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

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# Chapter 6

## Non-take-up of social support by type I individuals (research stage IIa)<sup>29</sup>

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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).

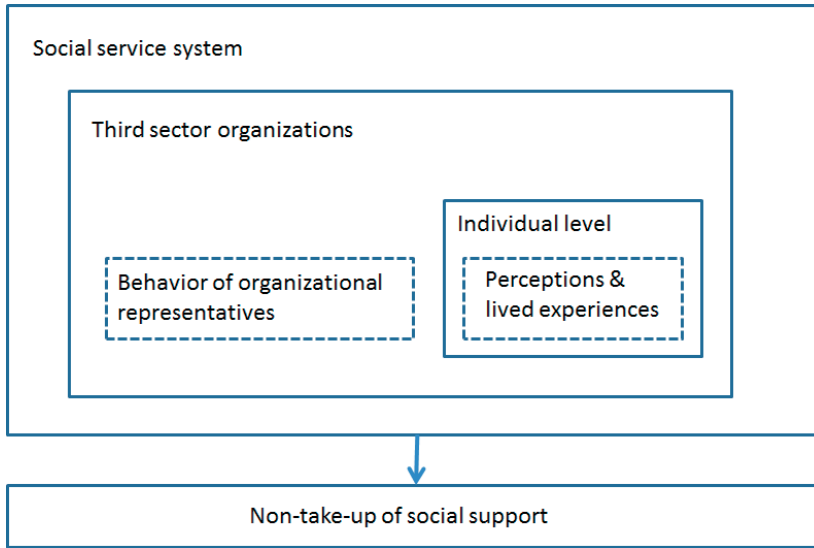


FIGURE 6.1: Multi-level influences on non-take-up of social support

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 an 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 private 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; Brodtkin & 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*. Brodtkin & 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.

Brodtkin & 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).<sup>30</sup> 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:

- |  |
|--|
| <p>1) <b>The desire to retain one's (feeling of) independence and self-esteem (social-psychological research: reactance and threat to self-esteem models).</b> 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.</p> <p>2) <b>Socialization (socio-cultural research).</b> Social conventions and cultural norms and values influence helping behavior. How an individual is socialized may influence help-seeking behavior.</p> <p>3) <b>Feeling rules (socio-cultural research).</b> 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.</p> <p>4) <b>Bureaucratic thresholds (public administration and legal research).</b> 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.</p> |
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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" (Shaghghi, 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 *unlike* 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 (Shaghghi, 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 Kompasie*. 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	<b>Instrumental</b>	Administrative help filling out tax forms with the help from a local community center that offers financial support
	<b>Companionship</b>	A bi-weekly social activity with a buddy from a local voluntary agency
	<b>Personal care</b>	A social welfare organization offering home care after returning from hospital for revalidation
	<b>Emotional/psychological</b>	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
<b>Total</b>	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
<b>Total</b>	<b>31</b>	<b>26</b>	<b>13</b>	<b>70</b>

**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 frame-

work (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, admin-

istrative 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.

