work, gardening, etc.) or administrative support (e.g., filling out tax forms), that are intended for a much larger target group. For analytical purposes, this study distinguishes among four types of social support: instrumental support, companionship, personal care, and emotional/psychological support. Table 7.2 provides some concrete examples of support services for caregivers that are offered by third sector organizations in The Hague.[33]

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[33] More information can be found at, e.g., https://denhaagmantelzorg.nl/home (information about nonprofessional care), http://www.respijtwijzerdenhaag.nl/ (information about respite care for nonprofessional caregivers), and https://www.socialekaartdenhaag.nl/ (the ‘social map’ of The Hague).

		Examples of social support services offered by third sector organizations in The Hague
Content of social support	**Instrumental**	Administrative help filling out tax forms with help from a local community center that offers financial support
	Companionship	A biweekly social activity with a buddy from a local volunteer agency
	Personal care	A home care organization offering help with medication
	Emotional/psychological	An Alzheimer's café where overburdened caregivers can meet and receive emotional support from their peers (*lotgenotencontact* in Dutch)

TABLE 7.2: Social support provisions for caregivers from third sector organizations

Signs of non-take-up in The Hague

Despite the wide range of services being offered to caregivers, non-take-up of social support services also occurs in The Hague. Although accurate city-level data are unavailable, a few reports indicate that a considerable number of eligible caregivers do not ask for social support. It is estimated that approximately 25% of strained caregivers have unfulfilled help needs (Gemeente Den Haag, 2018c). It is also reported that up to 70% of eligible caregivers are unaware of the existence of support services (Gemeente Den Haag, 2012b). Conversely, third sector organizations do not reach all caregivers. In 2009, only 5% of caregivers were 'in the picture' (Mantelzorgakkoord, 2009). Over the years, this number has not seemed to improve much, as in 2016, a special taskforce still aimed to reach 1,700 caregivers per year, which is still only a fraction of the population of (severely overburdened) caregivers, let alone the total population of caregivers. A study of the use and user friendliness of a special website about social services for caregivers (www.denhaagmantelzorg.nl) concluded that online information could and should be improved, as caregivers were not actually consulting that website (PEP Den Haag, 2016).

In another example, there is compensation in kind for caregivers (the so-called *mantelzorgwaardering* in Dutch) that can be used to obtain all kinds of products and services from that website. This benefit is restricted to one nonprofessional caregiver per patient, who must be an inhabitant of the municipality of The Hague, and self-application online is required. Due to a lack of knowledge and a rather complex website, many caregivers do not consult this website, leading to non-take-up of this specific benefit.

Other, more anecdotal evidence of non-take-up stems from a group of local experts who, based on their professional experience, perceive several bottlenecks in access to respite care services (PEP Den Haag, 2017). They refer to the existence of waiting lists and caregivers experiencing difficulties in navigating the supply of services and finding suitable support services. They indicate that caregivers are unaware of (their eligibility for) certain support services and benefits, that they have difficulties applying for these services and benefits, or that they encounter other types of barriers to service use. However, this is only one example. A more in-depth analysis of the underlying mechanisms and processes of such bureaucratic barriers is still lacking. Hence, this study aims to fill this lacuna in our knowledge. The next section presents the research design and explains *how* the investigation will be conducted.

Research design

A qualitative approach is adopted to gain an understanding of the perceptions and lived experiences of caregivers who are eligible for social support yet refrain from asking for that support. However, caregivers who have (multiple) latent help needs but do not utilize social support services constitute a "hidden or hard-to-reach population" (Shaghaghi, Bhopal & Sheikh, 2011). That is, there is no register of caregivers with (multiple) latent help needs from which to draw representative samples, which is very *un*like research on non-take-up of social security benefits, which may draw from administrative databases of eligible welfare clients (see, e.g., Van Oorschot, 1998). Nor is there an overview of utilization of social services from third sector providers, as a systematic, central registration of service use is lacking (see also Pommer *et al.*, 2018). This implies that sampling and recruiting respondents is not a straightforward affair. To further complicate matters, caregivers who belong to ethnic minority groups are even harder to reach, which is one reason that they are underrepresented in research on nonprofessional care (see Greenwood *et al.*, 2015; De Klerk *et al.*, 2015; Gemeente Den Haag, 2011; Forum, 2011). In all, given the complexity of the research problem and the challenge of finding and recruiting respondents, qualitative methods are favored over quantitative methods in this study (*cf.* Groeneveld *et al.*, 2015). Empirical data are collected from focus groups of caregivers. Focus groups are appropriate for more exploratory forms of research (Stalmeijer, McNaughton & Van Mook, 2014) to gain a better understanding of a poorly understood or ill-defined topic (see also Kitzinger, 1995). In addition, the focus group is a technique that is particularly sensitive to cultural factors and is often used in cross-cultural research (Kitzinger, 1995), which is another reason why this technique is considered useful for the current research purposes.

To locate and recruit participants from this hard-to-reach group of caregivers, it was decided to collaborate with local experts who could act as intermediaries (see also Stephan *et al.*, 2018; Tonkens, Van den Broeke & Hoijtink, 2008; Morgan *et al.*, 2002; Groger, Maybarry & Straker, 1999). Using intermediaries to gain access to hard-to-reach populations is not uncommon; see, for instance, a study on social exclusion (Van Bergen & Gillissen, 2015) and a study of young adults with criminal records (Zand-Kurtovic, 2017). In this case, a collaboration with *PEP Den Haag* was established. This is an independent foundation that provides guidance and advice to caregivers. This organization employs social workers of various sociocultural backgrounds who are in contact with (or are able to contact) caregivers from different ethnic groups. Therefore, through their contacts, caregivers were recruited for the focus groups. The caregivers received a free lunch in exchange for their participation (some form of compensation for participation is quite customary in focus group research; see, e.g., Scharlach *et al.*, 2006; Morgan *et al.*, 2002; Morgan, 1997).

Furthermore, the focus groups were "segmented" (Morgan, 1996) based on the sociocultural background of the participants. A total of seven focus groups were organized with caregivers who had a Dutch (two groups), Surinamese, Turkish, Moroccan, The Netherlands Antilles & Aruban, or Chinese background. Each group consisted of 4-9 participants (*cf*. Stephan *et al.*, 2018), with a total of 40 participants. The Dutch, Surinamese, The Netherlands Antilles & Aruban, and Chinese groups were a mix of male and female caregivers. The Turkish and Moroccan groups had only male and only female caregivers, respectively. The vast majority of the focus group participants had a long 'career' as a caregiver, with at least several years of caregiving experience, extending to 10+ years of experience and even up to 27 years (in the case of a caregiver who takes care of her autistic son). Most care recipients live at home; a few stay in a care institution (e.g., a nursing home) and are visited regularly by their caregiver.

Focus group segmentation offers two advantages. First, it builds in a comparative dimension, allowing us to investigate similarities and differences between groups (Morgan, 1996). A systematic literature review found that only "few studies compared minority ethnic carers' perceptions with majority ethnic groups, making it difficult to identify issues specific to minority groups" (Greenwood *et al.*, 2015). Hence, by interviewing nonprofessional caregivers of different sociocultural backgrounds, one can compare the differences between and similarities of their perceptions and experiences. A second advantage of segmentation is that it facilitates focus group discussions, as the participants are more similar to each other (Morgan, 1996). The latter aspect, the homogeneous composition of focus groups, is recommended by most researchers (see also Kitzinger, 1995; Hughes & DuMont, 1993). In this case, language similarities were an additional reason to structure the focus groups in this way. Participants feel more comfortable when they can express their opinions, feelings and emotions in their native language (Scharlach *et al.*, 2006; Merton, Fiske & Kendall, 1956), which was affirmed by the social workers of *PEP Den Haag*.

Focus group interviews and data analysis

Each focus group meeting took place in the building of *PEP Den Haag*, a central location in the city. The participants were briefed beforehand about the nature of the focus group.

In this briefing, they were also informed that their personal data would not be shared with other parties and that all research output would be anonymized. It was emphasized that there were no 'right or wrong answers', meaning that all participants were invited to share their personal views on caregiving and support services openly. It was guaranteed that participating in this study had no consequences for their social rights. Furthermore, each focus group was accompanied by a social worker from *PEP Den Haag*. In the case of the non-Dutch-speaking groups, the social worker also acted as a translator. A semi-structured interview guide that was developed to guide the focus group conversations contained a variety of topics based on the concepts derived from the literature (Morgan *et al.*, 2002; Hughes & DuMont, 1993). The same semistructured interview script was applied to each focus group. The duration of the group conversations was 1,5 hours or more.

At the start of each focus group conversation, all the participants were asked to introduce themselves, to share some of their personal background, and tell more about their caregiving relation (*cf*. Hughes & DuMont, 1993). Subsequently, their knowledge and understanding of the terms nonprofessional caregiver (in Dutch: *mantelzorger*) and respite care services (in Dutch: *respijtzorg/respijtzorgvoorzieningen*) was gauged. These are common policy terms used both by policymakers and by third sector providers. Furthermore, they were asked whether they were aware of the existing supply of social support within the city of The Hague. If they had received (some) social support services in the past (or were still receiving them at the time), they were invited to share their experiences. They were asked how easy (or difficult) it was to find and acquire that support. Another important 'talking point' was whether participants had received information about available services from professionals, particularly general practitioners (GPs), as they are considered an important point of contact for caregivers (Courtin, Jemiai & Mossialos, 2014; Lamb *et al.*, 2011). They were also asked whether they had consulted other sources for information (and, if so, which ones and how).

When the participants mentioned any difficulties in the help-seeking process, their answers were further probed to determine what type of problems or barriers they perceived and/or encountered. Throughout the focus group conversations, the participants were stimulated to provide examples of their (non-)help-seeking behavior and any burdens they may have encountered during the help-seeking process. Finally, they were asked to provide their own ideas and suggestions – if they had any – to improve the accessibility of social services in The Hague. Although a set of questions was prepared beforehand, it must be emphasized that the semistructured interview format allowed for a flexible, open-ended approach and left ample room for other reasons and conditions to emerge during the focus group conversations (Morgan, 1996).

Finally, to analyze the focus group data, the relevant parts of the focus group conversations were filtered out and labeled. This produced an overview of 1) the sociocultural background of the focus group participants and general information about the caregiving relationship, 2) the level of knowledge regarding 'technical policy terms' in relation to nonprofessional care as well as the level of knowledge about (the supply of) social support provisions offered by third sector organizations, 3) the subjective perceptions of and experiences with social support provisions from third sector providers, 4) the type(s) and impact of (perceived) administrative burdens in help-seeking for social support, 5) caregivers' suggestions and advice to improve (information about) social services, and 6) other relevant themes and issues that emerged inductively from the focus groups and were not directly related to the questions from the interview script.

7.4. FINDINGS

This section will first report on the findings regarding the three components of administrative burdens: learning costs, psychological costs, and compliance costs. Subsequently, it will present the suggestions that were made by the focus group participants about potential improvements of (information about) social services. The last part of this section will discuss the implications of this study's findings for the theoretical concept of administrative burdens.

Administrative burdens: learning costs

The first aspect of learning costs is that potential participants must learn about the program (Moynihan, Herd & Harvey, 2015). In general, the empirical findings clearly indicate that most caregivers are unaware of existing help resources. This finding started with some of the specific terminology used by (policy) practitioners in relation to nonprofessional caregiving. When asked, respondents in the Turkish, Moroccan, and Chinese groups appeared to be unfamiliar with the term nonprofessional caregiver (*mantelzorger*), whereas caregivers from the Dutch, Surinamese, and Netherlands Antilles & Aruban groups were (somewhat) familiar with the term. Regarding the term respite care (*respijtzorg*), most of the caregivers were not familiar with it, and the remainder had an incorrect or limited perception of it. It was generally agreed that such technical terms are needlessly complex and confusing for caregivers. As one participant asked rhetorically, '*Why would one start Googling for respite care if one does not even know the term?*' Therefore, it came as no surprise that none of the respondents was aware of the website with information about services for caregivers (www.respijtwijzerdenhaag.nl).

This lack of awareness and knowledge was quite striking given the participants' prolonged 'careers' as caregivers and their experience with all sorts of healthcare, social service, and governmental agencies. To illustrate, one caregiver from the Netherlands Antilles & Aruban group had taken care of both of her parents, who lived a 1,5-hour car drive away from The Hague, for more than 15 years, as well as her brother, who has psychiatric problems. Obviously, this meant much travel back and forth, but it also involved managing the personal welfare plan (the so-called *persoonsgebonden budget*) to organize care and support for her parents. A caregiver from the Moroccan group was divorced, had two children, and had combined her job as a cleaner with taking care of her father for more than 12 years. She and her two sisters performed all sorts of household chores, administrative tasks, and helped their father take showers. A young male Surinamese caregiver helped his grandmother pay family visits, go to the hospital, and clean her house while combining this with his studies. These three examples are no exception in terms of (the variety of) tasks and responsibilities caregivers fulfill in their daily lives. This requires planning and organizational skills and competences as well as knowledge of all sorts of welfare state arrangements (see also Dijkstra, 1991; 1997; Fleurke, 1982; Schuyt, 1976; Galanter, 1974; Filet, 1974).

Given the abilities and experiences of these respondents, one might have anticipated (much) higher levels of awareness and knowledge about services that specifically target them. However, the opposite was actually observed in the focus group discussions. It seems that the bureaucratic experience that caregivers gain over time in their dealings with all sorts of agencies does not translate into awareness of support services that are available to them as caregivers. Linking this to Taleb's notion of the "domain specificity of our reactions"[34] (2007: p. 53), it seems that the bureaucratic competences of caregivers can be quite domain specific: many caregivers put their bureaucratic competences to good use in one domain but not in others in regard to organizing support for themselves. This concept may be termed the *domain specificity of help-seeking competences*. When linking this to the subjective experience of administrative burdens, it appears that these can somehow 'overrule' help-seeking competences. Even though many caregivers have sufficient competences, these competences are not necessarily strong enough to overcome the burdens or barriers they experience in regard to organizing support for themselves. This is also indicative of how the subjective experience of administrative burdens can dominate more cognitive-rational processes in help-seeking behavior. The latter aspect – the dominance of subjective perceptions and feelings over more rational-cognitive ele-

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[34] Taleb describes this as follows: "By domain-specific I mean that our reactions, our mode of thinking, our intuitions, depend on the context in which the matter is presented, what evolutionary psychologists call the 'domain' of the object or the event. (…) We react to a piece of information not on its logical merit, but on the basis of which framework surrounds it, and how it registers with our social-emotional system" (2007: p. 53).

ments in the help-seeking process – will be further elaborated upon later in the chapter, as it has important implications for the theoretical concept of administrative burdens.

In terms of information supply, it appears that professionals, such as GPs, neither provide information about nor guide caregivers towards support services. As one Surinamese caregiver succinctly put it, "*There is simply insufficient information. I never received any information from anyone*." Although professionals, such as GPs and social workers, are supposed to actively inform caregivers about the availability of support services, only one participant had received information from his psychiatrist, and one caregiver had been forwarded to a case manager. The rest of the participants said they had not received any information from a professional. Despite their frequent contact with various professionals and agencies, the caregivers had not been made aware of such support services. Moreover, the non-Dutch-speaking groups also experienced language barriers. Information on nonprofessional care(giving) is usually available only in Dutch – sometimes in English, but rarely in other foreign languages – and interpreters are not always available and/or are unaffordable. For instance, the Chinese respondents stated that language problems are an additional barrier to service use. While they had come across some information leaflets at the library and the community center, they were unable to read them.

In spite of this lack of awareness/knowledge, when we explained these terms, some caregivers – again from the Netherlands Antilles & Aruban and Dutch groups – were able to come up with specific examples of such services. They mentioned care hotels, day care facilities (*dagopvang*), and support from care volunteers (*zorgvrijwilligers*). *A fortiori*, a few caregivers had tried to apply for or – though even fewer – were actually utilizing (some form of) social support, albeit they were not aware of the 'official' terminology for those services. This was, for example, the case for a Surinamese caregiver. After being informed about the official terms, she recognized that her autistic son participated in social activities through a local foundation that actually 'counted' as respite care. Until then, she had not been truly aware of this. Another example is that of a Surinamese caregiver who made use of a day care facility but did not know this service was formally known as respite care.

Aside from learning about programs and services, the three other aspects of learning costs were also observed, namely, knowing whether one is eligible to receive support, the nature of the program/service, and how services may be accessed (Moynihan, Herd & Harvey, 2015). The few respondents who did have some experience with social support from third sector providers indicated that 1) both online and offline, it is challenging to navigate the supply of social services; 2) once a service is found, it often remains unclear to them what exactly is being offered; and, one step further in the help-seeking process, when they wanted to apply for a service, 3) eligibility criteria and application procedures were often unclear. An example of the latter concerns a caregiver who lived in The Hague but took care of someone who lived in an adjacent municipality. It turned out that certain services and benefits were unavailable to this caregiver, as the person who was taken care of was not formally an inhabitant of The Hague.

In sum, all types of learning costs, as specified by Moynihan, Herd & Harvey (2015), occur in this help-seeking context, all negatively affecting the help-seeking process. Significantly, it should be added that non-Dutch-speaking caregivers face even higher learning costs due to language barriers.

Administrative burdens: psychological costs

As specified by Moynihan, Herd & Harvey (2015), psychological costs may arise from stigma associated with a specific program or service, a (perceived) loss of autonomy, and an increase in stress levels due to cumbersome organizational/program processes. Our data indicate that 1) there is variance between different focus groups in the way that 'cultural-psychological' factors impact help-seeking; 2) for some caregivers, it seems psychologically easier to utilize secondary support services than to utilize primary support services; and 3) there is a 'time sequence' of different types of psychological costs. Below, these findings will be further illustrated.

First, respondents from the Turkish, Moroccan, Surinamese, The Netherlands Antilles & Aruban, and Chinese groups experienced specific 'cultural-psychological' costs in seeking help from third sector providers. The caregivers in these focus groups were strongly inclined to ask for support from within their personal social network. The Turkish caregivers indicated that in their culture, seeking help from third sector providers is generally difficult, as they are reluctant to discuss personal matters with someone outside the family, even a trusted professional such as a GP. As a Turkish caregiver said, "*No, we don't do that. In the Turkish culture, it is difficult to discuss such sensitive issues with your GP. You are not going to tell that you cannot take care of your own mother*." It was further added that only as a last resort, for instance, in an emergency situation or if the family could not cope anymore, would they consider using external support from third sector organizations. A member of the Moroccan group remarked that "*asking for help is a difficult step, as it may signal that you are incapable of or even not willing to take care of your own father and mother. Besides, they also expect us to take care of them ourselves.*"

Caregivers in the other non-Dutch groups made similar statements, emphasizing that the social network, and then mostly direct family members, is the most important source for social support. The Chinese respondents also said they prefer to seek help from within their family and are not inclined to utilize social support sources outside the family. As a final example, a Surinamese caregiver who belonged to a household of eleven said that the family was the primary source for care: "*We share caring tasks among each other. We know each other*" (the respondent used a Dutch expression: '*ons kent ons*'). These findings are in line with the few other studies that include caregivers of non-Dutch backgrounds. These also report that these caregivers are strongly inclined to retain caring responsibilities within the family (*cf*. Forum, 2011). While the reasons are difficult to pinpoint precisely, factors such as family obligation, tradition, a specific sense of pride, feelings of shame, or some kind of interplay thereof seem to prevent non-Dutch caregivers from utilizing third sector support sources. In contrast, respondents from the Dutch focus groups did not experience such cultural-psychological barriers.

Second, none of the participants was familiar with the difference between primary social support (temporarily taking over caring tasks from the nonprofessional caregiver) and secondary social support services (instrumental support such as a shopping service and administrative support such as filing taxes). This is unsurprising given the low levels of awareness of service supply. However, once this difference was explained, some caregivers indicated that it would be easier to use secondary services, as they found it more difficult to entrust their direct caring responsibilities to third sector providers. In particular, caregivers from the two Dutch groups became interested in – some even enthusiastic about – the possibility of using secondary services. Such services could be useful for them, as they were hesitant to burden anyone from their personal social network with such tasks. Notwithstanding this positive attitude, an important condition for them was that it should not be too complicated to arrange this help (in more specific terms, learning and compliance costs should be low); otherwise, they would not do it. Nevertheless, at least for some caregivers, it seems psychologically less burdensome to use certain secondary services from third sector providers than to – even temporarily – hand over their primary caring tasks. This can be linked to a finding in other studies on social support, namely, that individuals find it difficult to ask, or refrain entirely from asking, for help for what they feel are personal or intimate help needs (Vreugdenhil, 2012; Linders, 2010).

Third, although the current conceptualization of administrative burdens does not specify any 'time sequence' of different types of psychological costs, this study does find some indications thereof. The empirical findings hint at three different types of *ex ante* psychological costs as well as psychological costs that may occur in later stages of the help-seeking process. One clear example of *ex ante* psychological costs is that caregivers are hesitant to (temporarily) hand over some of their responsibilities to someone from an external organization. Caregivers feel a strong moral responsibility for the person they take care of, so this is not an easy decision to make and incurs psychological costs. This feeling of moral obligation and a reluctance to hand over their responsibilities to 'strangers' was common to all respondents. Furthermore, two other forms of *ex ante* psychological costs in some caregiver groups were observed, namely, 1) the perception that it would be difficult to receive (more) social support and 2) a general distrust in organizations.

Regarding the first form, while caregivers in other groups also doubted whether it would be easy to ask for support from external organizations, this feeling was most pronounced in the Dutch groups. These caregivers generally found the social service system to be complex and nontransparent. In addition, for many of them, negative past encounters with all sorts of healthcare, welfare and government organizations made them refrain from engaging, or at least hesitant to engage, with any organizations, including third sector organizations, to ask for (additional) help. Many had experienced what they considered 'bureaucratic hassles', or the – in their eyes – superfluous rules, regulations, forms and procedures that they encountered when organizing care and support for the people they were looking after. Such experiences shaped their perceptions and negatively affected their willingness to ask for help. Hence, negative past encounters cast a shadow on future behavior.

While this diminished willingness was most visible in the Dutch groups, it was also present in the other groups. A Surinamese caregiver, for instance, remarked, "*After a couple of bad experiences with organizations, you just want to keep matters in your own hands as much as possible*." The last *ex ante* psychological cost, a general distrust in organizations, was noticeable in the group of Turkish caregivers. For them, this was another important reason not to ask for help from outside the family. Nevertheless, they would turn to an external party for help in an emergency situation or if the family could no longer cope with the caring responsibilities. Therefore, they did not oppose such help at all costs.

The majority of psychological costs that were observed pertained to the earliest stage in the help-seeking process. However, there are some examples of psychological costs occurring in later stages of the help-seeking process as well. The few respondents who found and tried to utilize resources from third sector providers indicated that learning costs due to the complexity of service supply and the vagueness of exactly what the support services would entail also had a psychological impact. It gave them a sense of unease, which also made them hesitant to ask for help. This also points to the interrelatedness of some types of learning costs and psychological costs.

Administrative burdens: compliance costs

The third and final component of administrative burdens, compliance costs, pertains to completing application forms and enrollment procedures, applicants providing documentation of their standing, and applicants interacting with representatives of service providers and avoiding or responding to their demands (Moynihan, Herd & Harvey, 2015). However, given the low levels of service use among respondents, few data for this specific component were collected. Then, again, the low level of service use is not very surprising, as the focus groups consisted of hard-to-reach caregivers (and recall that low service use is no aberration even among the general population of caregivers, as was mentioned in the introduction to this chapter). However, while not observing the *actual* experience of compliance costs in applying for support services for caregivers, there were quite a few complaints about the compliance costs the caregivers encountered when they organized care and support for the people they were looking after.

A number of caregivers in different groups managed a personal welfare plan (*persoonsgebonden budget*) and had had some negative experiences in organizing care and support. For example, a Moroccan caregiver was confronted with compliance costs when managing the personal welfare plan for her brother. She said it took quite an effort to obtain this personal welfare plan in the first place, and applying for services also proved challenging: "*You have to fill out a lot of paperwork and pass along private data, but then often you get to hear 'no', or it suddenly appears to be very difficult* [*to receive the necessary help*]." On the other hand, one Surinamese caregiver had received help from a case manager, supporting her in organizing care. She said this saved her much administrative work, leaving more time to spend on other things. Nevertheless, this was one of the few exceptions. Many others had experienced (some form of) compliance costs (and learning costs, for that matter) when organizing care for someone within their social network. As another Moroccan caregiver put it, "*Usually, you have to do a lot to apply for a service, such as filling out paperwork. But caregivers do not want all that hassle*."

Therefore, while many caregivers lacked *direct* experience of compliance costs for caregiver support services, the *perception* that such burdens would arise and the expectation of having to deal with additional burdens appeared to negatively affect help-seeking. Caregivers want to avoid any extra burdens, as their caregiving tasks already take up much time and energy. As we saw with the interrelation between learning costs and psychological costs, the above is also indicative of a relation between compliance costs and psychological costs. In this case, it would be more accurate to speak of *expected* compliance costs that have psychological repercussions.

Finally, the low levels of service use that were observed by no means render the component of compliance costs irrelevant in the context of help-seeking from third sector providers. Additional research is necessary to further examine the role and impact of compliance costs in help-seeking for social support from third sector providers. One possibility for such follow-up research could be to identify locations of third sector organizations that are visited by caregivers and to interview caregivers about their personal experiences with service use. In this way, one could expect to be more successful in assessing the presence of compliance costs and their impact on the help-seeking process.

Recommendations by caregivers

In the last part of each focus group session, the participants were asked to share their thoughts and suggestions to improve (information about) social services. This request generated a rich collection of ideas and recommendations that can be summarized as follows:

1) A common sentiment across all the focus groups was that more and better information about the content and quality of social services for caregivers is required. What exactly can they expect if they decide to use social support services from third sector providers? This corroborates findings from other studies, such as Wiles (2003), emphasizing the importance of transparency and adequate information about service quality; otherwise, eligible caregivers are reluctant to utilize certain services. For example, when caregivers consider temporarily handing over their caring responsibilities so that they can take a short break, they want to know that the person they take care of will be in good hands. Quite simply, if caregivers trust that the service is of sufficient quality, they are more likely to use it. In other words, transparency about what they can expect and reassurance of sufficient quality contribute to lowering psychological costs in relation to service utilization. When caregivers decide to use support services, the application process should be clear, fast and with no unnecessary paperwork. "*Caregivers do not like paperwork*", as one Surinamese caregiver concisely put it.

2) Regarding the 'technical policy terms' in relation to nonprofessional care, respondents urged the need to simplify terminology. They could not immediately come up with a viable alternative for the term nonprofessional caregiver (*mantelzorger*). However, with regard to support services for caregivers, and specifically for a term such as respite care (*respijtzorg*), it was suggested that it be replaced by more common and familiar terms, such as 'help for caregivers'. It was believed this would increase the visibility and 'findability' of social support services, both on- and offline. Especially for non-Dutch(-speaking) caregivers, such technical terms further add to the learning costs. Participants from the Moroccan, Turkish and Chinese groups preferred to communicate in their native languages. Given the personal, rather delicate nature of the matter, they emphasized that this communication should be sensitive to their cultural norms and values. As we saw earlier, for many caregivers, it is far from self-evident that they will ask for support from third sector providers, let alone hand over any direct caring responsibilities for their loved ones.

3) When the participants were asked about suitable locations to inform caregivers about support services, they suggested a wide array of options. These may be divided into *usual* and more *unusual* locations. The former are locations such as the offices of general practitioners (GPs), hospitals, municipal agencies, community centers, and public libraries. GPs were mentioned most frequently, as the respondents already knew these professionals and had a trusted relationship with their GP. Several respondents further added that information about services could be provided by support staff (specializing in nonprofessional care) and would not necessarily have to come from the GP in person. Among the more unusual sites for information are taxi and transportation services, student associations, employers (personnel department), schools, markets (e.g., *De Haagse Markt*, a major market in the city), cultural institutions, sports clubs, 'pop-up stores' that caregivers frequently passed in their daily lives (at strategic locations spread across the city), and 'culturally specific locations' such as Chinese tokos and restaurants and the mosque. In addition, online information about support services should be made available in a more comprehensible (i.e., nontechnical), transparent and user-friendly way. However, many participants believed that word of mouth is by far the most effective way to spread information, not least because it would be in their native language and/or would take into account their cultural norms. Word of mouth would also increase the likelihood of reaching hard-to-reach caregivers.

Administrative burdens in the help-seeking process

What are the theoretical implications of these findings? How do the empirical results inform the further development and application of the concept of administrative burdens in the context of help-seeking for social support? Three implications can be discerned, some of which were already touched upon in the preceding sections. These implications are 1) a 'time-ordering' of administrative burdens within the help-seeking process; 2) an interrelationship of different types of administrative burdens and a cumulative negative effect of similar types of factors; and 3) the influence of subjective experiences and perceptions of burdens on the more rational-cognitive elements of help-seeking behavior. Regarding the first, there are indications that different types of administrative costs occur in different stages of the help-seeking process. More specifically, different types of psychological costs seem to play a role throughout the entire help-seeking process, from the '*ex ante* stage' all the way through to the actual utilization stage.[35] Learning costs seem to occur mainly in the first stages of the help-seeking process, with compliance costs

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[35] Where research on administrative burdens in another context, namely that of voluntary programs, hypothesizes that "psychological costs matter less" (Carter, Scott & Mahallati, 2018: p. 214), in the current context of help-seeking for social support, psychological costs actually appear to matter quite a lot.

occurring later on in the process – even though the latter could not be substantiated/ illustrated in more detail due to low actual service use among the respondents.

Second, the empirical findings indicate that different administrative burdens are interrelated. Some types of learning costs and (expected) compliance costs have 'psychological repercussions' for caregivers. There are clear indications that this co-occurrence produces a cumulative negative effect on the help-seeking process. The negative effect also applies to different psychological costs occurring simultaneously and reinforcing one another, for example, when there is a strong cultural-psychological norm of taking care of one's own family as well as the perception that asking for help from a third sector provider will be associated with much hassle. Nevertheless, although the current study provides some indications of a link between different types of costs, more empirical research is required to further flesh out their interrelationship. Nevertheless, the added value of the concept of administrative burden is that it provides a way to disentangle different factors in the help-seeking process and to meaningfully relate them.

The third and final implication is the relation between the subjective experience and/ or perception of administrative burdens and the more rational-cognitive aspects in help-seeking behavior. This study indicates that the subjective experience of burdens, or the subjective perception thereof, can 'override' the more rational-cognitive elements in help-seeking. This is mainly observed in how otherwise competent caregivers perceive high costs in regard to finding, accessing and utilizing social support services that are designed to help them. In other words, in one domain, they are highly organized and effective, while in the other domain, these rational-cognitive skills are not (always) put to use in regard to organizing their own support. Hence, conceptually, it is important to also incorporate the more rational-cognitive elements of help-seeking, in particular the role of (bureaucratic) competences – without having to abandon current assumptions of help-seeking behavior. More generally, it is worthwhile to further investigate the role and impact of bureaucratic competences in help-seeking for social support by caregivers. Follow-up research can connect with a rich and interesting literature on bureaucratic competences (see, e.g., Bosselaar & Vonk, 2013; Tonkens, 2008; Winter, Middelkamp, & Herweijer, 2007; Dijkstra, 1991).

Summary

The administrative burdens that (potential) welfare recipients perceive or experience are the result of a still poorly understood interplay of different (f)actors at different levels of the social service system. This chapter has contributed considerably to solving that larger puzzle. It provides a better understanding of the administrative burdens that a group of hard-to-reach caregivers perceive and experience in their daily lives. Now, more is known about how such burdens lead to non-take-up of social support services that are specially designed for and offered to caregivers by third sector organizations. The next section briefly recapitulates the findings of this study and concludes this chapter.

7.5. CONCLUSION

The concept of administrative burdens has been useful for better understanding how bureaucratic barriers affect the help-seeking process of hard-to-reach caregivers. This theoretical concept allows us to move beyond the rather superficial – even gratuitous – 'bureaucracy bashing' that sometimes manifests itself within the academic literature. It allows for a more nuanced understanding of bureaucratic barriers and enables us to identify, describe and interpret different types of costs in the various stages of the help-seeking process. Importantly, this study has adopted a broader conception of help-seeking by looking at the whole *process* instead of merely concentrating on *realized access* or the rather narrow question of whether support was utilized (yes or no), as many other studies do.

The empirical findings indicate and illustrate that different types of learning costs and psychological costs are pronounced in different stages of the help-seeking process. Most prevalent are psychological costs and learning costs that occur in the early stages of help-seeking. In addition, different types of *ex ante* psychological costs were identified, as well as psychological costs that co-occur with learning costs and (expected) compliance costs – together producing cumulative negative effects on help-seeking for social support.

In terms of learning costs, all types that are distinguished by Moynihan, Herd & Harvey (2015) were observed. Potential participants have to learn about the program, know the eligibility criteria, understand the nature of the services that are offered, and, finally, understand how they may access the services. Within all the focus groups, there were low levels of knowledge/awareness about the supply of support services for caregivers. As there are more than four thousand third sector organizations in The Hague that offer some form of social support for caregivers, this lack of awareness is quite striking. The vast majority of our samples consisted of seasoned caregivers, making it even more remarkable.

Furthermore, whereas professionals, such as GPs, are supposed to inform caregivers about available support services, this appeared not to be the case among the caregivers in this study. Moreover, some variance was observed between different sociocultural groups of caregivers. In particular, non-Dutch-speaking caregivers face even higher learning costs due to language barriers. Due to the low levels of service use among the respondents, few data on (perceived) compliance costs were collected. Follow-up research is necessary among more caregivers who have used social services from third sector providers in order to draw more meaningful conclusions in relation to that component of administrative burdens.

Importantly, the current findings do not allow for generalization to the total population of caregivers, as this study includes the perceptions and experiences of a relatively small group of caregivers in one Dutch municipality. Nevertheless, the qualitative research design and the use of focus groups allowed for an in-depth understanding of the influence of administrative burdens on the help-seeking behavior of caregivers who are difficult to reach –for both practitioners and researchers.

The empirical results of this study provide the groundwork to conduct follow-up research on the role and impact of administrative burdens in the context of help-seeking for social support. The final chapter of this thesis will include a discussion of potentially fruitful avenues for further inquiry. First, the more immediate implications of these findings for contemporary social policies of the municipality of The Hague will be discussed in the following chapter.

Chapter 8

Policy implications (research stage III)

ABSTRACT

This chapter reflects on the implications of the research findings for The Hague's social policies. Drawing from our improved understanding of non-take-up of social support, the contents of The Hague's social policies will be revisited. Hereby, a constructive approach is adopted to determine what can be learned from the study of non-take-up of social support in order to improve social policies. More specifically, this chapter will first revisit the following social policy elements: 1) the demarcation and definition of actor roles, 2) the categorization of target groups, and 3) the policy assumptions. What are the implications of this study's findings for those specific policy elements? Thereafter, some of the caveats and blind spots that were found in The Hague's policy documents will be addressed. How the findings of this study may be applied to redress some of these omissions will be discussed. Finally, based on the findings from previous chapters, several crucial ingredients for a more comprehensive approach to help-seeking for social support will be provided – again with the aim of providing policymakers with useful input for future social policies. This chapter aims to enrich the broader debate about welfare state reforms and to contribute to (future) social policies.

How does this research stage fit into the broader research project?

This third and final research stage connects the results from the previous research stages and discusses what the research findings imply for The Hague's social policies. With our improved understanding of non-take-up of social support by potential welfare recipients (research stages IIa and IIb), this research stage revisits the contents of The Hague's contemporary social welfare policies (which were described earlier in research stage I). This is the research stage in which the practice of non-take-up of social support meets the 'paper reality' of social policies, to put it more colloquially.

CHAPTER 8 - POLICY IMPLICATIONS (RESEARCH STAGE III)

8.1. INTRODUCTION

Previous chapters have examined the contents of social policies (chapter 5) and have contributed to a more thorough understanding of non-take-up of social support in The Hague (chapters 6 and 7). This chapter will bring these elements together. It considers the following question: *What are the implications for contemporary social policies that emanate from our study of the phenomenon of non-take-up of social support in The Hague?* A constructive approach is adopted to see what policymakers may learn from this study of non-take-up of social support. This chapter will therefore concentrate on those policy elements that could (potentially) benefit the most from the knowledge and insights that were acquired in this study.

The chapter proceeds as follows: first, the implications of the findings for the demarcation and definition of actor roles, the categorization of target groups and the policy assumptions put forward by local policymakers in social policy documents will be discussed. Second, some of the omissions, or blind spots, that were found in these documents will be addressed. Finally, local policymakers are provided with crucial building blocks to develop a more comprehensive approach to help-seeking for social support. It is hoped that this chapter will help policymakers and will enrich the broader debate about welfare state reforms and contribute to (future) social policies.

8.2. REVISITING THE HAGUE'S SOCIAL POLICIES

In chapter 5, a set of policy design elements was derived from the policy literature. These were used to structure the content analysis of The Hague's contemporary social policies. This section will revisit three of those policy elements, namely: 1) the demarcation and definition of actor roles, 2) the categorization of target groups, and 3) the policy assumptions.[36]

First, regarding the demarcation and definition of actor roles, the roles of the key actors in the system of social service delivery are summarized as follows: local government confines its role to policymaking and to facilitating other parties in delivering social support services. Third sector organizations are emphatically placed at the forefront of the social service system: they are expected to develop and deliver social support services to welfare

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[36] When referring to specific policy documents, the labels that were assigned to the documents (see chapter 5, Table 5.2; labels D1-D11) are used for more efficient referencing.

clients – including individuals from hard-to-reach target populations. Finally, (potential) welfare clients are expected to adopt an active role in addressing their personal welfare problems. The Hague's social policies thus emphasize values of self-reliance and participation (see, e.g., D4, p. 13), individual responsibility (see, e.g., D1, p. 15), entrepreneurialism (see, e.g., D3, p. 13), having an active attitude (see, e.g., D4, p. 16), ownership (see, e.g., D2, p. 3), and the need to control one's own welfare (see, e.g., D10, p. 8).

At the same time, the content analysis found a few snippets that attest to *some* awareness among local policymakers of the problems and difficulties (potential) welfare clients may experience in seeking social support (see chapter 5). In addition, one of the policy documents contained a statement that there is too little understanding of why individuals refrain from asking for social support (see D2, p. 10). Notwithstanding these findings, the dominant image of the (potential) welfare client within The Hague's social policies is that of an individual who will actively seek social support as soon as he/she notices a certain need for help.

However, in light of the findings from chapters 6 and 7, it is recommended that this rather one-sided emphasis on participation, ownership, self-reliance and individual responsibility be attenuated and that the reality of non-take-up of social support be more explicitly taken into account – which will be addressed in more detail later in this section. Moreover, the research findings also warn us not to overestimate the ability of third sector organizations to reach all (potential) welfare clients. As this study illustrates, many potential welfare recipients remain 'hidden' from third sector organizations. Even when social support sources are offered in the vicinity of potential welfare clients, the simple fact is that not all individuals who are in need of social support are reached by these third sector providers.

Second, regarding the categorization of target groups, what policymakers should better explain why and how they select certain target groups, as the content analysis in chapter 5 has shown, only scant attention is paid to this topic in policy documents. The method of target group identification and categorization is either entirely left out (the reader is presented only with the selected target groups) or is only superficially substantiated (by referring to some process of data analysis; see, e.g., D6, p. 21). Since defining and categorizing target groups is a fundamental element of social policies (see, e.g., Schneider & Ingram, in: Howlett & Mukherjee, 2017; Pierce *et al.*, 2014) and since policy documents play a vital role in this process, policymakers should be more attentive to this issue.

Third, this study has several implications in relation to the policy assumptions on help-seeking for social support that were identified in The Hague's social policies. First, these assumptions are summarized in Table 8.1 below:

1) **The assumption of vicinity.** This is the assumption that when social support services are offered near (potential) welfare clients, these support services will be utilized by those who need them. Closely related to this is the idea that lowering the threshold for social support services by improving their physical accessibility will lead to higher take-up of those services by individuals who need help.

2) **The assumption of a demand-driven social service system and tailor-made support services.** It is assumed that individuals who need social support are able to make a rather precise 'calculation' of their help need, know where they can find proper help, and are able to express their specific help demands to others.

3) **The assumption of integrality and comprehensiveness.** Policymakers assume that a closed support network of nonprofessional caregivers, volunteers and professionals can be formed around (potential) clients so that social support needs will be signaled and can be addressed as early as possible.

4) **The assumption of awareness and 'voice'.** This entails that (potential) welfare clients 1) are aware of their own help needs, 2) know what is best for them, and 3) are able to express their help needs to others (whether someone within their personal social network, third sector representatives, or others).

5) **The assumption of informed action.** When potential welfare clients receive information about and become aware of the availability of potential sources for support, they will then also utilize those services.

6) **The assumption of prevention.** This concerns the expectation that (potential) welfare recipients will address their personal help needs as soon as they detect that they have (a) welfare problem(s). The idea is that by responding to their help needs as early as possible, any worsening of the problem(s) can be prevented – otherwise, solving the problem would amount to higher welfare costs in the future.

TABLE 8.1: Key assumptions of help-seeking for social support in The Hague's social policies

In reviewing this set of policy assumptions, it may be concluded that the assumptions paint a one-sided picture of help-seeking for social support. The assumptions are clearly geared towards take-up of social support and disregard the (possibility of) *non*-take-up of social support. In other words, in the way the policy assumptions are currently framed, they appear to underestimate – or even negate – the complex, multidimensional nature of the phenomenon of non-take-up of social support. Moreover, the policy documents have a rather limited scope, focusing mainly on the individual welfare client while largely neglecting other influencing (f)actors in the broader environment. Consequently, any (policy) intervention that is based on such a one-sided account of help-seeking behavior has a higher likelihood of producing – to use Hirschman's (1991) famous *tricolon* – futile, perverse, and/or jeopardizing effects. Although probably well intended, the intervention runs the risk of having no effect at all (futile effect), accomplishing the opposite of what was intended (perverse effect), or producing harmful effects (jeopardizing effect).

Hence, it is recommended that local policymakers be more explicit about the definition of actor roles, the categorization of target groups, and the policy assumptions they make about the help-seeking behavior of (potential) welfare clients. Overall, when juxtaposing the findings of this study on non-take-up of social support with the findings on the contents of The Hague's contemporary social policies, it is found that the various policy elements could – and should – be better aligned with what actually happens in practice. This means that policymakers should start by formulating their beliefs, ideas and assumptions about help-seeking behavior more explicitly in social policy documents. Second – and more importantly – they should found these ideas and expectations on what actually happens in the local social service system. Not only would this be beneficial for the transparency of social policies, but it would probably also render these policies more effective – which that will be addressed in the final chapter of this thesis.

8.3. ADDRESSING SEVERAL OMISSIONS IN THE HAGUE'S SOCIAL POLICIES

As was concluded in chapter 5, The Hague's social policies have several striking omissions in regard to the phenomenon of non-take-up of social support. These omissions are as follows: 1) hard-to-reach target groups are being overlooked; 2) potentially relevant sites to inform help seekers about social support services are neglected; 3) there seems to be ambivalence about whether to organize tailor-made or generic services; and 4) there is a one-sided and incomplete account of the help-seeking process. Below, these four omissions will be elaborated on, and how they may be addressed by using the knowledge and insights gathered in this study will be discussed.

1) There is a risk of overlooking hard-to-reach target groups in efforts to improve service delivery. As policymakers aim to gather the needs and preferences of the target groups, they seek to contact welfare clients, for instance, through measuring the 'customer-friendliness' of social services by conducting so-called customer journeys and usability studies among clients (see D4, p. 19). The aim is to better understand the experiences of these clients and, if necessary, to adjust and improve service delivery. In light of this study, what is problematic about such initiatives is that the experiences are being measured only among *existing* clients. While this approach probably yields valuable knowledge, it is important to remember that it does not provide a complete image of the needs and preferences of all (potential) welfare clients. Therefore, policymakers should (more) actively try to reach and include hard-to-reach target groups to try to take their preferences into account as well. They should be careful not to formulate social policies only on the basis of the needs and preferences of existing clients, or 'easy-to-reach' individuals.

2) The Hague's social policies neglect relevant sites to inform potential welfare clients about social support services. Currently, social policy documents focus on the 'usual' sites

to inform individuals about sources of support, such as information counters in different neighborhoods. As this quotation exemplifies, "*Deze servicepunten worden gerealiseerd in bestaande loketten en fysieke inlooppunten in de wijken zoals bijvoorbeeld buurthuizen, CJG's, Centra voor ouderen, I-shops, bibliotheken*" (D3, p. 31). Particularly in chapter 7 – on non-take-up of social support by caregivers – the respondents in the focus groups suggested other, perhaps more 'unusual' sites. These were schools, taxi services for the elderly, markets (e.g., *De Haagse Markt*, one of the major markets in The Hague), museums, 'pop-up stores' that caregivers frequently pass in their daily lives (in strategic locations spread over the city), and 'culturally specific locations' such as Chinese tokos and restaurants. Nonetheless, many participants believed that word of mouth is by far the most effective way of communication, as this would also reach the more hard-to-reach caregivers.

3) There is some ambivalence with regard to the design of social support provisions: should third sector organizations develop generic or tailor-made services? On the one hand, policymakers emphasize the importance of tailor-made services (see chapter 4), while on the other hand, some quotations that were retrieved from the policy documents stated the exact opposite. Some policy documents, for instance, stated that support provisions should not be developed for specific target groups: "*Voorzieningen zijn zo min mogelijk gericht op specifieke (sub)doelgroepen*" (D3, p. 13 andD4, p. 17). Based on this study, it would, in contrast, be recommended that social support services be tailored to the needs and preferences of specific target groups as much as possible. Although this study does not prescribe any 'definitive set' – if such a thing exists – of target groups, when the goal is to improve take-up of social support services, it is important to recognize and take into account cultural dimensions of help-seeking behavior. Not only should policymakers pay more attention to defining the target groups (see the previous section), but they should also be more aware of the help needs and preferences of different target groups and tailor appropriate support provisions to these needs.

4) Finally, even though help-seeking is considered a process by policymakers, several important aspects of this process are still lacking in the policy documents. Help-seeking is still too often depicted as a rather straightforward affair. For the respondents in this study, and probably for many other potential welfare clients, help-seeking simply is not that easy. Policymakers should therefore be more cognizant of 1) the existence of many potential barriers and problematic factors that 'operate' at various levels of the local social service system, 2) the negative impact these barriers (may) have on help-seeking, 3) the underlying mechanisms of non-take-up, and 4) potential ways to address them (if at all possible or feasible). However, much is still unknown about how non-take-up of social support 'works', so additional research is needed to further aid policymakers in formulating more effective social policies. For now, it is suggested that the complexity of

help-seeking for social support be accepted and incorporated into future social policies, as has already been done with other complex policy issues – debt problems, public health, and social and emotional loneliness (see, e.g., D1, D6, D10 and D11). Policymakers could – should – do the same regarding non-take-up of social support.

8.4. TOWARDS A MORE COMPREHENSIVE IMAGE OF HELP-SEEKING FOR SOCIAL SUPPORT

An important precondition for developing effective social policies is a sound understanding of help-seeking behavior by (potential) welfare clients. This study has made some important progress in that regard. It has produced a more fundamental understanding of the 'how and why' of non-take-up of social support, thereby providing local policymakers with knowledge and insights that can be used for future social policies. In other words, this study provides them with a starting point to develop a more comprehensive view on help-seeking for social support. In particular, the results from chapters 6 and 7 offer some useful building blocks for such efforts.

The help-seeking process of type I individuals

As was established in chapter 6, non-take-up of social support can be caused by different factors that operate at different levels of the local social service system – ranging from the internal, personal level to the interpersonal, social level and the broader, organizational and system level. The help-seeking process of (potential) welfare recipients is located within this multilayered social service system. Furthermore, one may distinguish between different phases of the help-seeking process.

First, at the personal level, a potential client has to be aware of his/her need for social support, and he/she must be aware of sources of help that are available. If the individual does not – for whatever reason – recognize or acknowledge his/her help need and/or is *un*aware of available support and/or *perceives* that help is unavailable, then the result is non-take-up. Suppose that a client is aware of the available help; then, the question of whether the potential welfare client is 'psychologically ready' to receive help arises. This pertains to psychological factors of reciprocity and retaining one's (feeling of) independence. As was reported in chapter 6, the latter factor in particular proved to be a critical barrier in help-seeking for social support. There was also some evidence of individuals having developed a 'resistant attitude' towards asking for help. For example when they lose existing help due to budget cuts or other types of policy reforms and are 'forced' to find alternative forms of help. Not only did they lose existing help that they trusted and depended on, but were required to go through the whole process to seek replacement.

The third stage of the help-seeking process is located at the interpersonal level and pertains to the social and cultural context. This involves social conventions, cultural aspects and *feeling rules* regarding whether it is considered appropriate to ask for help. Finally, help-seeking for social support depends both on personal capabilities and on the presence and magnitude of external (bureaucratic) obstacles. As pointed out in chapter 6, the (perceived) bureaucratic barriers had a critical impact on the help-seeking process of many respondents who were interviewed. These bureaucratic barriers 'operated' at different levels of the social service system, and factors at the organizational level appeared to be most pronounced. It must be emphasized that follow-up research is needed to determine not only the relative impact but also the origin of these barriers (how do such bureaucratic barriers arise, or why are they perceived as bureaucratic barriers?) and – arguably the most challenging issue – how to eradicate or at least reduce them.

In an attempt to capture the nuances and complexities of the help-seeking process (the different guises of non-take-up in the process and the causal mechanisms of help-seeking), the integrated flowchart of non-take-up of social support below visualizes the various stages in the help-seeking process, accompanied by determinants of non-take-up of social support and the various labels of non-take-up that can be attributed to them (see Figure 8.1).

This integrated flowchart can aid policymakers and practitioners in designing future social policies and interventions. Those who are active in the social domain may incorporate this flowchart to further improve accessibility of social support services. The flowchart can aid them in placing the help-seeking process of type I individuals in a much broader perspective – moving beyond the narrow focus only on the individual welfare client towards a more 'holistic view'. This will enable them to identify all the relevant actors, can help them to pinpoint the problems and obstacles in the local social service system, and will be useful for formulating (policy) interventions to address those problems.

The help-seeking process of type II individuals

Figure 8.2 visualizes when and how the different types of administrative burdens can negatively impact the help-seeking process of caregivers (type II individuals), resulting in non-take-up of social support. It ties together the various stages of the individual help-seeking process that were described more elaborately in chapter 7. Analytically, a caregiver 'moves' from the *ex ante* stage (before any encounter with a third sector provider) through the encounter stage, when she/he is 'at the (digital) doorstep' of the service provider, the stage when she/he goes through the application procedure(s) for a service, and the final stage of actual service utilization.

However, owing to the criticism of the stage models in the help-seeking literature (see the literature review in chapter 2), one does not want to become bogged down with the same issues as those associated with the linear and cyclical stage models. Recall the two main drawbacks of those models, namely, a too-isolated focus on the individual, artificially separating him/her from the broader environment, and placing too much emphasis on the rational-cognitive aspects of help-seeking. The latter drawback is not an issue, as this study emphatically focuses on the *subjective experience* of potential welfare recipients. The former drawback will be further addressed below, where how the individual help-seeking process can – and should – be embedded in the broader social service system is discussed. Here, the individual help-seeking process is conceived of as a pathway with several critical stages. However, it must be emphasized that the stages that are invoked here are still preliminary and should be subjected to further empirical research to check

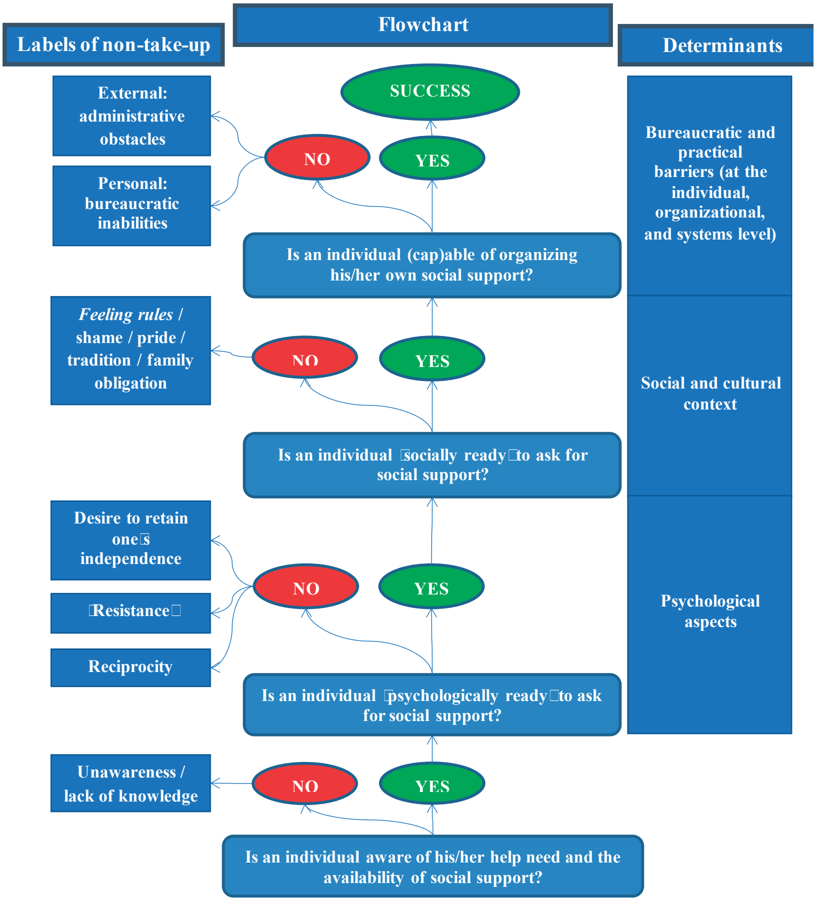

FIGURE 8.1: Flowchart of the help-seeking process of a potential welfare client (eligible for social support)

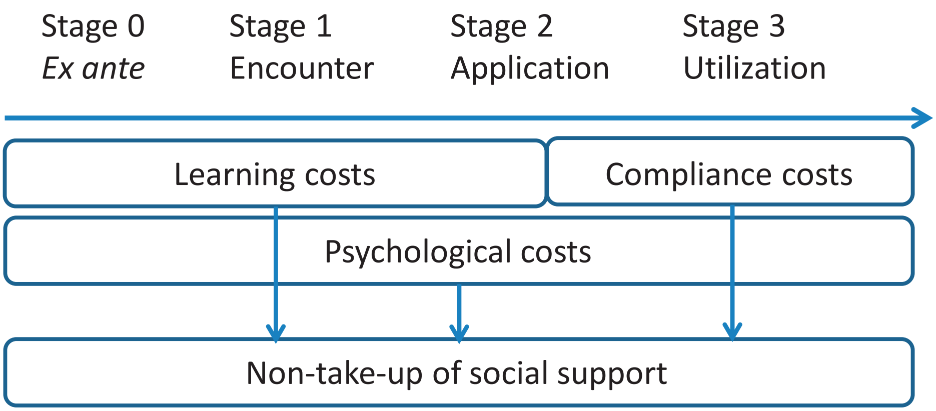

FIGURE 8.2: The 'time-ordering' of administrative burdens in different stages of help-seeking

whether they indeed remain useful in understanding help-seeking for social support from third sector providers. Such follow-up research could simultaneously focus on the question of how and to what extent threshold, trade-off, or triggering mechanisms are at play in each consecutive stage (*cf.* Van Oorschot, 1998).

Let us now zoom out and see how the subjective experience of administrative burdens in the help-seeking process can be connected to the analytical framework of non-take-up of social support (as developed in chapter 3). Figure 8.3 visualizes how the individual help-seeking process and the administrative burdens that may negatively impact it are located within and shaped by forces from the social service system. Different types of administrative burdens may manifest themselves at different levels of the social service system and at different stages of the help-seeking process.

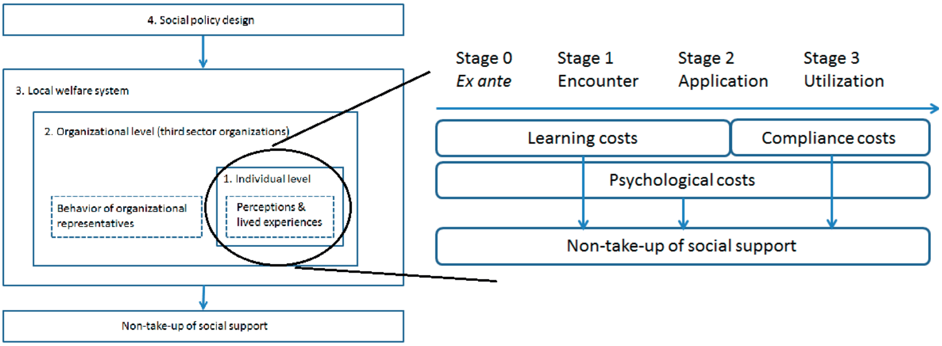

FIGURE 8.3: Caregiver's help-seeking process embedded in the broader social service system

Placing the individual help-seeking process within such a broader analytical perspective also opens up interesting questions for follow-up research: What are the origins of administrative burdens within the social service system? How do they come about? After all, administrative burdens do not appear out of nowhere. However, paraphrasing Moynihan, Herd & Harvey (2015), why, how and by whom administrative burdens are created (or reduced, for that matter) often remains rather obfuscated. Nonetheless, this study points to the need to investigate not only the *effect* of administrative burdens on the individual help-seeking process but also their origin as well as their persistence and diminution (their 'life cycle'). Other important questions for future research are as follows: What role do different actors – policymakers, administrators, third sector representatives – play in relation to administrative burdens? Are administrative burdens deliberately created and used as concealed policy tools, as what Lineberry refers to as "policymaking by other means" (1977: p. 71; see also Moynihan *et al.*, 2013), or are burdens the result of other processes and mechanisms? Do caregivers in other social service systems perceive or experience similar administrative burdens, or are there differences? How can these similarities or differences be explained? Whereas these questions are outside the scope of the current research, they underline the importance of focusing on the social service system as a whole, including all the relevant actors that populate it.

8.5. CONCLUSION

The question that was addressed in this chapter was *What are the implications for contemporary social policies that emanate from our study on the phenomenon of non-take-up of social support in the municipality of The Hague*? As this research into non-take-up in The Hague is of a qualitative nature, it must be cautious in providing too-strong advice or recommendations. This study does not claim to provide an exhaustive account of non-take-up of social support or a 'magical policy recipe' that will 'solve' all the issues and problems related to this phenomenon. More (large-N) research is needed before any firmer conclusions can be drawn, even though such research is challenging in investigating a 'hidden phenomenon' such as non-take-up of social support. Again, the qualitative research design of this study has provided an in-depth understanding of the problems and barriers that potential welfare recipients feel or experience in the process of help-seeking for social support.

In general, the research findings underline that the complexity of help-seeking for social support should not be underestimated. The reality is that, in spite of – or perhaps even because of – the emphasis in social policies on values such as participation, self-reliance and individual responsibility, it is not self-evident that all eligible individuals will always seek social support. Even when individuals are in need of (some form of) social support, they may perceive or experience many problems and barriers that inhibit them from effectively seeking and utilizing support sources. As this study has found and illustrated, non-take-up of social support is caused by an intricate interplay of different factors that operate at different levels – ranging from the internal, personal level to the interpersonal, social level and the broader organizational and system levels. Moreover, even though policymakers sometimes (implicitly) assume that third sector organizations are able to reach all potential welfare clients, this is not the case. With regard to the categorization of target groups in policy documents, why and how the target groups are selected and defined remains largely unclear. More (methodological) transparency would be beneficial to better understand the considerations of local policymakers in this respect. Obviously, policy documents are not the same as academic studies, and this is by no means a plea to turn them into such a thing. Nevertheless, as the categorization of target groups is a fundamental element of social policies, more clarity on the 'why, how and who' thereof would be very helpful, and it would also be beneficial for the transparency of social policies.

Furthermore, the research findings were also applied to redress some of the omissions in current social policies. Based on these findings, The Hague's (future) social policies should 1) incorporate the needs and preferences of hard-to-reach target groups as much as possible; 2) include more 'unusual sites' to inform potential welfare recipients about social support provisions; 3) stimulate specific, tailor-made social support services for various target groups in The Hague; and 4) take into account the multidimensional, complex nature of the process of help-seeking for social support. Overall, this study has shown the ramifications of non-take-up of social support for contemporary social policies in The Hague. In addition, it has yielded relevant knowledge and insights that can be used to address – and redress – several gaps in The Hague's social policies. Finally, based on this study, the help-seeking process of potential welfare clients (type I and type II) has been visualized, together with the variety of problems and barriers they may encounter during that process. Hopefully, this provides local policymakers with a useful starting point to develop a more comprehensive view of help-seeking for social support.

This concludes the third and final research stage. The next chapter will draw together the key findings from all three research stages (I, IIa, IIb & III) and formulate an answer to the main research question of this research project.

Chapter 9

Conclusion

CHAPTER 9 - CONCLUSION

As set out at the beginning of this thesis, the central aim is to better understand the underexplored phenomenon of non-take-up of social support and the implications for social policies. While there is an abundance of academic research on help-seeking behavior in various contexts (e.g., healthcare utilization and take-up of social security benefits), this knowledge has not been directly applied to help-seeking for social support from third sector organizations. In addition, different academic disciplines have focused on different aspects of help-seeking behavior and have done so in relative isolation from one another. Overall, our empirical and theoretical understanding of this phenomenon is severely limited. This is highly problematic, as many contemporary social policies are founded on the premise – or, perhaps better phrased, the *expectation* – that individuals who are in need of social support will actively seek and ask for that support.

To address this lacuna in our knowledge, this in-depth study of non-take-up of social support in the Dutch municipality of The Hague (500,000+ inhabitants) has been conducted. More specifically, the four research objectives were 1) to examine the contents of the contemporary social policies of the municipality of The Hague to determine whether (and, if so, how) the phenomenon of non-take-up of social support is taken into account by policymakers; 2) to build our theoretical understanding of non-take-up of social support; 3) to shed light on the personal experiences and perceptions of a hidden and hard-to-reach group of individuals who are eligible for but do not receive social support; and 4) to critically reflect on the ramifications of these findings for social policies in The Hague.

This concluding chapter will first recapitulate the key findings and formulate an answer to the main research question. Second, it will discuss the broader implications of this study for the academic debate and for (policy) practice. Subsequently, it reflects on the limitations and shortcomings of this study and proposes some potentially fruitful routes for future research. Finally, it discusses some normative implications of the research outcomes and concludes with a final note.

9.1. RECAPITULATING THE KEY FINDINGS AND ANSWERING THE MAIN RESEARCH QUESTION

This section will consecutively and concisely summarize the analytical framework, the overarching research strategy and the key findings from the three research stages. These form the ingredients to answer the main research question.

Analytical framework: multilevel influences on non-take-up of social support

Since no analytical framework of non-take-up of social support previously existed, it was first necessary to develop one to further guide and structure the theoretical and empirical research efforts. To do so, the help-seeking literature and the literature on non-take-up of social security benefits were both discussed, and their concepts and insights into help-seeking were evaluated (chapter 2). This literature review started with a critical discussion of the assumptions of help-seeking behavior. While most behavioral models in these two bodies of literature, either implicitly or explicitly, adhere to assumptions of the rational actor model, it was argued that this model is too limited and unproductive and is therefore inapplicable in the social domain. It provides an overly simplistic account of help-seeking for social support and fails to capture all the nuances and the complexities of this process.

Hence, an alternative, more realistic set of behavioral assumptions was formulated. Help-seeking behavior is *not* guided by rational calculations of objective, clear-cut measures of costs and (expected) benefits (as the rational actor model assumes) but depends on how individuals *subjectively* construe the world. The rational actor model also assumes that all individuals are (sufficiently and) equally self-confident, rational, active and competent, but in practice, this is unrealistic and therefore is an untenable assumption. Help-seeking (cap)abilities are not equally distributed but are *normally* distributed among the population. Individuals differ in, *inter alia*, their willpower, cognitive abilities, and bureaucratic competences. Hence, such aspects should be taken into account when investigating help-seeking behavior in the context of the social service system.

Having clarified the behavioral assumptions of help-seeking for social support, the literature review moved on to discuss the various ways in which help-seeking and (non-) take-up are conceptualized by scholars in the aforementioned bodies of literature. Based on this review, non-take-up of social support was conceptualized as a dynamic process, embedded in a multilayered social service system, in which various external actors play important roles and have major impacts on the help-seeking process. It is crucial not to focus only on the potential welfare recipient, as many conceptualizations of help-seeking behavior do, but to acknowledge and incorporate the positions, roles and responsibilities of other actors as well. In the context of help-seeking for social support, other relevant actors are representatives of third sector organizations and policymakers. The tailor-made analytical framework that was constructed (chapter 3) incorporates the entire path from social policies to – ultimately – the lived experiences and perceptions of individuals who are in need of social support. It consists of four levels that are relevant in this specific help-seeking context: 1) the individual level of the potential welfare recipient, 2) the organizational level of third sector providers and their representatives, 3) the social service system level, and 4) the level of social policies. Figure 9.1 portrays this multilayered framework.

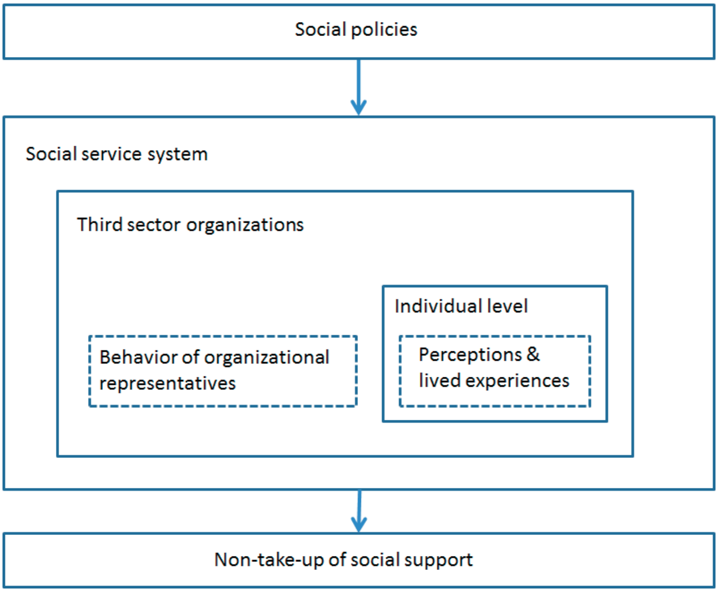

FIGURE 9.1: Analytical framework to understand non-take-up of social support from third sector organizations

In this study, two kinds of potential welfare clients, type I and type II, are discerned. What they have in common is that they are both eligible for social support from third sector organizations, but they do not use this support. What differentiates the two types of potential welfare recipients is 1) the 'position' they occupy within the social service system and 2) the purpose of the social support that is developed for and offered to them. Type I individuals are in need of social support to sustain or increase their self-reliance. Third sector organizations offer all sorts of support provisions that type I individuals are expected to use to strengthen their self-reliance and reduce their dependency on (more) expensive forms of care and support, for example, grocery delivery and shopping services, transportation services for disabled individuals to visit the doctor, debt counseling, buddy support and home care services.

As explained in chapter 4, the third sector organizations that offer such services vary widely in terms of geographical presence, organizational configuration, budget, clientele, level of specialization, and service supply. Some third sector organizations are spread out all over the city and have a presence in every neighborhood, while others operate only in specific areas of the city. Some have many physical locations, while others may be found only online. Some are very large and/or cater to many individuals with many different welfare problems, while others remain small and/or provide more specialized services. Some offer highly specific services, while others offer very generic provisions that are intended for a much larger target group.

Type II individuals are nonprofessional caregivers who provide care and support to someone in their social network (a family member, a friend, or a neighbor). Third sector organizations offer social support services that specifically target at these caregivers. Those social support services serve a different purpose, namely, that of building, sustaining, and/or strengthening the caregiving capabilities of caregivers, for example, household services (cleaning services, maintenance work, gardening, etc.) or administrative support (e.g., filling out tax forms). Importantly, these social support provisions are accessible only to caregivers, not to type I individuals. Again, third sector organizations that offer such services are very different from one another. For instance, some organizations have the sole purpose of helping overburdened caregivers, while for other organizations, this is just one aspect of the whole range of services they offer. Some target a specific group of caregivers (e.g., caregivers with a certain migrant background), while others offer social services to a broader group of caregivers. As a final example of how third sector organizations differ, some work only with volunteers, while others also employ professionals. Figure 9.2 portrays the different positions of both types of potential welfare clients as well as the different purposes of the social support services that are offered to them by third sector organizations.

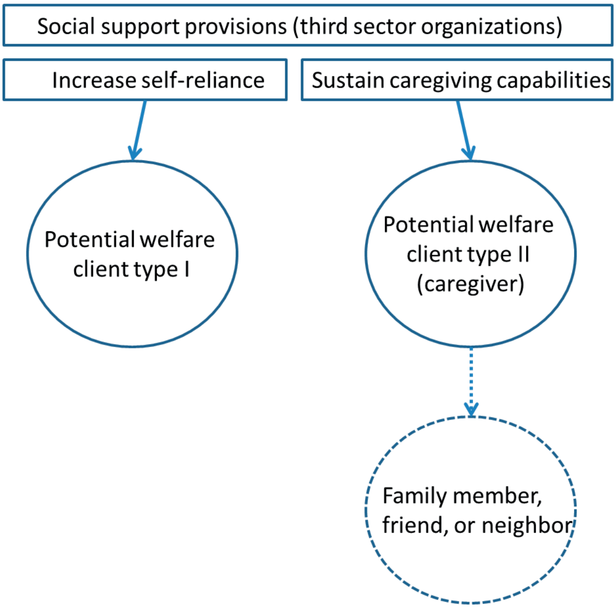

FIGURE 9.2: Visualizing support services for type I and type II potential welfare clients

In addition to illuminating the various levels and actors in relation to non-take-up of social support, the analytical framework also served as a heuristic device to further guide and structure the research efforts.

Empirical context of this study

The *local social service system of the Dutch municipality of The Hague* provides a key case to examine the phenomenon of non-take-up of social support and its implications for social policies. This particular social service system was selected for three main reasons. First, given the 'social profile' of this city, we expected to find individuals who encounter problems and barriers in asking for social support. In particular, this pertains to individuals with a non-Dutch sociocultural background, who are often underrepresented, or not represented at all, in research on help-seeking. In many regards, The Hague is a segregated city. It has some of the most prosperous, as well as some of the poorest, neighborhoods in The Netherlands. Furthermore, almost half of the population has an immigrant background, and just over half of The Hague's residents have a religious affiliation. Finally, compared to other major Dutch cities, The Hague has relatively high levels of social exclusion, functional illiteracy and debt problems. This 'sociocultural profile' of The Hague increases the likelihood of finding potential welfare clients for the investigation of non-take-up of social support. Since this target group constitutes a hard-to-reach population, it was crucial to take this consideration into account for the case selection.

The second reason why the local social service system of The Hague was chosen is related to the availability of secondary data sources. Importantly, The Hague has a digital database that contains all policy documents related to the local social service system and social support provisions. Not all Dutch municipalities have such a digital database. Fortunately, the municipality of The Hague offers the opportunity for researchers to collect, interpret and assess the contents of its social policy documents. The final reason to select The Hague's social service system is that we, as researchers, possessed in-depth knowledge of the local context. Such knowledge indeed proved crucial, particularly to recruit respondents from a hard-to-reach target population, as it facilitated finding and collaborating with local organizations, which, in turn, formed the 'gateways' to this study's target group.

The overarching three-stage research strategy

Based on the analytical framework, a research strategy was developed that consisted of three distinct but interrelated research stages (chapter 4). Each stage had its own focus, subquestion, theory, methods and data. The first stage concentrated on the contents of The Hague's social policy documents. The results of this content analysis provided the necessary groundwork to eventually assess the 'goodness of fit' between, on the one hand, the content of contemporary social policies and, on the other hand, the perceptions and experiences of potential welfare recipients. The second stage consisted of two ‘substages’ in which we investigated why eligible individuals (type I and type II individuals in this study) refrain from asking for social support from third sector organizations. The third and final stage was focused on the policy implications of the findings on non-take-up of social support. Together, the three research stages tie in to and provide the ingredients to answer the main research question. Below, the key findings from each research stage will be highlighted, and thereafter, the main research question will be answered.

Key findings from research stage I: social policy analysis

This first stage of the empirical research delved into the contents of The Hague’s contemporary social policies (chapter 5). The aim of this analysis was to ‘uncover’ and describe the main assumptions, expectations, and ideas of local policymakers about the social service system and about how third sector organizations and (potential) welfare clients that find themselves within this system (should) behave. More specifically, whether the phenomenon of non-take-up of social support is taken into account in these social policies – and, if so, *how* – was examined. Analyzing the contents of these social policies is highly relevant, as they form the basis of the local social service system. With these policies, local policymakers define the social rights of (potential) welfare recipients and categorize them into different target groups.

Furthermore, social policies shape the legal, budgetary, and organizational boundaries of the local social service system in which third sector organizational and (potential) welfare recipients find themselves. In addition to those aspects, social policies form an observable manifestation of the assumptions, expectations, ideas, frames, ambitions, goals, etc. of policymakers in relation to the governance of the local welfare system. Close scrutiny of social policy documents thereby provides a way to determine how the assumptions and ideas of policymakers actually have become solidified.

Based on the policy documents that were analyzed, it was observed that the local government in The Hague refrains from active, direct involvement in the social service system and focuses primarily on its role in policymaking. Local policymakers rely heavily on a wide array of third sector organizations to develop and deliver social support provisions. Furthermore, the (potential) welfare clients are expected by policymakers to play an active role in addressing their personal welfare problems. The content analysis further found that policymakers assume that when an integrated network of support sources is offered nearby, individuals who are in need of support will actively seek help as early as possible so that they can deal with their personal welfare problems before they worsen. Strikingly, however, the phenomenon of non-take-up of social support itself, and its potential causes, receives inadequate attention in the policy documents under study, although other complex policy issues, such as social and emotional loneliness, debt problems, and population health, do receive in-depth attention from local policymakers. The 'how and why' of non-take-up of social support thus receive only scant attention. This is a salient and problematic blind spot in The Hague's social policies.

Key findings from research stage IIa: non-take-up of social support by type I individuals

Chapter 6 investigated the lived experiences and personal perceptions of potential welfare recipients (type I individuals in this study) in The Hague. The focus was on the determinants of non-take-up and on how different types of factors, 'operating' at different levels of the social service system, negatively impact the help-seeking process. Therefore, guided by the analytical framework, the academic literature was scrutinized to derive potential determinants of non-take-up of social support. From various streams in the academic literature, including social psychology, epidemiology, public administration, and law, the following four determinants for non-take-up of social support were derived: 1) the desire to retain one's (feeling of) independence and self-esteem, 2) socialization, 3) feeling rules, and 4) practical and bureaucratic thresholds.

Adopting a qualitative approach, this chapter then examined the extent to which empirical evidence is found for these determinants, based on the narratives (interviews) of 55 individuals and two focus groups (n=16) in The Hague. Given the challenging nature of recruiting interviewees from this hidden or hard-to-reach population, respondents were selectively sampled at different locations where individuals, perforce, come to meet (some of) their other help needs. In this study, these locations were the emergency room of a local hospital, different food bank locations and the offices of social work counselors. The two focus groups were organized to further deepen our understanding of reasons for non-take-up and to strengthen the internal validity of this study. The empirical results indicated that (perceived) bureaucratic obstacles and the desire to maintain one's (feeling of) independence are critical barriers to help-seeking behavior for social support from third sector providers.

Key findings from research stage IIb: non-take-up of social support by type II individuals

Although an estimated 4,000 organizations offer some form of social support to nonprofessional caregivers (type II individuals in this study), non-take-up of support services also occurs in The Hague. However, our understanding of this non-take-up of social support by caregivers is still limited. This second substage (chapter 7) concentrated on how bureaucratic barriers inhibit help-seeking for social support from third sector organizations by caregivers. To do so, the theoretical concept of *administrative burdens* from the public administration was applied. This theoretical concept is useful, as it unifies different types of administrative costs that caregivers may encounter in their help-seeking process. This concept allows for a more in-depth and nuanced investigation of administrative burdens in the interaction between third sector organizations and potential recipients of social support services, i.e., caregivers. A qualitative research approach was adopted, and empirical data were collected from focus groups (semistructured interview format) of caregivers in The Hague who were recruited by collaborating with a local organization that could contact hard-to-reach caregivers. The focus groups consisted of caregivers of Dutch, Surinamese, Turkish, Moroccan, The Netherlands Antilles & Aruban, and Chinese sociocultural backgrounds.

Based on the three components of the administrative burdens concept (i.e., learning costs, psychological costs, and compliance costs), the empirical findings indicate and illustrate that different types of learning costs and psychological costs are highly pronounced in the help-seeking process of caregivers. While compliance costs also seem to exert a negative effect on help-seeking, due to low levels of actual service use in the samples of respondents, few data were collected on this specific component. Finally, variation was found between different sociocultural groups of caregivers, particularly between Dutch and non-Dutch groups. By comparison, non-Dutch-speaking caregivers faced more learning costs due to language barriers, experienced specific 'cultural-psychological' costs in seeking help from third sector providers (on top of the 'normal' psychological costs caregivers face when deciding to ask for support) and were more inclined to ask for support from within their personal social network.

Similar to the previous substage (IIa), this chapter provided crucial knowledge regarding the complex phenomenon of non-take-up of social support – this time in relation to caregivers (type II individuals). Importantly, the findings of this second research stage (IIa and IIb) do not allow for generalization to the total population of potential welfare recipients, as the samples include the perceptions and experiences of a relatively small number of respondents. Nevertheless, the qualitative research design did allow for an in-depth understanding of the problems and barriers in the help-seeking process of potential welfare recipients. In all, the second research stage has substantially improved our understanding of 'the why and how' of the underexplored phenomenon of non-take-up of social support.

Key findings from research stage III: policy implications

The third and final research stage revisited the contents of The Hague's social policies (chapter 8) and addressed the following questions: *What are the implications for contem-*

porary social policies that emanate from our study on the phenomenon of non-take-up of social support in the municipality of The Hague? Using the newly acquired knowledge and insights on non-take-up of social support (chapters 6 and 7), the implications of our findings for the demarcation and definition of actor roles, the categorization of target groups and the policy assumptions suggested by local policymakers in social policy documents were discussed. It seems that policymakers underestimate the complexity of help-seeking for social support. The reality is that in spite of – or perhaps even because of – the emphasis on values such as participation, self-reliance and individual responsibility, it is not self-evident that all eligible individuals will seek social support.

Help-seeking for social support is more complex than is often suggested or assumed. Non-take-up is caused by an intricate interplay of different factors at different levels of the social service system, ranging from the personal level to the interpersonal, social level and the broader organizational/system level. How the intricate, multilayered process of help-seeking for social support fundamentally 'works' is something we are only now beginning to understand. Moreover, even though this is (often) assumed by policymakers, third sector organizations are not able to reach all potential welfare clients. Finally, with regard to the categorization of target groups in social policies, it remains largely unclear why, how and which target groups are defined and selected by policymakers. In this respect, more (methodological) transparency would be beneficial in order to better understand the considerations of local policymakers.

Answering the main research question

Having summarized the key findings of the three research stages, we will now answer the main research question: *Why do potential welfare recipients not take up social support provisions offered by third sector organizations, and what are the implications of this phenomenon for the contemporary social policies of the Dutch municipality of The Hague?* In highly condensed form, the answer is that there is a low 'goodness of fit' between, on the one hand, the contents of The Hague's contemporary social policies and, on the other hand, the daily reality of potential welfare clients – those individuals who are eligible for yet who do not receive social support. What this means is that 1) non-take-up of social support is caused by a range of different factors at different levels of the social service system that are not sufficiently recognized by or adequately incorporated into contemporary social policies; 2) there is a rather one-sided emphasis in social policies on promoting an active attitude, self-reliance, independence, and so forth and too little attention to the problems and barriers potential welfare clients perceive and experience in their daily lives; and 3) policymakers' ideas and expectations about help-seeking behavior are not congruent with the complexity and multidimensional nature of the phenomenon of non-take-up of social support.

Differently put: there are important disjunctions between 'policy on paper' and what actually happens in practice in regard to non-take-up of social support in the municipality of The Hague. Contrary to what is often (implicitly) assumed by policymakers, it is not self-evident that all eligible individuals will always seek social support. As this study has found and illustrated, when individuals are in (dire) need of social support, they often perceive or experience all kinds of problems and barriers that inhibit them from effectively seeking and utilizing support sources. Therefore, if the take-up of social support from third sector organizations is indeed considered an important policy goal, then the phenomenon of non-take-up should be taken more seriously.

This study has also yielded important knowledge of and insights into non-take-up of social support that form a fertile basis for further research and future (policy) actions. The next section will therefore further elaborate on the implications of the findings for the academic debate as well as the implications for (policy) practice.

9.2. IMPLICATIONS FOR THE ACADEMIC DEBATE

In light of fast-paced societal developments and policy reforms in the world of social welfare, more research on help-seeking behavior and non-take-up of social support is paramount. This study has the following implications for academic research.

1) Formulate realistic assumptions about help-seeking behavior. When investigating help-seeking for social support, behavioral assumptions that stem from or are associated with the rational actor model should be abandoned in favor of other, more realistic assumptions. Adhering to the behavioral assumptions of the rational actor model would debouch into an overly simplistic conceptualization of help-seeking for social support and put the researcher on the wrong track. Behavioral economics and (behavioral) public administration, as well as academic disciplines such as sociology, philosophy and epidemiology, provide the means to criticize the rational actor model as well as the building blocks to construct an alternative. This thesis has synthesized different critical views into such an alternative behavioral model, but more effort should be put into this synthesis before a full-blown behavioral model for help-seeking for social support is firmly established. The way, for example, in which bureaucratic competences are distributed among potential welfare clients is an aspect of the behavioral model that still requires additional attention. It was assumed that such competences are normally distributed, but the distribution was not actually measured among respondents in this study. Future research should address this aspect of help-seeking (*cf*. Moynihan, Herd & Harvey, 2015; Dijkstra, 1991; Galanter, 1974). It is important to determine how cognitive capabilities, stress, and other psychosomatic factors influence help-seeking for social support (*cf*. WRR, 2017;

WRR, 2014; Tiemeijer, Thomas & Prast, 2009). Knowledge, insights and methods from the academic disciplines of neuroscience and (medical) biology would be very useful in this regard.

2) Adopt a more integrative theoretical approach. It is necessary to move towards a more integrative approach to study the phenomenon of non-take-up of social support. While different academic disciplines have unquestionably yielded relevant knowledge and insights into help-seeking behavior in a range of contexts (e.g., help-seeking for professional medical care), research on non-take-up of social support is still far behind. Overall, this thesis suggests that the causes of non-take-up of social support are neither confined merely to 'external' barriers nor limited to factors at the individual level. Instead, it seems that non-take-up of social support is caused by an intricate interplay of different factors that 'operate' at different levels of the social welfare system. To fully understand the underlying mechanisms and dynamics, it is necessary to develop a more integrative approach.[37] The analytical framework that has been developed in this thesis (chapter 3) is an important step in this process, as it incorporates the multilevel influences on non-take-up of social support. Moreover, the framework can be used as a heuristic device to navigate the various academic disciplines in order to identify relevant concepts and insights. However, further developing such an integrative approach will not be easy (not least because of the different theoretical and methodological 'languages and cultures' in various academic fields of research).

3) Adopt a more comprehensive view of help-seeking for social support. In addition to the previous point, help-seeking for social support should be conceptualized as a dynamic process that is embedded in a multilayered social service system rather than reducing it to a static choice by an individual to seek or not to seek help. The help-seeking process is not located in some sort of vacuum but is shaped and affected by a complex interaction of different (f)actors at different levels of the social service system. The findings in chapters 6 and 7 provide empirical illustrations. Had this study adopted an isolated view of help-seeking for social support (e.g., by focusing only on whether help sources are utilized, yes or no), it would have ignored a number of relevant aspects of that help-seeking process. Hence, it is necessary to adopt a more comprehensive, 'holistic' view on help-seeking for social support.

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[37] To be clear, this is not to devaluate or denounce the value of monodisciplinary research. We merely argue here that (more) academic pluralism is beneficial in the pursuit of understanding a complex, multidimensional phenomenon such as non-take-up of social support.

4) Reaching the hard-to-reach. More attention should be devoted to (the difficulties of) reaching hidden or hard-to-reach individuals. Most studies pay insufficient attention to (the methodological challenges of) reaching and including hard-to-reach target groups. In fact, many studies do not reach this 'invisible' population at all. That locating and recruiting respondents from this target population is not a straightforward affair has been illustrated by the unsuccessful attempts to do so (see also §4.4). However, the fact that something is challenging does not mean one should not do it. This study therefore adopted an alternative method by collaborating with various local experts and organizations to locate and recruit respondents for interviews and focus groups. Therefore, from a more methodological point of view, the implication of this thesis for the academic debate is that researchers should a) pay more attention to sampling issues and recruitment strategies and b) put more effort into reaching individuals from hard-to-reach populations and learn from their perceptions and lived experiences of help-seeking for social support.

5) Forge a strong and lively link between research and practice. The connection between academic research and (policy) practice can and should be strengthened. Of course, much has already been said about this relation (see Cairney, 2016; Bovens, 2016; Head & Alford, 2015; Braun *et al.*, 2015; Denhardt & Denhardt, 2015; Raadschelders & Lee, 2011; Heinrich, 2007). As stated in the introduction to this thesis, the usefulness of academic knowledge and insights for (policy) practitioners depends on their professional position, personal preferences, and the type of knowledge one is seeking (utility function). Nevertheless, a lively link between research and practice is a necessary condition for arriving at a better understanding of a complicated topic such as non-take-up of social support. The current study would not have been possible without cooperating with local practitioners who helped us gain access to the hard-to-reach target groups. Conversely, the outcomes of the critical analysis of The Hague's social policies may be used by policymakers to improve future social policies. Hopefully, the research efforts here will contribute to connecting research and practice – or perhaps better put, to *re*connecting research and practice, as it seems that a gap between the two has been widening over recent decades (see Raadschelders & Lee, 2011).

6) Collaborate to better understand and monitor non-take-up. In line with the previous point, researchers and practitioners should collaborate to gather more empirical data on non-take-up of social support. They should devise ways to systematically monitor the effects of (policy) interventions on the reduction of non-take-up of social support at the local level. A better understanding of non-take-up of social support at the local level is crucial to improve the effectiveness of (future) social policies. In other words, the decentralization of the social policies system and the transformation of the local social service system must be accompanied by a local knowledge infrastructure (*cf.* Putters, 2017; 2014). Social policies and interventions that have been tailored to the specific characteristics of the local situation should also be monitored and evaluated at the local level. To put it even more succinctly, social policy decentralization requires knowledge decentralization. However, researchers should not focus only on 'easy-to-measure' indicators, which may produce all sorts of perverse effects (*cf*. Putters, 2018). They should be open and acknowledge that measuring and monitoring non-take-up of social support is fraught with all kinds of difficulties and (methodological) challenges.

9.3. PRACTICAL IMPLICATIONS

This section sketches an action perspective for policymakers, representatives of third sector organizations and others who are active in the social domain. First and foremost, the points of advice apply to the specificities of the social service system of the Dutch municipality of The Hague. Social service systems in other (Dutch) municipalities may be different and may require other types of actions. This disclaimer should be taken into account when reading this action perspective:

1) Pay more attention to the non-take-up of social support. It is recommended that The Hague's future social policies 1) incorporate the needs and preferences of hard-to-reach target groups as much as possible; 2) include more 'unusual' locations and actors (e.g., taxi and transportation services, student associations, supermarkets, restaurants, etc.) to inform potential welfare recipients about social support provisions; and 3) stimulate specific, tailor-made social support services for various target groups in The Hague. Based on the findings in chapters 6 and 7, a more comprehensive image of the help-seeking process of potential welfare clients (type I and type II) has been developed that may serve as a reference point for policymakers when designing future social policies. At a more abstract level, it is important for policymakers to be more explicit about the assumptions they make with regard to help-seeking for social support. As the findings of this thesis indicate, many assumptions in The Hague's social policies remain implicit and unclear. This is problematic, as such assumptions play a crucial role in social policies. To be clear, this does not mean that social policies should become lengthy, complicated philosophical treatises, but they can truly benefit from increased transparency and more clarity.

2) Acknowledge complexity and be realistic. Simply put, there is no one-size-fits-all approach to 'solving' all the problems associated with non-take-up of social support. It requires various types of (coordinated) actions and interventions by different actors at different levels of the social service system. This study finds that to improve service delivery by reducing non-take-up of services, policymakers and other practitioners should be more attentive to the various types of bureaucratic obstacles at the organizational and system level instead of (only) trying to change individual help-seeking behavior. This study also indicates that take-up of social support can be hindered by a complex of personal feelings and emotions that we are only now beginning to understand. There is still a long way to go before we will be able to effectively address and amend such deeply rooted psychological factors – if doing so is even possible. Therefore, political debates and decisions about this topic should always be infused with a healthy dose of realism.

3) Recognize the cultural dimensions of help-seeking. When the objective is to stimulate the take-up of social services from third sector providers, it is crucial to recognize and take into account the cultural dimensions of the help-seeking process. Take-up is expected to increase when information and communication (both on- and offline) are provided in different languages, including Chinese and Arabic, and when specific cultural factors are accounted for. If not, the take-up of social support will remain problematic for individuals with a non-Dutch background who do not sufficiently master the Dutch language.

4) Systematically map the service capacity of third sector organizations and (start to) assess the quality of those services. Many potential welfare clients lack sufficient knowledge not only of the availability of social services but also of their quality levels. This requires close collaboration between local government (which can adopt a coordinating role in composing such an overview of available support services) and third sector providers (who have a role in delivering relevant information about their service supply). Subsequently, the results of this assessment should be communicated transparently and comprehensibly so that potential welfare recipients know what they may expect in terms of service quality.

5) Circumvent or simplify technical, bureaucratic terms in (public) communications about social services. In chapters 6 and 7, where the personal experiences and perceptions of potential welfare clients were investigated, it was observed that complicated bureaucratic language poses a hindrance to help-seeking for social support. More specifically, nonprofessional caregivers were not familiar with technical policy terms, such as respite care (*respijtzorg*), which is a substantial problem that has been reported in other studies as well (see, e.g., PEP Den Haag, 2016; Bogaart & De Kleuver, 2014). The caregivers from the focus groups argued that using alternative, more 'day-to-day' wording would be helpful to increase the visibility and 'findability' of social support services.

6) Harness the power of word-of-mouth communication. The findings in this thesis suggest that if potential clients hear about others' experiences with social services, they will be more inclined to use such services themselves. Word-of-mouth communication provides potential clients with more information about the (quality of) social services and breeds trust, both of which lower the threshold for service use. Though it is difficult to steer and control directly, further investigating the possibilities of tapping into this particular type of communication is worthwhile.

7) Be strategic in how you deal with non-take-up of social support. Reducing non-take-up of social support from third sector providers means that more social needs are attended to, which is likely to save welfare costs in the long term. Some causes and effects of non-take-up are probably more difficult for policymakers and practitioners to amend, for example, deeply rooted personal feelings and emotions – such as a strong desire to retain one's (feeling of) independence – that may inhibit help-seeking. In contrast, other causes and effects are relatively easier to address by implementing certain reforms to the social service system – as already hinted in some of the previous points. However, again, it is easier said than done to reform (parts of) the social service system. As chapter 5 describes, over the past decades, social service delivery has been increasingly externalized by public authorities to third sector organizations. This has resulted in complex governance networks with a flurry of third sector party involvement. Successful public management reforms therefore also depend on the effective coordination of and cooperation by a range of different actors within these governance networks who often have divergent and sometimes even contradictory "institutional logics" (*cf*. Thornton, Ocasio, & Lounsbury, 2012; Lawrence, Suddaby & Leca, 2011; Greenwood *et al*., 2011; Thornton *et al*., 2008; Alford & Friedland, 1985; Meyer & Rowan, 1977). Fortunately, public administration research has produced valuable knowledge about such governance processes, so it also makes sense to further explore and exploit ways to apply that knowledge in this specific domain. Hence, a key question for future research is as follows: How can PA knowledge be applied to improve the social service system and social service delivery?

9.4. LIMITATIONS OF THIS STUDY AND FUTURE RESEARCH AVENUES

Although this qualitative, explorative study takes an important first step, it does not provide an exhaustive account of non-take-up of social support. There are several limitations. First, the generalizability of the findings is limited due to the relatively small sample sizes. This study has collected, described and analyzed the perceptions and experiences of a relatively small number of individuals in one Dutch municipality. Nonetheless, despite the limited statistical generalizability, it provides a basis for future research in terms of *analytical generalizability* (see Yin, 2013).

A logical next step would be to extend this research to include more respondents and, if possible, extend it to other Dutch municipalities (and other countries as well). The analytical framework that has been developed here (chapter 3) can be used in such follow-up research. It may be adapted to suit a longitudinal research design so that changes over time can be taken into consideration (e.g., to account for the dynamics of non-take-up of social support). It may also take on a comparative research design so that multiple social service systems can be included and compared.

At the same time, there are several major methodological challenges that are endemic to research on non-take-up of social support. The first is the unknown size of the total population of individuals with (multiple) 'hidden' help needs. A second challenge is the unavailability of registers of individuals with latent help needs (which are more readily available in research on social security benefits, for instance). A third challenge is the actual recruitment of respondents from the target populations, as they form a hidden or hard-to-reach population. These methodological challenges severely complicate the research process. From a methodological point of view, this implies that researchers should pay special attention to sampling and recruitment strategies.

Another limitation of this thesis is that personal perceptions and self-reported experiences have been measured, not the *actual* help-seeking behavior of potential welfare recipients. Moreover, to a large degree, this study depended on what was said by the respondents in the interviews and focus groups. Due to (obvious) ethical and privacy considerations, it was not possible to consult personal files to 'check' statements about individual situations. However, there is no reason to doubt the answers that the respondents provided, as confidentiality and anonymity were guaranteed, and the research had no consequences for their social rights.

A final limitation is that this study has focused primarily on the perspective and experiences of (potential) welfare recipients but not on those of the representatives of third sector organizations and local policymakers. In that sense, this is a rather one-sided approach. An interesting and useful next step would be to include the perspectives of those other actors as well. This would not only enable an investigation of their perceptions of the phenomenon of non-take-up of social support and how they try to cope with it but would also allow us to investigate the underlying rationales of the social service system. After all, the current shape and state of the local social service system are the outcomes of a complex interplay of past actions and choices by these actors.

Paving the way for future research: towards a theory of non-take-up of social support

Before starting this research, no analytical framework, let alone any theory of non-take-up of social support, existed. Therefore, an important objective of this thesis was to build a theoretical understanding of this phenomenon. Developing a full-blown theory, however, takes time. The work that has been done in this thesis is the impetus for developing a more "mature theory" (Snellen & Van de Donk, 1998) of non-take-up of social support. A number of important steps have been taken along this theory-building path.

The conceptual exercise in chapters 2 and 3 has demarcated the phenomenon of non-take-up, providing a useful starting position for the further collection and analysis of empirical data in chapters 5, 6 and 7. Overall, this has resulted in an improved understanding of how and why of non-take-up of social support. Based on these empirical findings, the section below will formulate a set of hypotheses that can be addressed in future research. These hypotheses relate to the different levels of the analytical framework of non-take-up of social support: 1) the individual level, 2) the level of third sector organizations, 3) the level of the social service system, and 4) the level of social policy.

1) Individual-level hypotheses. At the individual level of potential welfare recipients, this study distinguished between two types of individuals (type I and type II). Regarding type I individuals, there are several interesting directions for further empirical research. This study suggests that there is a relation between the 'degree of intimacy' of help needs and the desire to maintain one's (feeling of) independence. For example, when emotional support or personal care is needed, the (feeling of the) loss of personal freedom is more likely to be a barrier to help-seeking compared to when an individual requires an instrumental form of support. However, the findings in this thesis are still tentative. They require more empirical scrutiny to be confirmed (or disproved, for that matter). Therefore, the following expectation can be formulated:

> *Hypothesis 1a: The more 'intimate' or personal the help need, the more probable that the potential welfare client experiences a (feeling of a) loss of independence and will therefore not utilize social support from a third sector provider.*

Furthermore, there is the tentative finding of a so-called *spillover effect*. It seems that a negative past experience with representatives of a particular public or third sector organization can have an impact on an individual's willingness to seek help from other – oftentimes entirely unrelated – organizations. A conflict about a tax return, a dispute about a permit for renovating one's house, or other negative encounters can 'spill over' and negatively affect help-seeking behavior for social services from completely different third sector organizations. To determine whether this is indeed the case, the following hypothesis may be subjected to further empirical testing:

> *Hypothesis 1b: A negative encounter with a representative of a public or third sector organization 'spills over' and leads to a decreased willingness to seek social support from another, oftentimes completely unrelated third sector organization. Conversely, a positive encounter is expected to 'positively spill over' and will lead to an increase in the willingness to seek social support from another third sector organization. It may furthermore be expected that the effect is stronger in the case of a negative encounter.*

With regard to the type 2 potential welfare recipient, the nonprofessional caregiver, this study leads to two theoretical expectations. In the focus groups of caregivers, none of the respondents was aware of the existence of and difference between primary and secondary forms of social support (see chapter 7). Primary social support services refer to caring tasks, and secondary services pertain to other, 'indirect' tasks, such as administrative work, housecleaning, and shopping for groceries. Once this difference was explained in the focus groups, some caregivers indicated that they would find it easier to use secondary services. If this indeed holds true, it has important implications for how social services are offered to potential welfare clients. To determine whether it indeed is true, the following hypothesis can be formulated:

> *Hypothesis 1c: For nonprofessional caregivers, the threshold for using secondary forms of social support services (e.g., grocery delivery, household cleaning services) is lower than that for using primary forms of social support (e.g., personal care, emotional support). Additionally, compared to caregivers with a non-Dutch background, Dutch caregivers are more likely to take up secondary social services.*

The fourth and final hypothesis at the individual level concerns the need to distinguish between 'usual' or 'general' psychological costs and 'cultural-psychological costs'. The former is to be understood as psychological costs that caregivers face when they deal with the choice of (temporarily) handing over caring tasks and responsibilities to others. The latter is regarded as specific psychological costs incurred by caregivers with migrant backgrounds. Examples in this study pertain to sociocultural factors such as family obligation, tradition, a specific sense of pride, and feelings of shame. This leads to the following hypothesis:

> *Hypothesis 1d: Caregivers with a non-Dutch sociocultural background are less likely to take up social support from third sector providers, as they are more susceptible to the*

> *cumulative negative effects of cultural-psychological costs and the 'usual' psychological costs that occur in help-seeking for social support.*

2) Hypotheses relating to third sector organizations. As extensively described in the previous chapters, third sector organizations form an essential pillar of the social service system. They offer a broad range of social support services. Examples thereof are free grocery delivery services, care co-ops that offer personal care, and organizations offering support to prevent caregivers from becoming overburdened. The recent decentralization of social policies has further amplified the importance of these support providers. Moreover, analysts predict that the strength and availability of personal social networks in The Netherlands will further dwindle in the future (see, e.g., Putters, 2017), which is likely to place even more demands – and pressures – on third sector organizations in the years to come.

As local governments themselves withdraw from direct service delivery and increasingly appeal to and rely on citizens' personal responsibility to organize their own support, individuals with virtually absent, or weak social network ties (*cf.* Mazelis, 2017; Granovetter, 1973) will increasingly depend on social support from third sector organizations. Therefore, investigating third sector agencies more thoroughly becomes even more important. The two theoretical hypotheses below pertain to the role that these organizations have in relation to social support provision.

First, if representatives of third sector organizations adopt a more active role and try to find potential clients from hard-to-reach target groups – which is also known as "outreach" (see, e.g., Szeintuch, 2015; Thomas *et al.*, 1994; Buckwalter *et al.*, 1991) – this will probably have a positive effect on social support utilization (in terms of leading to higher take-up rates among individuals of hard-to-reach groups). This study's findings seem to warrant a plea for (adding more) generalist social workers to 'reach out' and guide individuals who are in need of support so that their – often complex – personal welfare problems are better addressed. It seems likely that many individuals who are in need of social support could benefit from such generalists and a more generalist approach (see also Raeymaeckers, 2016; Blom, 2004). Nevertheless, more research is needed to affirm (or disprove) this suggestion. The following hypothesis can be formulated:

> *Hypothesis 2a: The more representatives of third sector organizations actively 'reach out' to potential clients in hidden or hard-to-reach populations, the higher the take-up rates of social support services will be among those individuals.*

Another aspect that was derived from the focus group conversations with caregivers is about the transparency of service quality, as already alluded to in a previous section (see §9.3, recommendation 4). The following hypothesis aims to capture this:

> *Hypothesis 2b: If a third sector provider is transparent about its service quality, a nonprofessional caregiver is more likely to ask for social support from that third sector organization than from a provider that does not provide such information.*

3) Hypotheses related to the system level. In relation to the system level, it is relevant and worthwhile to investigate the relation between types of help needs and locations where individuals, perforce, go to meet their help needs. For example, it was found that social support needs among individuals at the food bank were different from those among individuals at the emergency room of the hospital. The former sample group required more administrative support (due to debt problems), while the latter sample group – being relatively older – was more in need of home care services. However, due to the relatively small-N samples, this study could not determine whether there was a significant relation between help needs and locations.

Nevertheless, it is highly relevant to determine whether there is such a relation, as it will be very helpful for practitioners and may be used to further improve social service delivery. Practitioners may, for example, deploy different types of strategies at different locations to increase take-up of social support by the clients they meet. Future large-N research could address this issue (while bearing in mind that it is difficult to reach such large numbers of potential welfare recipients). This leads to the following hypothesis:

> *Hypothesis 3a: There is a correlation between certain social support needs and help locations where individuals, perforce, go to meet (some of) their help needs.*

Second, it was observed that fragmentation of service supply, lack of information, and general system complexity pose important obstacles to effectively seeking help. For many potential welfare clients, it is difficult to navigate the fragmented and complex system of social support services. Many are unaware of the existing supply of services and their eligibility for (free) social services offered by third sector organizations. Thus, that the following hypothesis is suggested:

> *Hypothesis 3b: Social service systems with higher levels of coordination between third sector providers have higher rates of take-up of social support. In other words, the more fragmented a social service system, the higher the non-take-up of social support services from third sector organizations by potential welfare clients.*

4) Policy-related hypotheses. Last, several theoretical expectations can be derived in relation to social policies. The first hypothesis pertains to the effect of social policy *reforms* on the help-seeking behavior of potential welfare clients. Decisions to alter social welfare services often infringe on what welfare subjects have come to regard as their social right. Frequently, this leads to politicization and social unrest that become highly visible in the form of protests, political advocacy, lawsuits and other types of (political) action. At the same time, there are more 'silent effects' of social policy reforms that remain unnoticed by the broader public.

The finding in this thesis that some respondents show 'resistance behavior' while actually being in need of social support (see chapter 6) provides an illustration of such a 'silent effect' of social policy reforms. There is a real risk of exacerbating non-take-up of social support when individuals lose existing help due to budget cuts or other types of policy reforms and feel 'forced' to find substitute help. Consequently, some individuals even start to resist asking for substitute help when they actually are in need of help. Anecdotal evidence in other studies corroborates this finding (see Grootegoed, 2013; Grootegoed & Van Dijk, 2012).

In other words, it is important to be sensitive to the fact that non-take-up of social support occurs in situations of *policy stability* but that it may be further aggravated under circumstances of *policy turbulence*. More research is needed to more thoroughly investigate this specific type of behavior under such circumstances. Therefore, the following hypothesis can be addressed in follow-up research:

> *Hypothesis 4a: The more policy stability there is, the lower the level of 'resistance behavior' (or the higher the willingness) of potential welfare clients to utilize social support from third sector providers. Conversely, the more policy turbulence there is, the higher the level of 'resistance behavior' (or the lower the willingness) of potential welfare clients.*

Finally, as chapters 6 and 7 indicated, a wide array of bureaucratic factors can inhibit help-seeking for social support. In The Hague's social policies, only scarce attention was paid to potential barriers and problems in the help-seeking process. Instead, The Hague's social policies heavily rely on promoting behavioral changes among (potential) welfare recipients: they should become more self-reliant, active, and independent. The findings in this study, however, indicate that changing help-seeking behavior, especially among people from hard-to-reach populations, is highly complex and difficult. Much more is to be gained from addressing all sorts of external barriers that now inhibit help-seeking for social support.

It can be expected, based on the data gathered so far, that if policymakers take into account the barriers and problems more seriously in making social policies, this will increase the effectiveness of such policies. In particular, much more attention should be devoted to the role and impact of a wide range of bureaucratic factors that may inhibit help-seeking. Less is to be expected of social policies that (primarily) emphasize the necessity of behavioral change of potential welfare clients. This can be translated into the following hypothesis:

> *Hypothesis 4b: Social policies that explicitly address and aim to reduce bureaucratic barriers are more successful (in terms of increasing take-up of social support services among hard-to-reach target groups) than social policies that primarily focus on changing individual help-seeking behavior (by emphasizing individual responsibility, self-reliance, an active help-seeking attitude, etc.).*

In summary, a number of hypotheses have been formulated that relate to the various levels of the analytical framework of non-take-up of social support. These form the basis for future theory building efforts in the pursuit of a more or less "mature theory" (Snellen & Van de Donk, 1998). Such a theory will help us better understand all the intricacies and complexities of non-take-up of social support. This will also be beneficial for (policy) practitioners working in and around the social domain. Improved theoretical and empirical knowledge likely increases the effectiveness and quality of social services that are being offered to potential welfare clients by third sector organizations. However, there is still much work to be done before a full-fledged theory is realized. In that sense, this study should be regarded as the starting point of that endeavor, definitely not its end point.

9.5. NORMATIVE IMPLICATIONS

The findings of study are also relevant in light of normative debates about social policies, social service delivery, and, more generally, the state of the welfare state. To keep this discussion within reasonable limits, this section will focus on three normative issues, namely, 1) how policymakers should deal with those who have become distanced and disenfranchised from social services (should they regard this as a fact of life and accept that no more can be done to reach this population, or should they keep trying?); 2) the ethics of interventions in the social domain; and 3) debates of accessibility, distributive justice and social (in)equality. Obviously, many more issues can be considered, but these three are selected, as the research outcomes of this thesis offer some guidance in how to deal with them.

How should social policies deal with hard-to-reach populations?

There is a long-standing discussion on how social policies (should) deal with individuals who have become distanced and disenfranchised from social services and who are variously labeled as unreachable, indigent, hard to reach, chronically uninformed, etc. (see Marshall & McKeon, 2013). One provocative viewpoint in this discussion is that of Dalrymple (2010; 2001), who, in his polemical style, posits that a proportion of potential clients will never be reached – and one should accept this as a fact of life. It would simply be a waste of public resources to try to reach individuals from that group, according to Dalrymple. Critics, however, argue that he is too one-sided in his analysis (see Linders, 2010), that his argument is mostly normative and that he uses only anecdotal evidence to support his argument (Schokkaert, 2007; Debaene, 2007). In addition, he can be criticized for lacking sufficient transparency with regard to his research methods. Finally, his argument comes dangerously close to what Young refers to as the rhetoric of the blame game in her book *Responsibility for Justice* (2011). According to this rhetoric, individuals are responsible for their bad situation without any acknowledgement of the role and influence of the behavior of other actors within the broader context.

Framing the debate about social policies in such a way is not only counterproductive from a normative point of view, but is also in conflict with the empirical findings in this thesis. As chapters 6 and 7 have elaborately illustrated, reasons for non-take-up do not stem only from the individual level of potential clients. In fact, a multitude of external barriers at the organizational, systemic and policy levels of the social service system pose serious obstacles to help-seeking for social support. It is therefore both incorrect and unfair to blame potential welfare clients for not using social support services (*cf*. Young, 2011). On all of the above grounds, this thesis fundamentally disagrees with Dalrymple's position and argument. Instead, this thesis argues that social policies should more adequately incorporate the perceptions, experiences and needs of potential welfare clients into social policies (see also chapter 8 and §9.3).

However, when one accepts the line of reasoning in this thesis, it does produce a whole new set of issues, such as 'How much time, money and energy should be devoted to reaching individuals from hard-to-reach groups?', 'What are the target groups, and who decides what the target groups will be?', 'What if potential clients *refuse* to take up social support services from third sector providers?', and, more generally, 'How and where do we draw the line between personal and collective responsibilities with regard to social welfare policies – and who draws that line?' These are difficult questions indeed, but if social policies are to become more effective, it is necessary to provide satisfactory answers to such questions. However, one must remain realistic and accept that not all eligible clients can be reached. In that sense, this thesis rejects both too-pessimistic and too-optimistic views of the role and impact of social policies on the lives of citizens. Social policies can definitely be improved, but there is no 'magical policy recipe' that solves everything. This thesis does not wish to suggest that social policies are capable of reaching *all* potential welfare clients and remedying *all* their social problems.[38] Such would be too naïve.

The ethics of interventions in the social domain

Reducing non-take-up requires new ideas and innovative interventions, but at the same time, there must be sufficient ethical safeguards to ensure that nothing bad happens. While this thesis has made use of valuable insights from behavioral public administration and behavioral economics, this does not automatically imply that solutions proposed by scholars in these fields are also applicable in the context of help-seeking for social support. A case in point is that many behavioral scholars contend that *nudging* is useful to subtly 'seduce' people into desired behavior.

Thaler & Sunstein define a nudge as "any aspect of the choice architecture that alters people's behavior in a predictable way without forbidding any options or significantly changing their economic incentives" (2008: p. 6).[39] Scholars propose implementing nudges in *inter alia* environmental, healthcare, governmental, physical, and financial domains (see Battaglio *et al.*, 2019; Benartzi *et al.*, 2017; WRR, 2017; Marteau *et al.*, 2011). However, there are at least three good reasons not to immediately implement nudges in the social domain to influence the help-seeking behavior of potential welfare clients.

First, the ethical aspects of nudging deserve more thoughtful deliberation (see also Battaglio *et al.*, 2019). Relevant questions would be, for instance, 'Who is/are responsible for the choice architecture within the social domain?', 'What exactly are the roles and responsibilities of the various actors in the social service system in relation to non-take-up of social support?' and 'What are the normative assumptions underlying the social interventions?'

Second, more clarity is required in terms of the goals of contemporary social policies. It remains unclear whether social policy reforms are aimed primarily at curbing public

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[38] Such is often suggested by policymakers, although perhaps not always so explicitly. For example, as the *Raad voor het Openbaar Bestuur* (ROB) puts it in their report *Het einde van het blauwdruk-denken*, "Het geloof in de maakbaarheid van de samenleving door overheidshandelen lijkt op dit moment groter dan ooit tevoren. De ambities en pretenties zijn omvangrijk en verstrekkend; het verwachtingspatroon van de kant van burgers is uitgebreid" (2010: p. 57).

[39] Oft-cited examples of nudges pertain to promoting healthy food items in supermarkets (Downs, Loewenstein & Wisdom, 2009), digital apps to stimulate healthy behavior (Sunstein, 2014), responsible default options for student loans (Van der Steeg & Waterreus, 2015), and nudges to improve school choices (Thaler & Sunstein, 2008).

expenditure on social welfare or if they are indeed intended to enable the policies to reach all individuals who are in need of help. Current social policies are still limping along in relation to these two thoughts and are still too ambiguous.

Third, without any additional research on non-take-up of social support, and without any more empirical evidence on how potential welfare recipients actually behave, it makes no sense to implement nudges at this point in time because they could very well be founded on the wrong ideas about help-seeking behavior – running the risk of producing adverse effects. Overall, a skeptical approach to the possibilities and pitfalls of nudging in the social domain is necessary (*cf*. Feitsma, 2019; Grimmelikhuijsen *et al*., 2016).

More generally, policymakers, practitioners and researchers alike should be attentive to the ethics of intervening in the social domain in the pursuit of reducing non-take-up of support. As Rittel & Webber (1973) in their famous article on wicked problems compellingly remind us, social interventions carry real consequences and have a real impact on people's lives. As they put it,

> "(…) *Every* implemented solution is consequential. It leaves 'traces' that cannot be undone (…). Whenever actions are effectively irreversible and whenever the half-lives of the consequences are long, *every trial counts*. And every attempt to reverse a decision or to correct for the undesired consequences poses another set of wicked problems, which are in turn subject to the same dilemma" (italics original, 1973: p. 163).

While this 'warning' is sensible and justifiable, it must not debouch into a passive stance or even a fear of implementing any interventions at all. With the right knowledge base, sufficient professional training and the appropriate consultation and oversight mechanisms in place, interventions aimed at reducing non-take-up are indeed possible. Additionally, there are many guidelines, ethical codes, best practices, articles and books available that are useful for making the right choices when designing, implementing and evaluating such interventions (see, e.g., ZonMw, 2018; World Health Organization, 2017; National Association of Social Workers, 2017; Banks, 2012). Therefore, in regard to the ethics of interventions in the social domain, caution is required, but it must not lead to inertia.

A hidden inequality in society

Third, the research outcomes of this thesis point to the presence of a *hidden inequality* in society: those individuals who realize their social rights by successfully utilizing social support versus those who do not succeed and who remain (largely) invisible to the outside world. However, we do not know the full extent of this hidden inequality. We have no estimates of the size of the total population of potential welfare clients. We do not know the type and severity of the problems they have. We do not know how non-take-up is distributed among the population (e.g., are non-take-up rates higher among inhabitants of deprived neighborhoods, or do we see different patterns?

Are take-up rates higher among citizens with sufficient social and economic resources than among those who have fewer resources?). We do not know whether some (groups of) clients acquire a disproportionate share of social support services offered by third sector organizations. We do not know how many individuals access services, but do not (fully) utilize those services (so-called partial non-take-up). It is also unknown how patterns of (non-)take-up evolve over time; there is no reliable, systematically collected longitudinal data available about social service use.

Finally, we do not sufficiently know the role and impact of bureaucratic competences on help-seeking for social support (e.g., what knowledge and competences are needed to effectively navigate the social service domain?). These types of questions need to be answered to determine the full extent of this hidden inequality. And even though this study has focused solely on The Hague, it seems plausible that this hidden inequality is present in other cities as well – be it probably in different ways and to different degrees. Therefore, it is imperative to connect the issue of non-take-up of social support to the 'big debate' about accessibility, distributive justice and social (in)equality.

9.6. FINAL NOTE

Overall, the phenomenon of non-take-up of social support has important implications for contemporary policies and practices in the social domain. Over the past decades, values of self-reliance, personal responsibility, demand-driven and tailor-made services, personal control, independence and client participation have become dominant terms in policy discourse. People who are in need of social support should become less dependent on expensive, publicly funded forms of help. They are expected to turn to third sector organizations that offer a wide variety of support services. Prevention is a key policy term as well: the idea is that if support is provided in an early phase, it will reduce the chance of social problems worsening and the client becoming dependent on more expensive forms of help. In a nutshell, the dominant image of the potential welfare client is that of a rational individual who is (cap)able of seeking, finding and utilizing the right form(s) of social support services that are offered by third sector organizations.

However, in reality, not all eligible individuals will actually seek, find and utilize those social support services. They may perceive or experience all kinds of problems and barriers in the course of their help-seeking trajectory. For many, the social domain constitutes a highly complex system. Effectively navigating this system often proves to be a challenge – for many, even a real struggle. Despite the many and variegated social services offered by third sector organizations, not all eligible individuals succeed in realizing their social rights. This thesis aimed to improve our fundamental understanding of the 'how and why' of this non-take-up of social support.

This brings us back to the introduction to this thesis: we now have a better grasp of the problems faced by potential welfare clients such as the elderly woman, the nonprofessional caregiver and the middle-aged man in help-seeking for social support. Reaching such difficult-to-reach individuals, documenting their lived experiences, gaining a grasp on the problems and barriers they encounter, and understanding their reasons for not asking for social support are vital for further improving policies and practices in the social domain. In light of all the expected trends and developments that will further impact the social domain in the years to come, this is more important than ever before.

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WIE NIET VRAAGT, DIE NIET WINT? SAMENVATTING VAN HET ONDERZOEK NAAR VRAAGVERLEGENHEID IN DEN HAAG

Een alleenstaande vrouw die te laat is met haar belastingaangifte, omdat zij niet weet hoe ze deze moet invullen. Een bejaarde man die geen gebruik maakt van een gratis maaltijdservice bij hem in de buurt. Een overbelaste mantelzorger die niet om ondersteuning vraagt.

Dit zijn zomaar drie voorbeelden van hulpbehoevenden die te kampen hebben met *vraagverlegenheid*. Zij ervaren om uiteenlopende redenen problemen met het vragen om hulp. Door die vraagverlegenheid slagen zij er niet in om de benodigde ondersteuning te organiseren, waardoor hun problemen onopgelost blijven. Dat leidt op de langere termijn hoogstwaarschijnlijk tot hogere zorgkosten. Daarmee is het een gevaar voor een van de belangrijkste doelstellingen van het huidige sociaal beleid: het indammen van de stijgende zorguitgaven. Kortom, vraagverlegenheid staat niet alleen in de weg van het vervullen van individuele hulpbehoeften, maar vormt in bredere zin ook een bedreiging voor een succesvol sociaal beleid.

Een fundamenteel probleem is echter dat onze theoretische en empirische kennis over deze vraagverlegenheid zeer beperkt is. Bovendien is de bestaande kennis erg versnipperd over verschillende wetenschappelijke disciplines. Een integratieve benadering van vraagverlegenheid bestaat nu nog niet. Daarnaast richt bestaand wetenschappelijk onderzoek zich voornamelijk op de individuele hulpbehoevende en is er nog onvoldoende aandacht voor de bredere context en bestuurskundige factoren die mogelijk van invloed zijn op vraagverlegenheid. Het centrale doel van dit proefschrift is dan ook om de mogelijke oorzaken van het fenomeen vraagverlegenheid en de betekenis daarvan voor sociaal beleid beter te begrijpen. Om tot een beter inzicht te komen over het ‘hoe en waarom’ van vraagverlegenheid, voert dit proefschrift een kwalitatieve studie uit in de gemeente Den Haag. De hoofdvraag luidt daarbij als volgt:

> *Wat veroorzaakt vraagverlegenheid voor sociale hulpvoorzieningen en wat zijn de implicaties van dit fenomeen voor het sociale beleid van de gemeente Den Haag?*

NAAR EEN ANALYTISCH RAAMWERK VAN VRAAGVERLEGENHEID

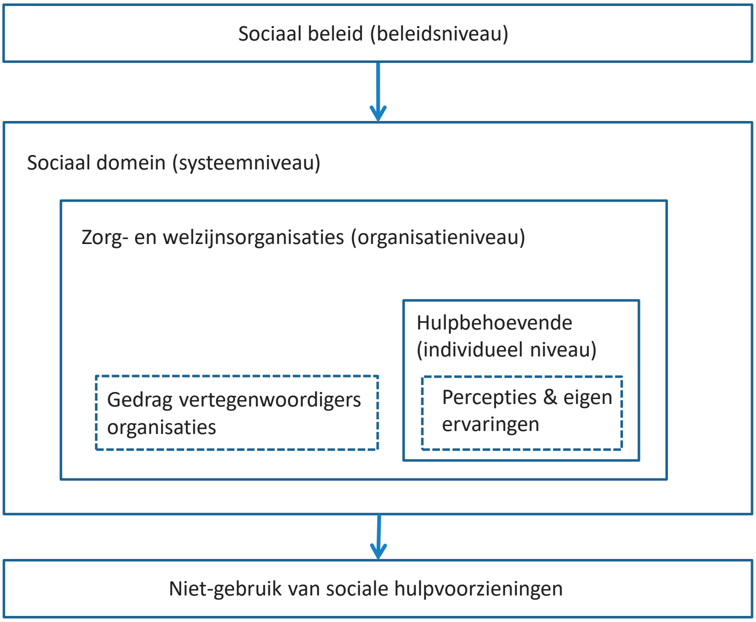
Om vraagverlegenheid beter te kunnen begrijpen, ontwikkelt dit proefschrift een op maat gemaakt analytisch raamwerk. Dat is als het ware de bril om naar dit fenomeen te gaan kijken. In dat proces is het allereerst van belang om stil te staan bij de assumpties over 'hulpzoekgedrag' van mensen. Wat zijn de aannames die onderzoekers doen in dit verband? Daar gaat hoofdstuk 2 van het proefschrift dieper op in middels een uitgebreide literatuurbespreking. Uit die bespreking blijkt dat het rationele actormodel domineert in de wetenschappelijke literatuur. De veronderstellingen van dit model houden kort gesteld in: 1) dat hulpbehoevenden een rationele afweging maken bij het zoeken naar hulp, op basis van objectieve kosten en baten en dat zij daarbij altijd streven naar nutsmaximalisatie; 2) dat hulp zoeken een statische, dichotome 'ja/nee-beslissing' is; 3) dat hulpbehoevenden beschikken over onbeperkte rationaliteit en wilskracht; 4) dat de verantwoordelijkheid voor het handelen bij het individu zelf ligt; en 5) dat ieder individu beschikt over voldoende cognitieve vermogens en (bureaucratische) competenties. Deze gedragsassumpties van het rationele actormodel zijn echter veel te beperkt en beperkend en daarmee ongeschikt als uitgangspunt voor verder onderzoek naar vraagverlegenheid.

De noodzaak van een realistischer gedragsmodel

In antwoord op de tekortkomingen van dat rationele actormodel formuleert dit proefschrift een alternatieve, meer realistische set gedragsassumpties. Deze zijn gebaseerd op inzichten uit onder meer de gedragsbestuurskunde, sociologie, epidemiologie, gedragseconomie en sociale psychologie. In tegenstelling tot het rationele actormodel stelt het realistische gedragsmodel 1) dat *subjectieve* percepties en ervaringen van hulpbehoevenden leidend zijn bij het zoeken naar hulp en ondersteuning; 2) dat hulp zoeken een dynamisch proces is; 3) dat individuele rationaliteit en wilskracht begrensd zijn; 4) dat het belangrijk is om nadrukkelijk de rol en invloed van (f)actoren uit de bredere omgeving van de hulpbehoevende mee te nemen; 5) dat emoties en gevoelens een belangrijke rol spelen; en, tot slot, 6) dat cognitieve capaciteiten en (bureaucratische) competenties niet in gelijke mate, maar *normaal* zijn verdeeld (niet iedereen beschikt over dezelfde kennis en vaardigheden). Deze alternatieve set van gedragsassumpties vormt dan ook de basis van het analytische raamwerk, waarmee het fenomeen vraagverlegenheid verder zal worden onderzocht.

Conceptualisering van het analytische raamwerk

In hoofdstuk 3 staat de conceptualisering van het analytische raamwerk van vraagverlegenheid centraal. Binnen het sociale domein zijn verschillende niveaus en actoren te onderscheiden, die relevant zijn in dit onderzoek. Analytisch gezien bestaat het sociaal domein uit de volgende vier niveaus: 1) het individuele niveau van de hulpbehoevende; 2) het organisatieniveau van zorg- en welzijnsorganisaties; 3) op systeemniveau het gehele sociale domein; en 4) het beleidsniveau. Verder zijn er drie categorieën actoren die van belang zijn te identificeren, te weten: beleidsmakers, vertegenwoordigers van zorg- en welzijnsorganisaties en uiteraard de individuele hulpbehoevende zelf. Figuur 1 visualiseert de verschillende niveaus en actoren van het analytische raamwerk.



FIGUUR 1: Visualisatie van het analytische raamwerk voor het onderzoek naar vraagverlegenheid

Het individuele niveau betreft de hulpbehoevende, inclusief zijn/haar persoonlijke percepties van en/of eerdere ervaringen met hulpvoorzieningen in het sociale domein. Het organisatieniveau betreft de zorg- en welzijnsorganisaties (en hun vertegenwoordigers) die actief zijn in het sociaal domein. Dit zijn de zogenoemde *third sector organizations*. Deze organisaties kunnen variëren van kleinschalige buurtprojecten, vrijwilligersclubs en sociale ondernemingen tot grote thuiszorgorganisaties. Ze bieden allerlei vormen van hulp en ondersteuning aan, zoals hulp bij het huishouden, administratieve ondersteuning, maatjesprojecten, respijtzorg, maaltijdservices, vervoersdiensten, boodschappendiensten en emotionele en psychische ondersteuning. Het systeemniveau betreft het sociaal domein als geheel, de bredere context waarin hulpbehoevenden en zorg- en welzijnsorganisaties zich bevinden. Tot slot gaat het beleidsniveau over de inhoud van het vigerende sociaal beleid. Het is belangrijk om dat mee te nemen in onderzoek naar vraagverlegenheid, omdat het een bepalende invloed heeft op de inrichting en werking van het lokale sociale domein en op het gedrag van actoren die zich in dat domein bevinden. Daarnaast bevat sociaal beleid ook allerlei aannames en normatieve verwachtingen die beleidsmakers hebben over het gedrag dat hulpbehoevenden zouden moeten vertonen. Beleidsdocumenten vormen daarmee een zeer relevante bron om de 'gestolde' voorkeuren en ideeën die beleidsmakers hebben over het lokale sociaal domein nader in kaart te brengen.

Het identificeren en conceptualiseren van deze verschillende niveaus en actoren binnen het sociaal domein maakt het mogelijk om breder te kijken dan enkel naar de individuele hulpbehoevende. Er kunnen zich namelijk verschillende soorten problemen en obstakels voordoen – op micro, meso en macro-niveau – bij het zoeken naar hulp en ondersteuning. In tegenstelling tot veel andere conceptualiseringen van 'hulpzoekgedrag' biedt dit analytisch raamwerk een vollediger beeld van de situatie waarin de hulpbehoevende zich bevindt. Tevens benadrukt het dat er externe actoren zijn die invloed uitoefenen op het proces van hulp zoeken en dat ook zij een bepaalde verantwoordelijkheid dragen (iets wat nog vaak buiten beschouwing blijft in onderzoek naar hulpgedrag). Met andere woorden: het proces van hulp zoeken is ingebed in een bredere context en moeten we ook als zodanig bekijken. Alleen vanuit zo'n brede blik kunnen we vraagverlegenheid echt beter gaan doorgronden.

OVERKOEPELENDE ONDERZOEKSSTRATEGIE

Hoofdstuk 4 gaat dieper in op de onderzoeksstrategie. Een van de grootste uitdagingen was het bereiken van de moeilijk bereikbare groep van hulpbehoevenden die niet om hulp vragen. Er is om verschillende redenen voor gekozen om in de gemeente Den Haag op zoek te gaan naar deze specifieke doelgroep. Zo was het, gegeven het sociale profiel van de gemeente, aannemelijk dat er vraagverlegenheid heerst en er daarmee een gerede kans was om 'vraagverlegen mensen' te vinden. De Haagse bevolking is zeer divers. Arm en rijk, langer en korter opgeleid, wel en niet gelovig, van Nederlandse komaf of met een migratie-achtergrond, wonend in een achterstandswijk of juist in een zeer welvarende buurt: Den Haag heeft het allemaal. Daarnaast is er ook sprake van laaggeletterdheid, digibetisme, schuldenproblematiek, eenzaamheid en sociale uitsluiting.

Al met al maakt dit sociale profiel van de gemeente het een interessante en geschikte plek om nader onderzoek naar vraagverlegenheid te doen. Wat eveneens heeft meegespeeld in de keuze voor Den Haag is dat betrokken onderzoekers goed op de hoogte waren van 'ins & outs' van de lokale context en bovendien contacten hadden met verschillende maatschappelijke organisaties. Dat laatste was essentieel in de zoektocht naar de specifieke doelgroep en om met hen gesprekken te voeren over de problemen en moeite die zij ervaren bij het vragen om hulp. Een laatste reden voor de selectie van Den Haag was ingegeven door de beschikbaarheid van een publiek toegankelijke, digitale database waar alle relevante beleidsdocumenten omtrent het sociaal domein te raadplegen zijn. Dat vormde een essentiële bron voor de inhoudsanalyse van het sociale beleid (niet alle Nederlandse gemeenten beschikken over een dergelijke uitgebreide beleidsdatabase).

Op basis van het in hoofdstuk 3 ontwikkelde analytische raamwerk is het onderzoek vervolgens opgedeeld in drie verschillende, maar onderling gerelateerde onderzoeksfasen. Elke fase kent een specifieke focus, heeft een specifieke subvraag, en gebruikt specifieke theoretische concepten, methoden en data. Maar gezamenlijk vormen de uitkomsten van de drie fasen de basis voor het antwoord op de hoofdvraag van dit onderzoek. Hieronder volgt eerst een korte beschrijving van elke afzonderlijke onderzoeksfase en de belangrijkste onderzoeksresultaten. Op basis daarvan zal vervolgens antwoord worden gegeven op de hoofdvraag.

ONDERZOEKSFASE I: ANALYSE SOCIAAL BELEID GEMEENTE DEN HAAG

Het doel van deze eerste empirische onderzoeksfase (hoofdstuk 5) is om de inhoud van het sociale beleid van Den Haag te analyseren en te onderzoeken of het fenomeen vraagverlegenheid daarbinnen aandacht krijgt (en zo ja, hoe?). Vanaf 1 januari 2015 zijn, met de decentralisatie van het sociaal domein, taken en verantwoordelijkheden formeel overgeheveld naar gemeenten. Dat betekent dat lokale beleidsmakers primair verantwoordelijk zijn voor het formuleren en implementeren van sociaal beleid, voor de vormgeving van het sociaal domein op lokaal niveau. Zo besluiten zij bijvoorbeeld over de budgettaire ruimte die er is voor de uitvoering van sociaal beleid, stellen zij vast wanneer burgers wel of geen recht hebben op zorg en ondersteuning en formuleren zij voorwaarden voor zorg- en welzijnsorganisaties. Sociaal beleid bevat ook de (impliciete) assumpties, verwachtingen, wensen en ambities die beleidsmakers hebben ten aanzien van het sociaal domein. Daarom kan een nadere inhoudsanalyse daarvan niet ontbreken in dit proefschrift.

De relevante beleidsdocumenten zijn geselecteerd uit de openbare online database van de gemeente Den Haag. Deze zijn vervolgens aan een nadere kwalitatieve inhoudsanalyse onderworpen. Er komen drie observaties naar voren uit deze analyse. De eerste – tevens belangrijkste observatie – is dat er in het huidige sociale beleid van de gemeente Den Haag nauwelijks aandacht is voor vraagverlegenheid. Er is haast geen oog voor de mogelijke problemen en obstakels die hulpbehoevenden zouden kunnen ervaren bij het zoeken naar hulp en ondersteuning. Wat hierbij ook opvalt is dat de mogelijke oorzaken van vraagverlegenheid buiten beschouwing blijven.

Verder blijkt uit de documenten dat de lokale overheid een faciliterende rol aanneemt met betrekking tot het sociale domein. Net als andere gemeenten in Nederland ziet de gemeente Den Haag zich gesteld voor de uitdaging om met minder middelen een efficiënter opererend sociaal domein te realiseren. In antwoord daarop beperkt zij haar rol tot het formuleren van sociaal beleid en het faciliteren van organisaties in het maatschappelijk middenveld (de *third sector organizations*) om het sociaal beleid uit te voeren. Dit is in lijn met de sturingsfilosofie van de voorwaardenscheppende staat (*enabling state*), die in de afgelopen decennia tot ontwikkeling is gekomen en op dit moment de boventoon voert binnen het sociaal domein. Deze filosofie houdt in dat er minder directe bemoeienis is vanuit de overheid met maatschappelijke processen. De lege ruimte die daardoor ontstaat dienen burgers en organisaties uit het maatschappelijk middenveld 'op te vullen'.

Ten derde maakt de inhoudsanalyse duidelijk wat de centrale beleidsassumpties zijn. Deze maken duidelijk wat Haagse beleidsmakers verwachten ten aanzien van het gedrag dat hulpbehoevenden (zouden) moeten (gaan) vertonen. Zo gaan beleidsmakers ervan uit dat hulpbehoevenden zelfredzaam zijn en zelf actief op zoek gaan naar hulp en ondersteuning als zij dat nodig hebben. In de beleidsdocumenten staan waarden als participatie, eigen verantwoordelijkheid, maatwerk, (zelf)redzaamheid en eigenaarschap centraal. Naast deze algemene verwachtingen en waarden zijn er zes, meer specifieke beleidsassumpties gedestilleerd uit de bestudeerde beleidsdocumenten, te weten:

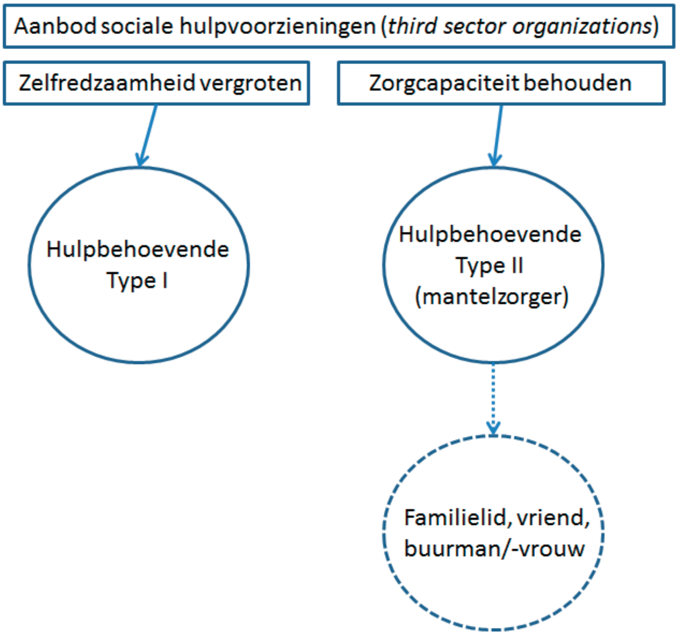
1) **De assumptie van nabijheid**: zolang hulp op laagdrempelige wijze in de buurt wordt aangeboden, zullen hulpbehoevenden deze hulp gaan vinden en gebruiken;
2) **De maatwerkassumptie**: hulpbehoevenden kunnen precies aangeven wat zij nodig hebben en het hulpaanbod van zorg- en welzijnsorganisaties sluit daar bij aan;
3) **De integraliteitsassumptie**: het is mogelijk om een geïntegreerd hulpnetwerk rond hulpbehoevenden te realiseren dat signalen van hulpbehoevenden kan oppikken;
4) **De mondigheidsassumptie**: hulpbehoevenden 1) (h)erkennen hun eigen hulpbehoeften, 2) weten welke vorm(en) van hulp zij nodig hebben en 3) zijn in staat hun wensen en behoeften duidelijk over te brengen aan anderen;
5) **De assumptie van geïnformeerde actie**: als hulpbehoevenden informatie krijgen over het hulpaanbod zullen zij daar gebruik van maken zodra zij die hulp nodig hebben;
6) **De preventie-assumptie**: hulpbehoevenden ondernemen preventieve actie om te voorkomen dat hun problemen zullen verergeren.

Bovenstaande kwalitatieve inhoudsanalyse is de eerste belangrijke stap in dit onderzoek naar vraagverlegenheid. Dit zal de empirische basis vormen voor de latere discussie over 'beleid op papier' versus 'beleid in de praktijk'. Maar voordat het mogelijk is om een dergelijke beoordeling uit te voeren, is het eerst nodig om vraagverlegenheid beter te begrijpen. Dat is dan ook het centrale doel van de tweede onderzoeksfase, waarvan de opzet en resultaten hieronder worden toegelicht.

ONDERZOEKSFASE II: VRAAGVERLEGENHEID IN HET SOCIAAL DOMEIN

Deze onderzoeksfase richt zich op het ‘hoe en waarom’ van vraagverlegenheid. Wat zijn de (mogelijke) oorzaken ervan? Welke soorten problemen en obstakels kunnen hulpbehoevenden ervaren bij het zoeken van hulp? In deze onderzoeksfase is een onderscheid gemaakt tussen twee typen hulpbehoevenden (type I en type II). Beiden hebben behoefte aan bepaalde vormen van sociale hulp of ondersteuning, maar wel om verschillende redenen. Zij hebben wat dat betreft allebei een andere ‘positie’ in het sociale domein. Hulpbehoevende type I is namelijk iemand die hulp nodig heeft om zelfredzaam te zijn. Dat gaat dan bijvoorbeeld om administratieve ondersteuning, gezelschap van een buddy, burenhulpprojecten, schuldhulpverlening, aanpassingen in en rond het huis, huishoudelijke zorg en verzorging.

Hulpbehoevende type II is een mantelzorger die voor iemand in zijn/haar sociale netwerk zorgt (familielid, vriend, of buur), maar die daarbij wel wat ondersteuning kan gebruiken. Voor mantelzorgers is er namelijk een specifiek hulpaanbod dat erop gericht is om hun zorgcapaciteit te behouden, aangezien overbelasting een groot probleem is onder mantelzorgers. Denk daarbij bijvoorbeeld aan dagopvang, zorghotels, lotgenotencontact, mantelzorgregelingen, emotionele ondersteuning, vervoersdiensten en hulpmiddelen voor verpleging en verzorging. Figuur 2 hieronder visualiseert de verschillende posities van deze twee typen hulpbehoevenden.



FIGUUR 2: Twee typen hulpbehoevenden in het sociaal domein

ONDERZOEKSFASE IIA: VRAAGVERLEGENHEID VAN HULPBEHOEVENDEN TYPE I

In hoofdstuk 6 is allereerst een verkenning van de wetenschappelijke literatuur uitgevoerd, om daaruit de mogelijke determinanten van vraagverlegenheid van hulpbehoevenden type I te destilleren. Dit heeft geresulteerd in een verzameling inzichten uit psychologisch, sociaal-epidemiologisch, socio-cultureel en bestuurskundig onderzoek. Elke discipline benadrukt daarbij verschillende aspecten van het hulpgedrag van mensen. Psychologisch onderzoek richt zich met name op individuele emoties en gevoelens die in het spel zijn bij de afweging om wel of niet om hulp te vragen. Sociologisch en bestuurskundig onderzoek kijkt vooral naar contextuele factoren die van invloed kunnen zijn. Sociologisch-cultureel onderzoek stelt dat het hulpgedrag van mensen vooral beïnvloed wordt door sociale conventies (zogenoemde *feeling rules*) en de manier waarop mensen gesocialiseerd zijn. Tot slot kunnen we aan de hand van sociologisch-epidemiologisch en bestuurskundig onderzoek verschillende praktische barrières identificeren die effectieve benutting van vrijwillige hulpvoorzieningen mogelijk in de weg kunnen staan. De mogelijke verklaringen voor vraagverlegenheid die zijn ontleend aan deze wetenschappelijke disciplines, zijn als volgt samen te vatten:

1. **Wederkerigheid.** Als iemand niet het gevoel heeft iets terug te kunnen doen, zal hij/zij minder snel om hulp vragen. Mensen willen graag een gelijkwaardige onderlinge relatie behouden.
2. **De wil tot behoud van onafhankelijkheid.** Een diepliggende behoefte van mensen is om hun (gevoel van) onafhankelijkheid te kunnen behouden. Een zekere mate van controle en keuzevrijheid is van belang, om zo het gevoel van eigenwaarde in stand te kunnen houden.
3. **Socialisatie.** Dit zijn de zogenaamde *feeling rules*, de sociale regels, die sturing geven aan gevoelens en het gedrag van mensen. Deze hangen sterk samen met culturele factoren. Of een hulpbehoevende het moeilijk (of juist makkelijk) vindt om om hulp te vragen, hangt samen met de manier waarop diegene gesocialiseerd is.
4. **Bureaucratische belemmeringen en andere praktische obstakels.** Dit staat voor de als ingewikkeld ervaren regels en protocollen van ‘het systeem’ (bureaucratisme), een onoverzichtelijk hulpaanbod, slechte informatievoorziening, bureaucratische (in) competenties van de hulpbehoevende en andere praktische belemmeringen, zoals reisafstand en bepaalde kosten die gemaakt moeten worden.

In hoeverre bovenstaande determinanten terugkomen, is geanalyseerd op basis van 55 interviews met hulpbehoevenden en twee focusgroepen (N=16) met ervaringsdeskundigen. De individuele interviews zijn afgenomen bij de spoedeisende hulp van het *Medisch Centrum Haaglanden*, de *Voedselbank Haaglanden*, de *Sociaal Raadslieden* en de *Balie Sociale Zaken en Werkgelegenheid*. De deelnemers van de focusgroepen zijn geworven bij *Stichting Kompassie*, waar zij als ervaringsdeskundigen gratis advies geven aan mensen over hulp en ondersteuning in Den Haag.

Uit de interviews blijkt dat (gepercipieerde) bureaucratische obstakels en de behoefte om (het gevoel van) zelfstandigheid zoveel mogelijk te behouden een cruciale rol spelen bij vraagverlegenheid. Het vragen om hulp is een ingewikkeld intern psychologisch proces, omdat er verschillende, vaak ook conflicterende gevoelens een rol spelen. Veel mensen hebben een diep gewortelde behoefte om hun (gevoel van) onafhankelijkheid zoveel mogelijk te behouden. Een zekere mate van controle en keuzevrijheid zijn daarbij van belang om het gevoel van eigenwaarde in stand te kunnen houden. Teveel afhankelijk worden van anderen past daar moeilijk bij, ook al is de hulp heel hard nodig. Daarnaast geven de respondenten aan dat er allerlei mogelijke praktische en bureaucratische obstakels in de weg staan, zoals ingewikkeld taalgebruik, onpersoonlijke behandeling, gebrekkige informatievoorziening over het hulpaanbod en lastige procedures om toegang te krijgen tot hulp.

ONDERZOEKSFASE IIB: VRAAGVERLEGEN MANTELZORGERS (HULPBEHOEVENDEN TYPE II)

Hoofdstuk 7 onderzoekt hoe bureaucratische barrières mantelzorgers in de weg staan van effectieve benutting van hulp en ondersteuning. Volgens een schatting zijn er in Den Haag meer dan 4,000 organisaties die een of andere vorm van mantelzorgondersteuning aanbieden. Dat gaat dan bijvoorbeeld om boodschappenhulp, dagopvang, emotionele hulp, vervangende zorg, vervoersdiensten en administratieve ondersteuning. Doel daarvan is om te voorkomen dat mantelzorgers overbelast raken en zij vervolgens niet meer in staat zijn om hun zorgtaken uit te voeren. Daarin schuilt namelijk het zogeheten 'dubbele boemerangeffect': wanneer ook de mantelzorger uitvalt, raken er meteen *twee* mensen afhankelijk van hulp en ondersteuning. Anders uitgedrukt: overbelasting van mantelzorgers heeft als risico dat de zorgkosten snel nóg hoger zullen worden.

Mantelzorgers klagen vaak over de ingewikkelde regels en procedures bij het regelen van hulp en ondersteuning. Diverse (wetenschappelijke) onderzoeken rapporteren hier ook over. Probleem is alleen dat het bij dit soort algemeenheden blijft. Het is niet duidelijk wat de bureaucratische problemen nu precies inhouden. Dat maakt het vervolgens ook lastig – eigenlijk onmogelijk – om iets te gaan doen aan dergelijke drempels in de hulpvoorzieningen voor mantelzorgers. Om de bureaucratische obstakels beter te kunnen begrijpen, wordt in dit hoofdstuk het concept van administratieve lasten (*administrative burdens)* uit de bestuurskundige literatuur toegepast.

Dit concept bestaat uit drie componenten, namelijk zogenoemde leerkosten (*learning costs*), psychologische kosten (*psychological costs*), en 'nalevingskosten' (*compliance costs*). Oftewel: potentiële cliënten moeten 'leren' over het bestaan en de werking van hulp- en ondersteuningsvormen in het sociaal domein. Daarbij kunnen zij gevoelens van bijvoorbeeld schaamte, stress en stigmatisering ervaren; dit zijn de psychologische 'kosten'. En als zij daadwerkelijk gebruik willen maken van bepaalde hulp of ondersteuning zijn er vaak bepaalde 'nalevingskosten', bijvoorbeeld het volgen van bepaalde procedures, invullen van formulieren en het overleggen van allerhande documenten.

Componenten	Beschrijving
Leerkosten	De hulpbehoevende moet op de hoogte zijn van het hulpaanbod en weten wat de regels en procedures zijn omtrent het vragen van hulp
Psychologische kosten	De hulpbehoevende kan gevoelens van stress, stigmatisering en verlies van zelfstandigheid ervaren bij het vragen om hulp
Nalevingskosten	De hulpbehoevende moet bepaalde procedures doorlopen om zich aan te melden en moet voldoen aan alle vereisten om hulp te ontvangen

TABEL 1: De drie componenten van 'administratieve rompslomp'

Onderzoek in andere contexten heeft aangetoond dat administratieve lasten ertoe doen. Zo wijst bijvoorbeeld onderzoek in de VS uit dat administratieve lasten leiden tot minder gebruik van allerlei sociale zekerheidsvoorzieningen. De huidige studie past dit concept toe om een meer diepgaand en genuanceerd begrip te krijgen over hoe 'bureaucratische rompslomp' leidt tot het niet-gebruik van hulp en ondersteuning door mantelzorgers in Den Haag.

In samenwerking met stichting *PEP Den Haag* zijn focusgroepen georganiseerd met mantelzorgers met verschillende sociaal-culturele achtergronden, om uit te vinden hoe deze verschillende kosten het vinden van hulp in de weg kunnen staan. In totaal zijn er zeven focusgroepen geweest met mantelzorgers van respectievelijk Nederlandse (twee groepen), Surinaamse, Turkse, Marokkaanse, Antilliaanse en Chinese sociaal-culturele achtergrond. Uit de gesprekken blijkt dat met name verschillende soorten leerkosten en psychologische kosten een belangrijke sta-in-de-weg zijn voor deze groepen mantelzorgers. Voor wat betreft de derde component, de 'nalevingskosten', zijn minder directe aanwijzingen gevonden, omdat er simpelweg weinig gebruik wordt gemaakt van hulpvoorzieningen door de mantelzorgers uit deze focusgroepen.

Wat verder duidelijk naar voren komt is dat mantelzorgers met een migratie-achtergrond nóg hogere leerkosten ervaren, onder meer vanwege taalproblemen en onbekendheid met het Nederlandse zorgstelsel. Daarnaast staan specifieke 'cultureel-psychologische' barrières in de weg van effectieve benutting van mantelzorgondersteuning. Door de manier waarop zij zijn opgevoed, vanwege bepaalde culturele normen, waarden en tradities vinden veel mantelzorgers het moeilijk om buiten de familie om hulp te vragen. Al met al blijkt uit deze focusgroepen dat met een migratie-achtergrond nóg meer problemen en obstakels ervaren bij het zoeken naar hulp in vergelijking met mantelzorgers van Nederlandse komaf.

Tot slot zijn de mantelzorgers gevraagd om zelf suggesties en aanbevelingen te geven ter verbetering van de toegang en het gebruik van mantelzorgondersteuning. Zij adviseren onder meer eenvoudiger taalgebruik in de communicatie, het geven van informatie over het hulpaanbod op plekken waar mantelzorgers in hun dagelijks leven komen (denk aan supermarkten, scholen, religieuze instellingen en jongerenverenigingen), en om rekening te houden met specifieke culturele normen en waarden.

ONDERZOEKSFASE III: IMPLICATIES VOOR SOCIAAL BELEID

De derde en laatste onderzoeksfase (hoofdstuk 8) gaat over de implicaties van de bevindingen over vraagverlegenheid voor het sociale beleid van de gemeente Den Haag. Wat is de betekenis van de onderzoeksresultaten voor het huidige sociale beleid? Als we het huidige 'beleid op papier' vergelijken met wat er in de praktijk van het sociaal domein gebeurt, vallen de volgende vier zaken op: 1) er gaat in het beleid te weinig aandacht uit naar (de oorzaken van) vraagverlegenheid; 2) het is onduidelijk hoe de doelgroepen van sociaal beleid (methodologisch) tot stand komen; 3) beleidsmakers doen veel beleidsassumpties, maar een doorwrochte onderbouwing ervan ontbreekt nog; en 4) er zijn belangrijke omissies in de manier waarop het hulpproces van hulpbehoevenden in sociaal beleid wordt weergegeven.

Wat betreft het eerste punt: beleidsmakers leggen een behoorlijk eenzijdige nadruk op waarden als participatie, eigen verantwoordelijkheid, 'eigen kracht' en zelfredzaamheid. Er is nauwelijks aandacht voor (de mogelijke oorzaken van) vraagverlegenheid en hoe dat in de weg kan staan van een effectieve benutting van hulp- en ondersteuningsvoorzieningen. Ten tweede is het onduidelijk hoe de categorisering van verschillende doelgroepen in het sociaal beleid precies tot stand komt. Welke overwegingen liggen daaraan ten grondslag? Welke methodologie is gevolgd en welke criteria zijn gebruikt om te bepalen wat de doelgroepen zijn? Een grotere mate van transparantie hierover is zeer wenselijk, zeker ook omdat dit zo'n fundamenteel aspect is van sociaal beleid.

Ten derde is het huidige sociale beleid gebaseerd op een samenstel van verschillende beleidsassumpties en verwachtingen (politieke wensen) die onvoldoende onderbouwd zijn en bovendien lang niet in alle gevallen opgaan. De assumpties die worden gedaan zijn gebaseerd op de gedachte dat hulpbehoevenden zelfredzaam zijn en actie zullen ondernemen om hun hulpbehoefte(n) te vervullen. Maar, zoals het huidige onderzoek duidelijk maakt, slagen niet alle hulpbehoevenden erin om hulp en ondersteuning te organiseren. Het lijkt er dan ook op dat beleidsmakers de nuances en complexiteit van het zoeken naar hulp in het sociaal domein sterk onderschatten.

Tot slot, het huidige sociale beleid heeft een onvolledig beeld van het 'hulpzoekproces' van hulpbehoevenden, en dan met name de mogelijke problemen en obstakels die zich kunnen voordoen in dit proces. Deze tekortkoming is des te opvallender, aangezien daar bij andere ingewikkelde maatschappelijke vraagstukken, zoals bijvoorbeeld volksgezondheid, schuldproblematiek en eenzaamheid, wél diepgaander op wordt ingegaan in beleidsdocumenten. Op basis van onze nieuw vergaarde kennis over vraagverlegenheid en het niet-gebruik van sociale hulpvoorzieningen biedt dit proefschrift een basis voor een vollediger beeld op dat proces.

BEPERKINGEN VAN DIT ONDERZOEK EN OPTIES VOOR VERVOLGONDERZOEK

Zoals al het wetenschappelijk onderzoek kent ook deze studie zijn beperkingen. Ten eerste: aangezien dit een kwalitatieve, verkennende studie naar een moeilijk bereikbare doelgroep is, heeft dit onderzoek geen antwoord kunnen geven op vragen als: ‘Hoeveel vraagverlegen mensen zijn er in Den Haag?’, ‘Is er een correlatie tussen sociaal-economische status en vraagverlegenheid?’, of: ‘Wat is de totale vraag naar en aanbod van hulpvoorzieningen van maatschappelijke organisaties in Den Haag?’ Verder zijn de bevindingen uit dit onderzoek gebaseerd op ervaringen en percepties van een relatief kleine onderzoekspopulatie. Op basis hiervan kunnen daarom geen algemene uitspraken worden gedaan over de gehele populatie van vraagverlegen personen.

Een logische vervolgstap zou daarom ook zijn om grootschalig(er) (‘*large-N*’) onderzoek op te zetten, om zo de robuustheid van de huidige bevindingen vast te kunnen stellen. Er zijn echter een aantal serieuze uitdagingen die in de weg staan om dergelijk grootschalig, meer kwantitatief onderzoek te doen. Zo is het heel erg lastig te bepalen wat de omvang van de totale populatie van potentieel hulpbehoevenden is, waar zij zich bevinden, en welke hulpbehoeften zij zoal hebben. Daarnaast is ook het daadwerkelijk werven van respondenten zeer lastig. Dergelijke methodologische vraagstukken bemoeilijken het onderzoek naar vraagverlegenheid. Daarom moeten onderzoekers daar ook bijzondere aandacht voor hebben.

Een andere beperking van het huidige onderzoek is dat het voornamelijk is gebaseerd op de subjectieve percepties en ervaringen van hulpbehoevenden, niet op hun daadwerkelijke ‘hulpzoekgedrag’. Het onderzoek is daarbij sterk afhankelijk geweest van wat de respondenten vertelden in de interviews. Om ethische en privacyredenen is er geen ‘check’ uitgevoerd om te verifiëren wat de respondenten in de interviews hebben gezegd. Echter, er is geen reden om te twijfelen aan de antwoorden die de respondenten hebben gegeven, aangezien de vertrouwelijkheid en anonimiteit was gegarandeerd en dat deelname aan het onderzoek bovendien geen enkel gevolg had voor de sociale rechten van de respondenten. Een laatste beperking van dit onderzoek is dat het perspectief vanuit zorg- en welzijnsorganisaties en van beleidsmakers niet aan bod is gekomen. Vervolgonderzoek zou zich daarom ook kunnen richten op de percepties en ervaringen die zij hebben.

CONCLUSIE

Er kan worden gesteld dat er heel wat ruimte zit tussen de ‘papieren realiteit’ van het Haagse sociale beleid en de dagelijkse belevingswereld van hulpbehoevende mensen. Er is in het beleid onvoldoende oog voor de problemen en obstakels die mensen tegenkomen bij het vragen om hulp en ondersteuning. Ook is er een te eenzijdige nadruk op de eigen verantwoordelijkheid en zelfredzaamheid van hulpbehoevenden om hulp of ondersteuning te vragen wanneer zij die nodig hebben. De beleidswens dat hulpbehoevenden zelf actief op zoek moeten gaan naar hulp en ondersteuning komt sterk naar voren in de bestudeerde beleidsstukken van de gemeente Den Haag. De mogelijke problemen die zij (kunnen) ervaren, of de obstakels die zij tegen (kunnen) komen in dat proces, blijven dus nog sterk onderbelicht. Zo is er met name nog te veel weinig oog voor de velerlei bureaucratische obstakels die hulpbehoevenden kunnen ervaren bij het zoeken naar hulp in het sociaal domein.

Ook komen de assumpties, ideeën, beelden, en wensen van beleidsmakers over het hulpgedrag van hulpbehoevenden niet overeen met de veel genuanceerdere en complexere realiteit. In tegenstelling tot wat beleidsmakers aannemen (of hopen?), is het lang niet vanzelfsprekend dat hulpbehoevenden altijd op zoek zullen gaan naar hulp en ondersteuning. In de praktijk blijkt dat hulpbehoevenden niet altijd gebruik maken van sociale hulpvoorzieningen die zorg- en welzijnsorganisaties aanbieden, zelfs niet wanneer er voldoende (gratis) hulpaanbod is. Zoals het huidige onderzoek aangeeft, is vraagverlegenheid een ingewikkeld, multidimensionaal fenomeen. De oorzaken ervan doen zich op verschillende niveaus binnen het sociaal domein voor, van psychologische factoren op het niveau van de individuele hulpbehoevende tot aan factoren op systeemniveau – en alles ertussenin. Het is essentieel dat er bij de formulering van (nieuw) sociaal beleid nadrukkelijker aandacht is voor de complexiteit van vraagverlegenheid.

Wat zijn de implicaties voor het academische debat?

Allereerst is er meer empirisch onderzoek nodig naar vraagverlegenheid in het sociaal domein. Daarbij is het van belang om relevante inzichten en concepten uit verschillende wetenschappelijke disciplines nadrukkelijk met elkaar te verbinden, om zo tot een meer integrale (theoretische) benadering te komen van het fenomeen vraagverlegenheid. Oorzaken van vraagverlegenheid kunnen zich namelijk op verschillende niveaus – micro, meso en macro – van het sociaal domein, en in verschillende fase(n) van het hulpproces, voordoen. Dat betekent dat inzichten uit onder meer de (gedrags)bestuurskunde, gedragseconomie, (rechts)sociologie, psychologie, filosofie en politicologie nodig zijn bij onderzoek naar vraagverlegenheid in het sociaal domein. Daarnaast vallen hulpbehoevenden uit moeilijk bereikbare groepen nu nog te vaak buiten onderzoeken die in het sociaal domein worden uitgevoerd. Onderzoekers moeten daarom meer doen om hen te bereiken. Bijvoorbeeld door de 'meest-waarschijnlijk-methode' toe te passen: bezoek plekken waar naar verwachting de meeste vraagverlegen mensen te vinden zijn. Zo heeft deze studie respondenten geworven bij Voedselbanklocaties, de spoedeisende hulp van een ziekenhuis en bij sociaal raadslieden. Een andere manier is om samen te werken met maatschappelijke organisaties die in contact staan of kunnen komen met mensen uit moeilijk bereikbare groepen.

In theoretisch opzicht vormen de conceptuele elementen en de empirische bevindingen van deze kwalitatieve, verkennende studie de basis voor verdere theorievorming. In de conclusie van het proefschrift is daartoe een set hypothesen geformuleerd, die aan verdere empirische toetsing kunnen worden onderworpen. Dergelijk onderzoek is nodig om een meer 'volwassen' theorie van vraagverlegenheid te ontwikkelen. Dit proefschrift heeft weliswaar een belangrijke aanzet gegeven in dat proces, maar is in dat opzicht zeker nog niet het eindstation.

Implicaties voor de (beleids)praktijk

Ondanks wat soms wel gesuggereerd wordt, zijn er geen simpele, panklare oplossingen om vraagverlegenheid aan te pakken. Er is geen geheim beleidsrecept, noch een 'one-size-fits-all-oplossing'. De aanpak van vraagverlegenheid zal in de praktijk vaak weerbarstig blijken. Dat gezegd hebbende, zijn er wel een aantal handvatten om vraagverlegenheid tegen te gaan. Dit onderzoek wijst in het algemeen op de noodzaak om meer aandacht te hebben voor vraagverlegenheid. Concreter geformuleerd houdt dat in dat sociaal beleid nadrukkelijk(er) rekening moet houden met behoeften en ervaringen van moeilijk bereikbare hulpbehoevenden. Breng deze populatie – zo goed en kwaad als dat gaat – beter in kaart, praat met hen, verplaats je in hun leefwereld en leer daarvan. Verder moeten beleidsmakers voorzichtig(er) zijn met de assumpties die zij doen en verwachtingen die zij hebben ten aanzien van het zelforganiserend vermogen van hulpbehoevenden. En er moet meer oog zijn voor de rol en impact van externe (f)actoren op het proces van hulp zoeken in het sociaal domein. Op dat punt kan de *flowchart vraagverlegenheid*, die in hoofdstuk 8 is ontwikkeld, een behulpzaam instrument zijn. Die maakt namelijk inzichtelijk welke problemen en obstakels hulpbehoevenden tegen kunnen komen.

Verder is het van belang om tot effectievere samenwerking en coördinatie te komen tussen de verschillende spelers in het sociaal domein. Het sociaal domein is een ingewikkeld, gefragmenteerd netwerk van verschillende partijen die vaak ook nog eens uiteenlopende – soms botsende – belangen hebben. Dat vergroot de onoverzichtelijkheid voor alle betrokkenen (beleidsmakers, zorg- en welzijnsorganisaties én hulpbehoevenden) en is niet bevorderlijk voor het bestrijden van vraagverlegenheid. Gelukkig is er binnen de bestuurskunde veel waardevolle kennis over het managen van dergelijke complexe netwerken dat in dit verband zeer goed van pas komt. En tot slot lijkt het aanpakken van bureaucratische obstakels kansrijker dan (enkel) het gedrag van hulpbehoevenden proberen te veranderen. Denk bijvoorbeeld aan eenvoudiger taalgebruik, inzicht in de kwaliteit van hulpvoorzieningen, informatievoorziening op locaties waar hulpbehoevenden in hun dagelijks leven langskomen (supermarkt, jongerenverenigingen, moskee, vervoersbedrijven, etc.) en hulpvoorzieningen die beter aansluiten bij de verschillende sociaal-culturele groepen in de stad. Onderzoek ook hoe slim in is te spelen op mond-op-mond-reclame. Het lijkt er namelijk op dat mensen sneller geneigd zijn om gebruik te maken van hulp als zij daarover horen van iemand die zij vertrouwen.

Normatieve implicaties

De bevindingen uit dit onderzoek hebben ook implicaties voor normatieve vraagstukken in het sociaal domein. Ten eerste raakt het direct aan de discussie over de inrichting en reikwijdte van sociaal beleid: hoe zouden beleidsmakers om moeten gaan met hulpbehoevenden uit moeilijk bereikbare groepen? Sommigen zijn daarin nogal defaitistisch; zij menen dat deze groep toch niet te bereiken is en dat het geen zin heeft om daar verder iets aan te doen. De verantwoordelijkheid om hulp te vragen ligt immers bij de individuele hulpbehoevende. Dit proefschrift stelt dat dit een veel te gemakkelijk standpunt is en, geheel onterecht, de schuld volledig in de schoenen van hulpbehoevenden schuift. Wat dit onderzoek aantoont, is dat het niet enkel aan de individuele hulpbehoevende ligt, maar dat ook externe (f)actoren in de weg staan van effectieve benutting van hulp. Denk aan gebrekkige informatievoorziening, ingewikkelde regels en procedures, een onoverzichtelijk hulpaanbod, onvoldoende maatwerk, onrealistische beleidsassumpties en te weinig aansluiting bij de dagelijkse leefwereld van hulpbehoevenden. Kortom, niet alleen hulpbehoevenden zijn verantwoordelijk, ook andere actoren dragen een bepaalde (morele) verantwoordelijkheid. Er ligt daarom ook voor beleidsmakers en zorg- en welzijnsorganisaties een belangrijke taak om de toegankelijkheid tot hulp en ondersteuning verder te verbeteren.

Ten tweede is er nog voorzichtigheid geboden bij de ontwikkeling en implementatie van interventies die erop gericht zijn om vraagverlegenheid te bestrijden. Naast het verder versterken van onze kennis is het van belang dat beleidsmakers, hulpaanbieders, onderzoekers ook samen nadenken over de ethische aspecten van sociale interventies. Wat is wenselijk en wat niet? Per slot van rekening heeft iedere ingreep (in)directe consequenties voor (potentiële) cliënten. Iedere poging telt. Maar met de juiste kennis, ethische standaarden en toezichtmechanismen is het zeker mogelijk om tot verantwoorde interventies te komen.

Tenslotte wijst dit onderzoek op een *verborgen ongelijkheid* in het sociaal domein: een tegenstelling tussen zij die wel de weg naar hulp en ondersteuning weten te vinden, versus de hulpbehoevenden die dat niet lukt en (grotendeels) onzichtbaar zijn. Wat de precieze omvang van deze onzichtbare ongelijkheid is, is alleen zeer moeilijk vast te stellen. In discussies over en onderzoek naar (on)gelijkheid in het sociaal domein moet ook daarom meer aandacht komen voor deze moeilijk te bereiken groep van vraagverlegen hulpbehoevenden.

TOT SLOT

De afgelopen decennia is binnen het sociaal domein steeds meer nadruk komen te liggen op waarden als zelfredzaamheid, individuele verantwoordelijkheid, participatie, 'eigen kracht' en actief burgerschap. Met de decentralisatie van sociaal beleid in 2015 lijkt de paradigmaverschuiving van aanbodsturing naar vraaggerichte zorg definitief te zijn doorgezet. In deze nieuwe participatiesamenleving moeten mensen het heft meer in eigen handen nemen en zelf de regie voeren over hun zorg en ondersteuning. Zij (h)erkennen hun eigen ondersteuningsbehoefte, hebben voldoende informatie over het hulpaanbod, zijn omringd door een integraal zorgnetwerk, weten de weg te vinden als zij hulp nodig hebben en kunnen aangeven wat hun precieze wensen en behoeften zijn, zodat zorg op maat geleverd kan worden. En het liefst moeten zij preventief actie ondernemen: in een vroeg stadium al om hulp vragen, voordat de problemen verder uit de hand lopen.

Alleen niet iedereen lukt dat. Niet iedereen vindt even gemakkelijk de weg binnen dat complexe sociale domein. Dit proefschrift heeft meer inzicht gegeven in het 'hoe en waarom' van vraagverlegenheid door met hulpbehoevenden te spreken over de problemen en obstakels waar zij tegenaan lopen. Daarmee biedt dit proefschrift een unieke en interessante inkijk in de dagelijkse realiteit van mensen die niet om hulp vragen, zoals die alleenstaande vrouw, die bejaarde man en die overbelaste mantelzorger.

ONDERZOEK NAAR VRAAGVERLEGENHEID: DE MANAGEMENTSAMENVATTING

Niet iedereen vindt altijd even gemakkelijk de weg naar hulp in het sociaal domein. Hulpbehoevenden kunnen allerlei verschillende problemen en obstakels ervaren die in de weg staan van effectieve benutting van sociale hulpvoorzieningen. Dit staat in de literatuur bekend als *vraagverlegenheid*. Onze fundamentele empirische en theoretische kennis over dit fenomeen is echter nog zeer beperkt. We weten nog niet goed hoe en waarom hulpbehoevenden vraagverlegenheid ervaren. Dat is zeer problematisch, omdat daardoor de sociale problemen van hulpbehoevenden onopgelost blijven, wat op de langere termijn hoogstwaarschijnlijk tot hogere zorgkosten zal leiden.

Probleemstelling

Het hoofddoel van dit proefschrift is om de oorzaken van vraagverlegenheid en de implicaties daarvan voor sociaal beleid beter te begrijpen. Om tot een beter inzicht te komen over het ‘hoe en waarom’ van vraagverlegenheid is er in de gemeente Den Haag een kwalitatieve studie uitgevoerd naar dit fenomeen. De centrale vraagstelling luidt als volgt: *Wat veroorzaakt vraagverlegenheid voor sociale hulpvoorzieningen en wat zijn de implicaties van dit fenomeen voor het sociale beleid van de gemeente Den Haag?*

Sociale hulpvoorzieningen verwijzen naar allerlei verschillende soorten diensten en producten die organisaties in het sociaal domein aanbieden. Dat gaat dan bijvoorbeeld om burenhulpprojecten, maaltijdservices, buddyzorg, mantelzorgondersteuning, vervoersdiensten, schuldhulpverlening, thuiszorg, online praatgroepen, administratieve hulp, emotionele ondersteuning, dagopvang en aanpassingen in en rond het huis.

Belangrijkste uitkomsten onderzoeksfase 1

De eerste empirische onderzoeksfase betreft een kwalitatieve inhoudsanalyse van het Haagse sociale beleid. Daaruit blijkt dat er nauwelijks aandacht is voor vraagverlegenheid. Er is haast geen oog voor de problemen en obstakels die hulpbehoevenden kunnen ervaren bij het zoeken naar hulp en ondersteuning. Wat hierbij ook opvalt is dat de mogelijke *oorzaken* van vraagverlegenheid buiten beschouwing blijven. Beleidsmakers gaan er verder van uit dat hulpbehoevenden zelfredzaam zijn en zelf actief op zoek gaan naar hulp en ondersteuning als zij dat nodig hebben. Uit de inhoudsanalyse komen meer specifiek een zestal beleidsassumpties naar voren, die ten grondslag liggen aan deze algemene verwachting ten aanzien van het gedrag van hulpbehoevenden, namelijk:

1) **De assumptie van nabijheid**: zolang hulp op laagdrempelige wijze in de buurt wordt aangeboden, zullen hulpbehoevenden deze hulp gaan vinden en gebruiken;

2) **De maatwerkassumptie**: hulpbehoevenden kunnen precies aangeven wat zij nodig hebben en het hulpaanbod van zorg- en welzijnsorganisaties sluit daarop aan;
3) **De integraliteitsassumptie**: het is mogelijk om een geïntegreerd hulpnetwerk te realiseren dat signalen van hulpbehoevenden kan oppikken;
4) **De mondigheidsassumptie**: hulpbehoevenden 1) (h)erkennen hun eigen hulpbehoeften, 2) weten welke vorm(en) van hulp zij nodig hebben en 3) zijn in staat hun wensen en behoeften duidelijk over te brengen aan anderen;
5) **De assumptie van geïnformeerde actie**: als hulpbehoevenden informatie krijgen over het hulpaanbod zullen zij daar gebruik van maken zodra zij die hulp nodig hebben;
6) **De preventie-assumptie**: hulpbehoevenden ondernemen preventieve actie om te voorkomen dat hun problemen zullen verergeren.

Belangrijkste uitkomsten onderzoeksfase 2

Het doel van de tweede onderzoeksfase is om het fenomeen vraagverlegenheid beter te begrijpen: waarom vinden hulpbehoevenden het moeilijk om de weg te vinden naar hulp en ondersteuning? Wat zijn de problemen die zij ervaren? In deze onderzoeksfase is een onderscheid gemaakt tussen twee typen hulpbehoevenden: type I en type II. Beiden hebben behoefte aan sociale hulp of ondersteuning, maar zij hebben allebei een andere ‘positie’ binnen het sociale domein.

Vraagverlegenheid bij hulpbehoevende type I

Hulpbehoevende type I is iemand die hulp nodig heeft om zelfredzaam te zijn. Dat gaat dan bijvoorbeeld om administratieve ondersteuning, gezelschap van een buddy, burenhulpprojecten, schuldhulpverlening, aanpassingen in en rond het huis, huishoudelijke zorg en verzorging. Het is niet makkelijk om deze ‘vraagverlegen mensen’ te vinden. Toch is deze studie erin geslaagd in contact te komen met deze specifieke doelgroep door respondenten te werven bij Voedselbanklocaties, de spoedeisende hulp van een ziekenhuis en bij sociaal raadslieden in Den Haag. Uit de interviews blijkt dat (gepercipieerde) bureaucratische obstakels en de behoefte om (het gevoel van) zelfstandigheid zoveel mogelijk te behouden een cruciale rol spelen bij vraagverlegenheid.

Het vragen om hulp is een ingewikkeld psychologisch proces, omdat er verschillende, vaak ook conflicterende gevoelens een rol spelen. Veel mensen hebben een diep gewortelde behoefte om hun (gevoel van) onafhankelijkheid zoveel mogelijk te behouden. Een zekere mate van controle en keuzevrijheid zijn daarbij van belang om het gevoel van eigenwaarde in stand te kunnen houden. Daarnaast geven de respondenten aan dat er allerlei praktische en bureaucratische obstakels in de weg staan, zoals ingewikkeld taalgebruik, onpersoonlijke behandeling, gebrekkige informatievoorziening over het hulpaanbod en lastige procedures om toegang te krijgen tot hulp.

Vraagverlegenheid bij hulpbehoevende type II
Hulpbehoevende type II is een mantelzorger die voor iemand in zijn/haar sociale netwerk zorgt (bv. een vriend of buurvrouw), maar die daarbij wel wat ondersteuning kan gebruiken. Voor mantelzorgers is er een specifiek hulpaanbod dat erop gericht is om hun zorgcapaciteit te behouden, om overbelasting tegen te gaan. Denk daarbij aan dagopvang, zorghotels, lotgenotencontact, mantelzorgregelingen, emotionele ondersteuning, vervoersdiensten en hulpmiddelen voor verpleging en verzorging. Mantelzorgers klagen vaak over de ingewikkelde regels en procedures bij het regelen van hulp en ondersteuning. Probleem is echter dat het niet duidelijk is wat die bureaucratische problemen nu precies inhouden. Dat maakt het ook lastig – eigenlijk onmogelijk – om zulke drempels effectief te bestrijden. In samenwerking met stichting *PEP Den Haag* zijn focusgroepen georganiseerd met mantelzorgers met verschillende sociaal-culturele achtergronden, om uit te vinden hoe zulke ‘administratieve rompslomp’ in de weg staat van benutting van hulpvoorzieningen.

Het blijkt dat veel mantelzorgers uit de focusgroepen niet weten van het bestaande hulpaanbod, of dat zij niet weten hoe het werkt. Deze zogenoemde *leerkosten* ten aanzien van mantelzorgondersteuning zijn erg hoog. Verder is er een *psychologische drempel* om hulp te vragen. Zo weten mantelzorgers bijvoorbeeld niet wat ze precies kunnen verwachten en vinden zij het erg lastig om zorg van hun naaste(n) uit handen te geven. Bovendien ervaren mantelzorgers met een migratie-achtergrond nóg hogere leerkosten, onder meer vanwege taalproblemen en onbekendheid met het Nederlandse zorgstelsel. Tot slot ervaren zij ook nog specifieke ‘cultureel-psychologische’ barrières, die in de weg staan van effectieve benutting van mantelzorgondersteuning. Zo vinden veel mantelzorgers het lastig om hulp te vragen buiten de familie om, omdat zij zo niet zijn opgevoed en zich vasthouden aan bepaalde culturele normen, waarden en tradities. Al met al blijkt uit deze focusgroepen dat mantelzorgers met een migratie-achtergrond nog meer problemen en obstakels ervaren in vergelijking met mantelzorgers van Nederlandse komaf.

Belangrijkste uitkomsten onderzoeksfase 3

De derde onderzoeksfase onderzoekt wat de implicaties zijn van de praktijkbevindingen over vraagverlegenheid voor het Haagse sociale beleid. Als we het huidige ‘beleid op papier’ vergelijken met wat er in de praktijk van het sociaal domein gebeurt, vallen de volgende vier zaken op:

1) Er is onvoldoende oog voor (de oorzaken van) vraagverlegenheid in het sociaal domein;

2) Het is onduidelijk hoe de doelgroepen van sociaal beleid (methodologisch) tot stand komen (Wie beslissen daarover? Welke doelgroepen worden geselecteerd en waarom?);
3) Beleidsmakers doen veel assumpties over 'hulpzoekgedrag' van hulpbehoevenden, maar een doorwrochte onderbouwing ervan ontbreekt nog;
4) In beleidsdocumenten wordt een gebrekkig, incompleet beeld geschetst over het proces van hulp zoeken in het sociaal domein.

Algemene conclusie

Er zit heel wat ruimte tussen het Haagse sociale beleid en de dagelijkse belevingswereld van vraagverlegen mensen. Beleidsmakers hebben nog onvoldoende oog voor de problemen en obstakels die mensen tegenkomen bij het vragen om hulp en ondersteuning. Er is nog veel te weinig aandacht voor de velerlei bureaucratische obstakels die hulpbehoevenden kunnen ervaren bij het zoeken naar hulp in het sociaal domein. Ook komen de assumpties en beelden van beleidsmakers over hulpgedrag niet overeen met de veel genuanceerdere en complexere realiteit. Dit onderzoek maakt duidelijk dat vraagverlegenheid een ingewikkeld, multidimensionaal fenomeen is. De oorzaken ervan doen zich op verschillende niveaus binnen het sociaal domein voor, van psychologische factoren op het niveau van de individuele hulpbehoevende tot aan factoren op systeemniveau. Het is daarom essentieel dat er bij (nieuw) sociaal beleid nadrukkelijker aandacht is voor de complexiteit van vraagverlegenheid.

Implicaties voor wetenschappelijk onderzoek en de (beleids)praktijk

Deze studie heeft een belangrijke stap gezet om vraagverlegenheid beter te begrijpen. Meer empirisch onderzoek is nodig om de robuustheid van de onderzoeksresultaten vast te kunnen stellen. Deze studie heeft daarom ook een set hypothesen geformuleerd, die aan verdere empirische toetsing kunnen worden onderworpen. Dergelijk onderzoek is nodig om een meer 'volwassen' theorie van vraagverlegenheid te ontwikkelen. Daarnaast vallen hulpbehoevenden uit moeilijk bereikbare groepen nu nog te vaak buiten onderzoeken die in het sociaal domein worden uitgevoerd. Onderzoekers moeten daarom meer doen om hen te bereiken.

Beleidsmakers moeten bij de formulering van toekomstig sociaal beleid nadrukkelijker op zoek gaan naar de behoeften en belevingswereld van hulpbehoevenden die moeite hebben met het vragen om hulp. Breng deze populatie – zo goed en kwaad als dat gaat – beter in kaart, praat met hen en leer daarvan. Verder moeten beleidsmakers voorzichtig(er) zijn met de assumpties die zij doen en verwachtingen die zij hebben ten aanzien van het zelforganiserend vermogen van hulpbehoevenden. En er moet meer oog zijn voor de rol en impact van externe (f)actoren op het proces van hulp zoeken in het sociaal domein. Dit onderzoek biedt daarvoor een aantal aanknopingspunten, onder meer met de *flowchart vraagverlegenheid*, die inzichtelijk maakt welke problemen en obstakels hulpbehoevenden tegen kunnen komen. Op een wat praktischer niveau is het advies om eenvoudigere taal te gebruiken, om informatie over het hulpaanbod te geven op plekken waar potentiële cliënten in hun dagelijks leven komen en om in het hulpaanbod rekening te houden met specifieke culturele normen en waarden en mogelijke taalbarrières.

Normatieve implicaties

De bevindingen uit dit onderzoek hebben ook implicaties voor normatieve vraagstukken in het sociaal domein. Dit onderzoek toont aan dat de oorzaken van vraagverlegenheid niet enkel op individueel niveau liggen, maar dat ook externe (f)actoren daarin een belangrijke rol spelen. Denk aan gebrekkige informatievoorziening, ingewikkelde regels en procedures, een onoverzichtelijk hulpaanbod, onrealistische beleidsassumpties en te weinig aansluiting bij de dagelijkse leefwereld van hulpbehoevenden. Dat betekent dat er ook voor beleidsmakers en zorg- en welzijnsorganisaties een belangrijke taak is weggelegd om de toegankelijkheid tot hulp en ondersteuning te verbeteren.

Ten tweede is er voorzichtigheid geboden bij de ontwikkeling en implementatie van interventies die erop gericht zijn om vraagverlegenheid te bestrijden. Naast het verder versterken van onze kennis is het van belang dat beleidsmakers, hulpaanbieders, onderzoekers ook samen nadenken over de ethische aspecten van sociale interventies. Wat is wenselijk en wat niet? Elke interventie heeft immers (in)directe consequenties voor hulpbehoevenden. Maar met de juiste kennis, ethische standaarden en toezichtmechanismen is het zeker mogelijk om verantwoorde interventies te ontwikkelen.

Tot slot wijst dit onderzoek op een *verborgen ongelijkheid* in het sociaal domein: een tegenstelling tussen zij die wel de weg naar hulp en ondersteuning weten te vinden, versus de hulpbehoevenden die dat niet lukt en (grotendeels) onzichtbaar zijn. In discussies over en onderzoek naar (on)gelijkheid in het sociaal domein moet ook daarom veel meer aandacht komen voor deze moeilijk te bereiken groep hulpbehoevenden.

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Mark Reijnders,
Amsterdam, March 2020

CURRICULUM VITAE

Mark Reijnders (29 January 1984, Nijmegen) graduated from high school, the *Stedelijk Gymnasium* in Leiden, in 2002. He obtained his MA-degree in Political Science in 2008 and his MSc-degree in Public Administration in 2011, both at Leiden University. He joined the Institute of Public Administration at Leiden University in 2008. Starting as a working group teacher (2008-2009), he thereafter fulfilled positions as lecturer (2009-2019), bachelor coordinator (2011-2014) and PhD researcher (2014-2019). He has funded this PhD-project himself by working in different collaborative research projects, by teaching a range of academic courses, and by being active as an academic consultant.

Mark has published about non-take-up of social support in the academic journals *VOLUNTAS* and *Bestuurskunde*, in professional reports and various media outlets. He was involved in different collaborative research projects, including a study of health considerations in municipal decision-making processes, a study of the decentralization of social policies, and a scenario analysis of nonprofessional care in The Netherlands. Over the years, he has designed and taught numerous academic courses. At the Institute of Public Administration these include *Organizational Theory*, *Policy Implementation*, *Public Management*, *Professional skills for public impact*, and *Classics of Public Administration*. For the University's Honours program, he delivered the courses *Expertise in practice* and *Scenario Lab*. He obtained his University Teaching Qualification (*Basiskwalificatie Onderwijs, BKO)* at Leiden University in 2010.

In 2013, he became active as an academic consultant, providing lectures, master classes, serious games, trainings and workshops, on topics like welfare governance, public policies and decision-making processes, political-administrative relations, strategic management and scenario planning. Furthermore, since 2017 he is a board member of the Dutch Association for Public Administration (*Vereniging voor Bestuurskunde*), a platform for professionals, students and scholars, who take interest in everything that has to do with the public sector.

Currently, Mark works as an independent researcher and lecturer in the public domain, with a specialization in welfare governance and the non-take-up of social support.

This dissertation takes an important step in understanding the phenomenon of non-take-up of social support and what it means for contemporary social policies. Even when sufficient services of social support are being offered, it is not self-evident that all individuals who are in need of help will actually use those services. Different types of problems and barriers may inhibit their help-seeking process.

Despite its apparent universality, our fundamental understanding of this non-take-up of social support is limited. This is problematic because failure to understand and effectively address non-take-up leaves social needs unattended to and will lead to higher welfare costs.

To better understand the 'how and why' of this non-take-up, this study analyzes the lived experiences and perceptions of potential welfare clients in the Dutch municipality of The Hague. It discusses what the implications of these findings are for social policies. What can be learned from the problems and barriers that potential welfare clients experience in their daily lives? Researchers, policymakers and practitioners who work in and around the social domain may all benefit from the insights of this study.

About the author

Mark Reijnders (1984) previously worked as a lecturer, bachelor coordinator and PhD researcher at the Institute of Public Administration, Leiden University. Currently, he is active as an independent researcher and lecturer in the public domain, with a specialization in welfare governance and non-take-up of social support.