

The Informal Actor as the Crucial Link Between Low Trust Residents and Professional Care Providers

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ABSTRACT

Our project contributes to enhancing the wellbeing and health of urban communities, by highlighting the role of informal actors in bridging the gap between professional care providers and members of low trust urban communities. The project builds on insights from a study into the role of informal actors (volunteers, civic initiatives, informal caregivers) in a working class neighborhood in Amsterdam-North. Different communities within this neighborhood demonstrate low levels of trust in formal institutions. Formal institutions for their part have difficulty reaching these communities. Professional care providers report 'under-usage' of social services in the communities. For communities with migrant backgrounds, under-usage is often related to language and cultural barriers, a culture of shame and a tendency to solve matters within the own community. The second large group in this neighborhood is the white working class community, which manifests a similar lack of trust in institutions. They too experience cultural barriers in accessing formal health and welfare institutions. For social workers to reach these target groups, it is necessary to carefully build relations of trust with residents. At the same time, the transformation of the welfare state coupled with austerity measures result in a pressure on care providers to serve more people in less time. This makes it difficult to build personal and warm relations of trust with clients (Onyx et al 2003). Our study demonstrates that informal actors successfully step into this void and take on the role of mediator and guide, guiding residents of low trust communities in their navigation of the system world of professional institutions. From a theoretical angle, we argue that different dimensions of social capital are at work in this interplay. Scholars have distinguished between bonding, bridging and linking social capital (eg Szreter and Woolcock, 2004, Gitell and Vidal, 1998). In particular, bonding and linking social capital are useful concepts to understand the processes at work in our study. Where mutual trust between professional care providers and residents is limited, informal actors facilitate the connection between these two levels. When doing this, they generate and build on both bonding and linking social capital. In

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our study, we see several examples where informal actors manage to reach out to low-trust residents, and convince them to share their needs and concerns. They succeed in this because they have the means to build trust; helped by the advantage of time, interpersonal contact, proximity and similarity. In social capital terms: they build trust through the workings of bonding social capital. Residents recognize themselves in the informal actor, who often comes from the same community and might have a background of similar social problems. But the informal actor's role does not end here. Informal actors simultaneously perform link work, and operate on the basis of linking social capital. Linking social capital is defined in the literature as the extent to which individuals build relationships with institutions and individuals who have relative power over them (e.g. to provide access to services, jobs or resources (Woolcock, 2001; Szreter and Woolcock, 2004). In our study, we found several examples of informal actors either directly or indirectly interacting with institutions or professionals on behalf of residents. By virtue of their track records as volunteers and often also their personal charisma and persistence, they have established solid networks and personal contacts within the professional domain. They have developed the language needed to connect with these professionals, they know the routes and procedures. Because they have acquired this form of linking capital, they are perfectly placed to link the low trust resident to the relevant professional services. In the continuum between formal organizations and residents, the informal actor is thus an important linking mechanism. In addition, we distinguish a second actor with a central bridging function: the volunteer coordinator. This actor is a professional, often employed by a welfare organization. He or she coordinates volunteering projects and acts as an intermediate between formal organizations and volunteers by individually linking these actors. In our study, we found that professional care providers exhibit a preference to cooperate with these coordinators rather than liaise with volunteers directly. The coordinator is regarded as of the same kind as the professional, who speaks the same professional language and is reliable. At the same time, the coordinator coaches the volunteers and protects them against being overloaded by professionals. In this way, the coordinator serves as a bridge between the formal and informal welfare world. He or she serves as a bridge between formal organizations and volunteers.

Aim of the paper and urban challenge it addresses:

To address the gap created by low trust and the underusage of professional care service by specific vulnerable urban communities. Following research, we developed an interactive method to support the building of trust and bonding in interdisciplinary meetings between formal and informal actors (including residents) in the social domain. These interactive sessions can be used and further developed to support social reflexivity and formation of social capital

between formal actors and low trust residents in urban environments.

Workshop

Workshop II: Health and Wellbeing in Urban Environments