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

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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 so, 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” (Shaghghi, 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 Kompasie*. 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 organizations¹⁹ offering some form of social support for non-professional 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

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” (Shaghghi, 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 experi-

ences 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

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 planes²¹, 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;

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 & Uytterlinde, 2012) have become part and parcel of Dutch social policy discourse.

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-

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

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 Kompasie*: 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” (Alshenqeti, 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.

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 *unsuccessful*. 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-

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.

