Coffee, Cooking, and the Cinema: Informal Care in the Participation Society

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“Who doesn't want a good conversation while enjoying some good food? This gentleman (83) enjoys cooking with a special interest in the Asian cuisine. He has difficulty walking and needs some support when cooking. He has seen the whole world for his work and is happy to tell you about his adventures. Do you enjoy cooking and chatting with this lovely gentleman as your sous-chef?”[1]

“This lady (87) is feeling a bit lonely and would love to bond with someone. It will mainly come down to a cup of coffee at her home where you can have a nice chat. She also likes to go out together. Going to the cinema or theater seems like a fantastic idea to her. However, she is still rehabilitating from agoraphobia (street fear), so it remains to be seen whether such trips will happen. Will you give this lovely woman some company?”[2]

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[1] https://www.burennetwerk.nl/job_order/kop-koffie-drinken-of-een-maaltijd-koken-of-samen-lunch-klaar-maken-en-samen-eten/ Accessed on 30/05/2022.

[2] https://www.burennetwerk.nl/job_order/een-kopje-koffie-drinken-en-boodschappen-doen/ Accessed on 30/05/2022.

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Chapter 1

Introduction

Nana

It was a cold and brisk afternoon in March when I visited Nana for the first time. We had been matched through the Burennetwerk (Neighbor Network), an informal care organization that matches care seekers with volunteers who live in the same neighborhood. By then, I had been doing a research internship at the Burennetwerk for almost three months. Nana needed help with unpacking some boxes from her move. She suffered from several physical ailments that prevented her from unpacking those boxes herself, and had enlisted the help of the Burennetwerk who provided her with a *Goede Buur* (Good Neighbor, as volunteers are called at Burennetwerk): me. Nana and I had been trying to meet up for a while. The first time she had to move our appointment due to a medical consultation, and the second time was cancelled due to troubles with public transport on my end. When the day finally arrived that the odds (and trains) were in our favor, I found myself filled with nerves. Even though our phone calls had been pleasant, and Nana sounded like a kind woman, I did not really know what to expect.

After getting lost in Nana's neighborhood, I finally arrived at Nana's residence. She buzzed me into the building. I stepped into an apartment complex that reminded me of a tower. I found myself inside a circular building with exposed brick and flowers placed strategically in places where the sun hit. I took the elevator to the third floor where I saw Nana saying goodbye to someone I later learned was also a volunteer. Nana welcomed me with open arms: "Welcome! I love your hair!". My nerves disappeared almost immediately. While Nana's physique was small, her energy and personality most certainly were not.

Nana invited me inside where I was hit by the smell of cigarette smoke. The house was messy with beer cans scattered across the living room, but I soon learned that the messiness matched Nana's nature to a tee. Nana seemed all over the place, interrupting conversations constantly because she was reminded of something she had to do right then and there. I did not mind. I stayed at Nana's for about three hours. She invited me to stay for dinner, but I politely declined. Before I left, she remembered the few items she had put aside for me to take home. A book with Irish folk tales, and she let me pick a few nail polishes that she did not use anymore. As I walked out the door, Nana told me in a kind yet firm manner: "You better come back to help me next time, I am not done with you yet!". I promised her I would.

Nana's case raises many questions surrounding the care landscape, the role and responsibility of volunteers, the distinctions between formal and informal care, and how an informal care organization like the Burennetwerk positions itself within this landscape. Nana is an example of someone who, alongside many other 'Amsterdammers', is dependent on the help from volunteers for certain aspects in her life. In light of welfare reforms since the 1990s, and the introduction of the 'participation society' and the Social Support Act (SSA, known as Wmo in Dutch) in 2013, things have changed in the Dutch welfare landscape (Duyvendak & Tonkens 2018). The introduction of the so-called participation society, introduced by the King in 2013[3], followed as a result from the state's debts after the economic crisis. Although these changes to the welfare landscape were financially motivated, they were framed to target the moral consciousness of the citizen, using a language of morality (Verhoeven & Tonkens 2013). It has now become the citizens' personal responsibility to provide care to those around them, and to change the way they ask for receiving care. However, not everyone has a solid social network to rely on for specific forms of care, which is the case with Nana and other receivers of care provided by the Burennetwerk. Volunteers are called upon to take on the responsibility of providing assistance and care to those who are in need. However, practice has shown that these forms of care do not always naturally occur but may need formal organization of informal forms of care. The Burennetwerk is an example of an organization who, in a formal way, provides informal care. The Burennetwerk describes their aim as follows: "We connect Amsterdammers who want to be a Good Neighbor to neighbors with a help request. We do this in all city districts in Amsterdam. No big and complex help requests, but just a visit or a chat, assistance with transport, or a small chore that a care seeker cannot do due to insufficient networks or resources[4]."

The Burennetwerk staff consist of several paid employees, a few highly motivated volunteers, and a handful of interns from various fields of study and educational institutions. Together, they put their heart and soul into providing the best matches possible for what they call: the 'vulnerable Amsterdammer'. Besides providing care for care seekers, the organization also plays a crucial role as a mediator between volunteer and care receiver. In this role, the Burennetwerk protects its volunteers from being overburdened or overworked. I will be using this case study of the Burennetwerk to analyze what an informal care organization like the Burennetwerk can tell us about the changing welfare landscape since the introduction of the participation society.

This ethnographic research, conducted over the course of three months at the Burennetwerk in Amsterdam, will examine the experiences of volunteers and employees in the informal care sector in the context of this participation society. This research focusses on the dilemmas and paradoxes that the Burennetwerk faces when operating the context of the participation society. How are boundaries in the informal care sector drawn, mediated, negotiated, and contested within the informal care sector, and how does the Burennetwerk position itself within this landscape? Furthermore, how do volunteers experience their role within this changing welfare landscape, and how do volunteers experience their responsibilities and relationships? By understanding the grey area of the informal care landscape, and the people who operate in it, I will shed light on the distinctions between the formal and informal care

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[3] https://www.koninklijkhuis.nl/documenten/toespraken/2013/09/17/troonrede-2013 Accessed on 30/11/2021.

[4] https://www.burennetwerk.nl/ons-manifest/ Accessed on 11/06/2022.

landscape, examine the role of the volunteer, and discuss and investigate difficulties that arise when operating in this changing welfare landscape with shifting boundaries and responsibilities.

This research will address the following research question and sub-questions:
"What does the Burennetwerk show us about paradoxes and dilemmas that attend the provision of care in the participation society?"

- How does an informal care organization like the Burennetwerk work and operate within the changing responsibilities and relationships in the context of the participation society?
- How are boundaries between the formal and informal care sector determined and maintained, and how do these boundaries work in practice?
- What does the changing care landscape mean for volunteers and their role within the informal care sector?

Theoretical Framework

The Changing Welfare State

In 2015, the Dutch government started a decentralization policy of the social domain (Duyvendak & Tonkens 2018). This means that municipalities have become responsible for new domains and citizens are expected to rely more on their social networks instead of formal institutions and organizations for their health care needs. This shift in responsibility from government to citizen creates a different kind of solidarity: anonymous solidarity gives way to a reliance on relatives and acquaintances (Duyvendak & Tonkens 2018: 8), also known as a shift from passive to active solidarity (Rose 1996).

Where the state has previously taken responsibility for the provision of care for Dutch citizens, the participation society's aim is to introduce a new era where citizens are asked to take (and feel) responsibility for their own wellbeing and for those around them. Not only is the SSA aimed at awakening a new responsibility between citizen and citizen, the SSA's aim is also "to recalibrate responsibilities between centra; and local government, [and] between government and citizens" (Verhoeven & Tonkens 2013: 418). Besides these aims, the SSA has three major themes on its agenda (ibid.). First, to increase the social participation of vulnerable groups. Second, the encouragement of citizens to provide informal care to those groups by volunteering. And third, the decentralization of executing caring policies from central to local governments. According to Verhoeven and Tonkens (ibid.), the prevalent premise behind this agenda is that care is above all, a responsibility of citizens, and not the state. If people are unable to support themselves and are unable to receive care from their network or volunteers, it is 'somewhat acceptable' to reach out to the government for care and social support (ibid.).

While this reform in care began in 2007 with the decentralization of care to municipalities (Da Roit & de Klerk 2014: 2), the development started in 2002 and has continued over the course of several conservative cabinets (Verhoeven & Tonkens 2013: 418). In 2015, the new law went into effect which continued the shift from formal to informal care givers such as volunteers, friends, or family (ibid.).

Verhoeven and Tonkens (2013: 419) discuss the framing of these welfare reforms, which the authors refer to as 'responsibility talk'. This focusses on the duty to provide care for fellow citizens, but besides citizens being held responsible for providing care, the government also frames the welfare reforms in a manner where citizens are to blame for what has gone wrong so far:

> Citizens are increasingly put in the position of the consumer and client of public services and care, and less in the position of the engaged and responsible citizen. This contributes to a climate in which the government is expected to solve all problems while creativity, engagement and ability to solve problems gets lost or is only expressed in criticism towards the government. This situation is unsustainable. (Ministerie van Binnenlandse Zaken 2011, in Verhoeven & Tonkens 2013: 419-420).

This quote legitimizes the experience of feeling negatively towards fellow citizens when they "expect everything from the government rather than shouldering responsibility themselves" (Verhoeven & Tonkens 2013: 420). The government is not supposed to assist citizens in their care needs, instead citizens are required to swallow this pill and provide in these needs themselves.

An important concept to keep in mind when discussing these welfare reforms is 'active citizenship' (Verhoeven & Tonkens 2013: 415). The active citizen is expected to take personal responsibility for the welfare of themselves and those around them, through for example, volunteering. The encouragement of the active citizen lies at the heart of the Dutch SSA, as well as the framing the government uses to appeal to the moral consciousness of the citizen (ibid.).

One of the concrete consequences following this change in policy are the so-called '*keukentafelgesprekken*' (kitchen table talks), an informal and more 'homely' approach to asking for and administering care (Duyvendak et al. 2018: 49). These kitchen table talks take place in the home of the care receiver. The home visits are thought to even the playing field between the caregiver and the client and create a more equal and informal situation, while simultaneously offering tailor made services. Duyvendak et al. (2018) show SSA consultants who perform home visits see the benefits of kitchen table talks, and they appreciate the possibility to see their clients' homes and experience how their clients behave in a trusted environment (ibid.). Despite some positive experiences, the authors also argue that there are downsides to home visits and kitchen table talks. They argue that this informal contact is ambiguous because it unavoidable that this pursuit of homeliness and informality in professional settings clashes with the formal aspects of care (Duyvendak et al. 2018: 60). This decentralization policy is accompanied by so-called 'promises of proximity', which are presented as a more efficient way of providing care because of its personal approach, possibilities for customization, and lower costs (Duyvendak & Tonkens 2018: 7).

Besides these three notions of proximity, another important concept that Duyvendak & Tonkens (2018: 9) discuss is *zelfredzaamheid* (self-reliance), a concept that has a fundamental position in welfare state reforms. The government wants the relations between state and citizen to change drastically: citizens would no longer be able to ask for support from the government, but municipalities are expected to support and guide citizens in such a manner that they know how to take care of themselves and other around them (ibid.). The notion of self-reliance is split up into two aspects: individual independence, and the ability to ask for and receive informal care from one's own networks. Even though these aspects sounds like they contrast each other, they are rooted in the essence of this debate: they both discourage asking for formal care (ibid.). Because of this characteristic, self-reliance is often equated with independence. Citizens who are self-reliant are no longer dependent on the state, this is specifically relevant for a distinct kind of unwanted dependence: dependence on professional state-supplied services. There is, however, a desired form of dependence: being dependent on those around you. Duyvendak & Tonkens (2018: 10) argue that research has shown that many civilians struggle with this new informal independence. People have grown up in a welfare state where asking for help from professionals was encouraged, while the opposite is now true and they need to become dependent on their network: private affairs have now become public (ibid.: 11). Duyvendak and Tonkens (ibid.) wonder how professionalism and informal care are valued by the policy and the citizens affected by the welfare state reforms, and how the participation society contributes to views about solidarity. The authors (ibid.: 12) continue by arguing that the promises of proximity, the basis of the participation society, are forcing us to re-evaluate how care is perceived, and how we, as citizens, perceive each other. This piece of literature compels to think of my case study at the Burennetwerk in this manner and has influenced and driven the course this research has taken. The Good Neighbors at the Burennetwerk are (usually) matched with care receivers that live in close proximity (generally a bike ride of 10 minutes or closer), which makes me curious about how volunteers, employees and care receivers that operate within the informal care landscape perceive the care they receive or administer, and how this process influences views about themselves and others.

In line with these arguments, Rose (1996) shows how these developments have been happening since the nineties. The author argues that 'the social' (a particular sector composed of diverse problems and cases that can be grouped together) is no longer an ambition or intention that governments are working towards. This shift in governing is accompanied by a shift in responsibility: where responsibility used to be understood as a commitment between citizen and state, responsibility now means supplying care for those around you, the obligation between civilian and state gets replaced by obligations of neighborhood and community (Rose 1996: 330). He goes on to argue that 'the social' is increasingly replaced with 'community' in terms of collective existence, he continues by saying that this is not solely a shift in vocabulary, but rather a 'mutation' in general ideology. This mutation transformed the concept of community into something that could be "mobilized, enrolled, deployed in novel programmes and techniques which operated through the instrumentalization of personal allegiances and active responsibilities: *governmerning through community*" (Rose 1996: 332). In short: community was transformed into a governing tool.

Rose (1996: 333-334) gives three compelling features to elaborate on this governmental shift towards community. The first argument is spatial. 'The social' was seen as a single and specific place, spread out across the public. In contrast, 'community' is seen as diasporic, not having a fixed location. The second feature concerning the origin and rise of community is a shift in its ethical sense. When discussing individual responsibility, ethical vectors (like class, background, or economic situations) are used to determine to what extent specific responsibilities can be mitigated. These determinations influenced to what extent a citizen is *actually* responsible for individual obligations or whether mitigating circumstances should be taken into account. This no longer applies for communal responsibility. Besides being responsible for the self, one also gains the responsibility for other individuals in that community. The third and last feature the author discusses concerns the role of identification. 'Identification projects' were used under the social: projects that made citizens understand they were part of an integrated national society. Even though community also implies identification to something bigger, the relation to community is seen as less distant and more sincere, a connection based on affinity and a personal affliction. This argument is precisely the essence of why governing through community is thought to be an adequate replacement of the social.

But how does governing through community work in practice? Vollebergh et al. (2021) draw on ethnographic studies in three European cities in order to demonstrate how governing through community is executed, along with its (undesired) effects. The authors (2021: 2) define three aspects that they argue are central to governing through community: the local is seen as the cure-all of welfare reform, barriers between citizens and state agents tend to blur, and this form of governance relies intensely on affective labor and personal connections. Like Duyvendak & Tonkens (2018), Vollebergh et al. (2021: 3) also found that the image of the welfare state as negatively bureaucratic has been increasing.

Vollebergh et al. (2021: 9) find several tensions caused by governance through community. First, social networks are supposed to assemble a community, while in reality they distract professionals from working *with* their community. Another undesired effect of governing through community, specifically for the Parent and Child Teams (PCT) in Amsterdam, concerns the dysfunctional and fragmented welfare system. The PCT-professionals are implicitly forced to guide their clients – and themselves – through a wilderness of dysfunctions in a system that was supposed to improve the situation (ibid.: 11). The authors (ibid.: 12) have found that the idealist intention of a strong link to local communities has made way for "the development of profusely networked socialites among professionals".

An important academic debate concerning these welfare changes revolves around 'categories of deservingness' (Vollebergh et al 2021; Koch 2021; Muehlebach 2011). In a situation where the community becomes responsible for welfare provision, often with insufficient means, executors of this policy find themselves asking who deserves certain care or support more than others. The demand for care exceeds what can be supplied, and thus results in categorizing patients based on who ‘deserves’ something more. Can someone who is labelled a ‘model patient’ expect to receive more care, and can someone who seems unwilling to cooperate or may have a drug problem be labelled less important? This debate is relevant for my research since the Burennetwerk also struggles with a lack of funding and volunteers. How does an organization decide how to divide the insufficient supplies? Do you make decisions based on whose demand for care is more critical, or do you make decisions based on what care you expect will be received in a more useful way? And importantly, how do these difficult choices influence care relations between parties such as the organization, the volunteer, and the care receiver? These categories of deservingness will ultimately mean that the front workers are (unwillingly) supporting a policy of exclusion.

In summary, the welfare state provisions have gone through extensive modifications in the last two decades. The Dutch government has replaced ‘the social’ with a shift in responsibility towards citizens’ personal networks and surroundings under the guise of a more personal and direct approach. But as the work of Vollebergh et al. (2021) indicates, this is far from a smooth, clear-cut process.

What is Care?

After discussing the changes of the welfare state, it is important to ask ourselves where care belongs and what constitutes care. Tronto (1993: 102) uses a definition of care that revolves around two crucial aspects. First, care suggests doing something for someone other than yourself. Second, the presence of care implies that a type of action will be taken. The author goes on to argue that care is made up of four phases that come together to create care relations (ibid.: 105-106). First, ‘caring about’. A recognition that care is necessary, which is individually and culturally created. Second ‘taking care of’, which is the next phase in caring. This phase suggests “assuming some responsibility for the identified need and determining how to respond to it” (ibid.). Third, ‘care-giving’. Phase three involves physical work and meeting immediate needs for care. The fourth and last phase is ‘care-receiving’. This recognizes that the receiver of care will respond to the given care. This phase revolves around observing that caring needs have been met. I will be using Tronto’s four phases to identify and differentiate specific parts of the caring process. For example, phase three ‘care-giving’ is useful when looking at volunteers and the physical work they do for the care receivers. Continuously, phase four ‘care-receiving’ can be employed when looking at the Burennetwerk and how caring acts that have been carried out are processed and conducted.

Thelen et al. (2014) have conducted research in Serbia, where they analyze care practices provided by the state, and how these forms of care are experienced by state workers and care receivers and transform into kinning processes. Meaning, the relationship between care receiver and volunteer starts to resemble a family-like relationship. This research is placed in a context of societal aging, the process where the average population gets older which calls for new and improved elderly care projects (ibid.: 109). Thelen et al. (2014: 111) argue that social workers in their research often aim for 'the Scandinavian model': an involved welfare state while valuing and incorporating the emotional intimacy of family care values. An example of this is the Family Placement program, a program where care families take in elderly, similar to foster home for children. While most of the interlocuters agree that in an ideal situation the elderly would live with their children, this is not always possible. Some elderly have been 'de-kinned' or are too 'difficult'. The Serbian state is considered aloof and uncaring, while at the same time state actors providing elderly care are building kin-like relationships with their care receivers. Negative aspects of these state programs (for example: this elderly man is too difficult) are attributed to the state, while the positive aspects of new kinships are attributed to warm family values (ibid.: 114). This is an interesting dichotomy. Even though these newly formed kinships lie at the base of state provided care projects, the general consensus about the distant state does not change.

The second state provided elderly care project discussed by Thelen et al. (2014: 115) is called HHEHP, a program that revolves around at home care. Home care givers execute small household tasks, like the volunteers at the Burennetwerk. A crucial difference here is the fact that these home care givers in Serbia are paid by the state and are not volunteers. Even though the home care givers are only supposed to perform small tasks, the reality is different (ibid.: 116). Personal relations and kinships are formed through the performance of these tasks, and these relationships will sometimes stretch into responsibilities such as giving support and making decisions during medical emergencies (ibid.: 117). The question concerning the place and position of care in society is prominent in these examples. The relevance for my research lies in the fact that the boundaries between formal and informal care are not static and fixed, even though Thelen's work shows that this boundary holds importance for citizens. The boundary between formal and informal care can change depending on the context, situation, or citizens involved.

Da Roit and de Klerk (2014) discuss the reconfiguration of boundaries of care related to elderly people in the Netherlands: what is care, how has care changed over time, and how does care connect with autonomy and intimacy? Care is presented as a 'moving object': its definition and significance transition over time, according to the context of time. Da Roit and de Klerk (2014: 1-2) begin their argument by elaborating on the shift to the participation society. This is also referred to as 'politics of conduct': instead of citizens having feelings of belonging to national collectives, these feelings shift towards individual morality and community-based responsibility.

Under the welfare state, care became measurable, and specifically assigned to groups of professionals (ibid.: 3). Several categories were made so that care could be classified into four specific domains. This formalization of care detached the concept of care from intimate relations: the state became responsible for the 'ugly' parts of care, while families remained responsible for emotional support and small acts of informal care. These developments were meant to make space for bodily autonomy and freedom, both for care givers and receivers (ibid.).

Welfare state reforms started gradually in the 1990s when costs for long-term care were increasing and had to be brought down. This was done by applying market principles to care. This is when the meaning and framing of care started to shift too: care became a commodity, something that could be bought (ibid.: 4). Da Roit and de Klerk (2014: 6) argue that now, in public discourse, care can mean anything and can occur between anyone. Care can be lending a helping hand to a neighbor, providing transport for a sick family member, or assisting someone to the bathroom who cannot go alone.

Da Roit and de Klerk (2014: 7) argue that 'smelly care', as they call it, is returning into the intimate spheres of care. The question asked here is how these encounters with smelly care reformulate our definition and experience of (informal) care. Da Roit and de Klerk (ibid.) argue that informal family care in the Netherlands is currently characterized by a divided responsibility among many family members, but the authors are expecting a movement towards a growing burden for fewer informal care suppliers because of the movement of 'smelly care' into family spheres. The re-introduction of 'smelly care' into these domains is interesting for this research: how do these changes influence relations between care givers and receivers, and how does it influence the experience of care? Are personal relations strained because of having to physically care for family or friends, or does it strengthen the bond? The authors also expect that this burden of a growing responsibility of informal care practices will not merely fall on family members, but also on volunteers (ibid.: 8). I will be using their definition of informal care to shape my research. Informal care can be care administered by those close to the recipient such as friends, family, or neighbors, but also by volunteers. Informal care includes all forms of care given by non-professionals. This means that formal care can be defined as care administered by professionals.

One of the central ideologies of the participatory society is a greater engagement from the community or neighborhood, but the authors state that expecting volunteers to shift into the realm of 'smelly care' does not do justice to the intimacy required for this specific kind of care. The re-entry of 'smelly care' into private spheres can, according to the authors, lead to care inequality between those who can afford to outsource 'smelly care', and those who cannot.

Informal and Formal Care

After discussing what constitutes care and what care means in the context of welfare state reforms, I want to elaborate on the concept of informal care. De Boer and de Klerk (2013) have conducted research concerning the role informal care can play on a long-term basis. They take informal care to mean both care given by volunteers, as well as *mantelzorgers* (informal health care givers: usually a relative, housemate, or friend). Following this article, I will first be discussing informal care as a whole, then continue by examining the care receiver and its networks.

De Boer and de Klerk (2013: 9) argue that an increasing burden is placed on the care sector to find alternatives for long-term care. Not only are the costs for long-term health care continuously staggering, the number of elderly citizens that still live at home and are thus in need of (informal) care keeps increasing. The ministry of Health, Welfare, and Sport (VWS) has started to consider informal care as the foundation of long-term care. The starting point for the SSA is to stimulate care seekers to call on their own networks before asking the state or municipality. Because of this emphasis on informal care, it has become apparent that the informal and formal care sectors need to be properly attuned to one another. It needs to be evident where formal care ends and informal care begins, but I will show in this research that this is easier said than done. It is necessary that care givers understand where their responsibilities lie, and where their responsibilities do not lie. The authors (ibid.: 16) discuss two processes that are at play when examining the border between formal and informal care. First: 'crowding out' (De Boer & de Klerk 2013, Verhoeven & Tonkens 2013: 416). This process occurs when the welfare state displaces informal care. The dependency on formal care givers has supposedly prevented care receivers from maintaining or building their 'natural care networks', which results in a vicious circle of dependency on the welfare state. The second process is called 'crowding in'. This means that the welfare state has supplied the primal prerequisite conditions for the informal care sector to develop.

De Boer and de Klerk (2013: 17-18) also examine the care receiver and their networks. The authors argue that care receivers may have trouble asking their personal networks to assist them in their care needs. Linders (2010: 216) showed that the threshold to ask for help can be so big as to not even asking their own children for help, let alone friends or neighbors. This can result in a formal care giver being the only (or most important) social contact in someone's life, a poignant and bitter situation I have come across several times during my fieldwork.

De Boer and de Klerk (2013: 18) discuss other surveys where SSA-receivers have answered questions concerning to what extent they would feel comfortable asking their networks for informal care. A substantial number of respondents answered that their network is unable to offer informal care, some respondents refuse to accept more care from their network than what they are currently receiving, or that they will only accept formal care when their informal networks are unable to offer them more assistance. This suggests that there are explicit boundaries to how willing care receivers are in accepting care from their networks.

In conclusion, first and foremost, care cannot be defined without proper historical and situational context. Care is a field that connects family and the welfare state, and is interwoven between family values and state supplied care. Second, perceptions of care in the Netherlands have shifted with time and policy measures, and I have made use of their definitions of informal care to further demarcate and shape my research. How relations between citizens are influenced by these changes, for example the replacement of 'smelly care' into personal spheres, cannot be forgotten. Thirdly, informal care is placed within the context of the Dutch welfare state, as well as how informal care fits in the lives of care receivers and their networks.

The Volunteer

In the changing welfare landscape where the practice of care is forced to change, the volunteer has taken on increased importance. Muehlebach (2011: 60) discusses a 'culture of voluntarism' in post-Fordist Italy where this appreciation for the volunteer is clearly visible. This 'culture of voluntarism' includes stimulating 'passive populations' to become affective citizens and help those around them. Many parties and institutions in Italy have aimed to "standardize the volunteer as a normative moral subject governed by reliable forms of affect" (ibid.: 67). Volunteering and unpaid labor have been framed as the essence of societal stability, and an admirable trait of citizenship. Muehlebach (2011: 70) takes it even further and argues that pensioners in Italy – who do not contribute to society by paid labor – can *remain* a citizen by becoming a volunteer, implying that one is not considered a citizen without a form of work. Everyone needs to be 'active' through forms of commitment in order to be recognized as a citizen. In the context of the participation society, this push for citizens to take a more active place in society is happening in the Netherlands as well (van der Veer 2020: 6).

There is another way in which unpaid labor has gained the same respect as paid labor: insurance (Muehlebach 2011: 73). This example is highlighted to portray an aspect of the formalization of volunteering. Volunteers are insured for workplace accidents and sickness, and they receive reimbursements for travel costs. The act of volunteering has thus received a dignification in the sense that (minimal) worker rights are being met. There are several other ways in which volunteer work has come to resemble paid labor: those involved in the sector claim that volunteer work takes skill, and the day-to-day of volunteers often remarkably resemble the everyday life of those who have paid jobs (ibid.). This image of the volunteer can be connected to the changing welfare state. What Muehlebach's work shows is how a moral appeal is made to citizens to participate in society, and how caring for each other is becoming a part of a new individual responsibility. Although not in the exact same form Muehlebach describes, this is also happening in the Netherlands. Citizens are expected to take care of family and friends in a way that was previously done by formal institutions or the state (Duyvendak & Tonkens 2018).

This shift in growing responsibilities is also relevant for volunteers. Verhoeven and van Bochove (2018) discuss how volunteers are expected to execute tasks previously performed by 'front-line workers' (professionals), how this is perceived by the front-line workers, and what issues this may cause.

Involving citizens is a crucial characteristic of contemporary policy reforms in the welfare state in the Netherlands, as argued by Verhoeven and van Bochove (2018: 783). This is often referred to as active citizenship. Volunteers are not merely expected to work a little harder than before, but they are expected to carry out tasks part of professional work. This trend is called 'volunteer responsibilisation'. The authors aim to outline what this volunteer responsibilisation means for front-line workers (ibid.: 784). The term 'connective professionalism' is used for the fact that front-line workers are expected to collaborate with volunteers, other professionals, and 'outside worlds' (ibid.).

Verhoeven and van Bochove (2018) see connective professionalism as a form of embedded control (standards for professional work are controlled by outsiders), which can help analyze the impact active citizenship has on professionalism in the health care system (ibid.). Besides the consequences on front-line workers, it will be interesting to see how this growing volunteer responsibilisation influences (care) organizations as well. Does an organization like the Burennetwerk notice a growing reliance on volunteers both in the sense of expectation management and of growing responsibilities, and how does the Burennetwerk manage this?

Verhoeven and van Bochove (2018: 787) elaborate on the SSA. The main ideologies of the SSA are volunteer aid and self-reliance, these are based on the belief that close networks and volunteers are thought to bring a more personal approach than formal care and social workers can. Volunteers were supposed to replace and substitute professionals by taking over their duties, while front-line workers remain ultimately responsible. But how do front-line workers experience this, and how does it influence care? The authors argue that four essential issues are at play (ibid.: 798-799). First, front-line professionals want (or need) vigorous volunteers, volunteers who know what they are doing and can hold their own in tough situations. This means that there is a shift away from frail volunteers, which ultimately leads to inequalities between volunteers. Second, besides the new tasks front-line workers gain (choosing and training volunteers) they also maintain most of their original duties, which leads to an increase in workload. Third, the boundaries regarding to which extent volunteers are prepared and willing to take over professional tasks remains to be seen, like in the case of smelly care returning to the intimate spheres of care (Da Roit and de Klerk 2014: 7). The authors argue that not every duty that can, theoretically, be performed by a volunteer should be. Verhoeven and van Bochove (2018) conclude that is crucial to critically examine volunteer responsibilisation in active citizenship regimes.

De Boer and de Klerk (2013) discuss the position of the volunteer within the informal care landscape. One important theme the authors (ibid.: 31) examine is the fear of the overburdened volunteer, a subject I have come across frequently during my fieldwork. A news article was published in *Het Parool*[5], Amsterdam's daily newspaper, where the director of the *Vrijwilligers Centrale Amsterdam* (Volunteer Centre Amsterdam, VCA), Henriette van der Meij, sounded the alarm bells because of a worrisome trend: volunteers in Amsterdam are being overburdened. The director mentions that the 2500 volunteer organizations affiliated with the VCA keep continuously running into not only the fact that the number of help requests is increasing, but that the nature of those help requests is changing. Where the formal health care sector is overburdened and is unable to provide sufficient care to those in need, volunteers are asked to fill these gaps. De Boer and de Klerk (2013: 31) predicted that this would happen, arguing that volunteer organizations feared volunteers would be exposed to an additional workload due to the Wmo-policy.

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[5] https://www.parool.nl/amsterdam/directeur-vrijwilligers-centrale-vrijwilligers-worden-overvraagd~b3a7b1af1/ Accessed 23/04/2022.

The overarching academic debate concerns the shift in responsibility for care: care previously supplied by the welfare state is now in the hands of family and neighbors, as well as informal care organizations. As a result of a decentralization of policy and budget cuts, a fusion between governmental tasks and volunteer organizations arises, which leads to citizens and organizations providing services previously supplied by the state. This academic debate lies at the core of my own research. The Dutch decentralization of the SSA and the accompanying budget cuts have resulted in volunteer organizations being forced to provide care they are unable to provide. This has lead to a discrepancy between the demand for care and what can be provided, leading to poignant and painful situations that the Burennetwerk, and other informal care organizations, deal with.

To summarize, the role of the volunteer in society has changed. The influence of this extends way past the volunteer itself, but also influences professionals and the act and experience of care, as well as organizations that handle care processes. The growing responsibilities volunteers have to take on are a result of the informalization of care, as well as the Wmo-policy that indirectly demands an increase of volunteer-based care.

Methodology

In order to explore different kind of experiences in the informal care sector I have used a variety of methods. The two main methods I have relied upon while in the field are participant observation and in-depth, semi-structured interviews.

I have conducted participant observation in several different ways. First, for the duration of three months, I worked at the Burennetwerk for two days a week. Some of these days I worked from home, and only came into contact with my co-workers through the online Teams environment. Other days I worked at the office in Amsterdam. The two most important tasks I performed were being (partly) in charge of the administration of all incoming Good Neighbors (volunteers) and working the helpdesk. These tasks allowed me to encounter both sides of the same coin: both volunteers and care receivers. During my Good Neighbor administration hours, I oversaw the planning the introductory meetings with new volunteers, and conducted a few meetings myself every week. These meetings gave me insights into volunteer motivation, and what the driving force was for our Good Neighbors to do something for those around them.

The greater part of my two days as an intern were spent performing helpdesk tasks. These tasks included making matches and selecting Good Neighbors for help requests. The helpdesk task that has proved most enlightning was making follow-up calls to care receivers after a help request had been submitted. The main objectives during these follow-up calls were to get an understanding of what the exact help request entailed, why the care receiver needed to enlist the Burennetwerk, and to assess whether the help request fit within the realm of the *laagdrempelige* (low-key, approachable) nature of the Burennetwerk. Making these follow-up phone calls has allowed me to gain an understanding of the informal landscape, and how the Burennetwerk positions itself within it. This method has also enlightened me on how care receivers experience help from volunteers, and on why care receivers are sometimes left with no other option to provide them in their care needs and are thus dependent on the Burennetwerk and its Good Neighbors.

The second way I have used (participant) observation is through sitting in on online meetings organized by different platforms. David, a Burennetwerk employee, invited me to join some 'Voor Elkaar in Amsterdam' (VEIA) meetings, a platform that has been set up during the pandemic. The goal of VEIA was to create a central point that care seekers in Amsterdam could call or e-mail with their help requests, and VEIA would then find the right place within the informal care landscape for that specific help request. These VEIA meetings consisted of several representatives from both the formal and informal care sector. The representatives present would discuss case studies, share difficulties and possible solutions, and discuss the place VEIA has in the Amsterdam care landscape outside of the pandemic. Another platform meeting I was able to sit in on was organized by the 'Vrijwilligers Centrale Amsterdam' (VCA), and was organized after the article about the overburdened volunteer was published in *Het Parool*[6]. Many different employees and representatives from the formal and informal care sector came together to discuss the overburdened volunteer, share experiences, and discuss future plans.

The third way I have used participant observation was to take on the role of a Good Neighbor myself. The way I had come into contact with care receivers through the helpdesk was often quite short and superficial, and I wanted to experience this specific form of informal and voluntary care on a closer level. I have been in contact with three care receivers that I was matched with and ended up visiting two of them.

An important aspect of participant observation I want to highlight is small talk. Driessen and Jansen (2013: 253) have argued that small talk may open doors to notice underlying tensions, clashes, and hierarchies that are happening in the field. Another reason why small talk helped me gain access to the field is because small talk helped me get to know the Burennetwerk employees, and for them to get to know me. This made the interviews I conducted with the employees in the last three weeks of my research feel laid-back and I noticed that my respondents felt at ease. Small talk has also proven itself to be a useful method in getting to know the lay of the land at the Burennetwerk. Casual conversations and quick questions about the organization have taught me how the employees and volunteers deal with local phenomena (Driessen and Jansen 2013: 254).

The second method that has provided me with intriguing insights was semi-structured interviews. I have conducted 23 interviews in the field. Seven with Burennetwerk employees, two with

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[6] https://www.parool.nl/amsterdam/directeur-vrijwilligers-centrale-vrijwilligers-worden-overvraagd~b3a7b1af1/ Accessed 23/04/2022.

‘contactpersonen’ (in my case formal care employees who sometimes refer clients to the Burennetwerk), one with someone from the Vrijwilligers Centrale Amsterdam, one with a care seeker (Nana), and twelve with Good Neighbors. Due to multiple mishaps in communication and the limited research period, I was unfortunately unable to interview as many care receivers as I would have liked. However, I was able to interview several volunteers who have shared their experiences with me.

Ethics & Positionality in the Field

I will discuss my ethical considerations according to the four pillars of anthropological research (ABV 2019): avoiding harm, confidentiality and informed consent, integrity, and data management, ownership, and access to data.

The first two pillars I want to discuss are avoiding harm and informed consent. The Burennetwerk works with what they call ‘the vulnerable Amsterdammer’, understood as an indication of a marginalized position in society. Many of the care receivers are vulnerable or marginalized through one or more of these aspects: an inadequate social network, insufficient financial means, physical ailments, or other health issues such as, for example, the early stages of dementia.

These aspects of marginalization have forced me to tread carefully around these care receivers. This was even more so because I could not introduce myself as a researcher in this context. During my helpdesk hours, I have never brought up my research to any of the care receivers I had to call. These conversations could sometimes be quite sensitive, especially when discussing why care receivers were unable to provide certain types of help for themselves. During the moments at the helpdesk, I relieved myself of my positionality as a researcher, and was merely there to assist care receivers in trying to get them the help they needed. I was unable to receive informed consent from the care receivers I only spoke to on the phone, which is why I will exclusively discuss these cases in general terms. I will not include any personal details that could possibly give unwanted information about their identity or location.

Besides the care receivers I only spoke to on the phone, I had the privilege of visiting two care receivers as part of my volunteering participant observation. Both these women knew I was doing research and that the volunteering was part of it, but I only had a substantive conversation (and an interview) about my research with one of them: Nana. The other care receiver and I were supposed to go on a weekly walk, and I wanted to ask her for an interview the second time we met. Unfortunately, she kept cancelling our second meeting up to three times, which is why I refrained from actively pursuing a second meeting with her. I told her that if she wanted to schedule another walk she could call me or send me a WhatsApp. Sadly, she did not. The contact between Nana and me is a different story. We discussed my research the first time we met, and Nana agreed to do an interview the second time I came around. I informed her about how I would handle the data from the interview and our time together, and Nana enjoyed coming up with her own pseudonym for me to use in this thesis. I informed my other interlocuters (Good Neighbors, employees) during the interviews about the anonymization process. All names would be anonymized, and they could choose their own pseudonym if they desired to do so.

Besides these two groups, I also needed informed consent from the employees at the Burennetwerk. An ethical dilemma I faced here is that I cannot guarantee complete anonymity for every employee (Bierschenk & Olivier de Sardan 2019: 254). Because the organization is small, job titles will most likely give away a persons' identity, even with a pseudonym. Therefore, I will – unless completely necessary – stay away from using job titles when discussing Burennetwerk employees. When job titles or specializations are mentioned, I have checked with my interlocutors whether they are comfortable with me disclosing this information.

Pillar three is integrity. I accept the responsibility as an anthropologist to be transparent about the methods I used, the choices I made during my fieldwork and how I analyzed this data (ABV 2019: 2).

The fourth pillar I want to discuss is data management, ownership, and access to data. All my conducted interviews were recorded, and I promised my interlocuters to delete the recordings after the grading of my thesis. The transcripts will be stored safely on my laptop. During my fieldwork I kept most of the data on my laptop which is password encrypted, and I am the only one with access to the raw data. Some fieldwork notes were made in a small notebook that never left my side, and I made sure to always keep safely in my belongings.

Positionality wise, I faced some small struggles. Since I was an intern, I had an affiliation to the Burennetwerk which was clear to my interlocuters during interviews. This positionality become apparent during some interviews where I felt that Good Neighbors almost felt obliged to praise or speak well of the Burennetwerk. I noticed this too during my interview with Nana. I struggled with this positionality during my research, because how was I going to convince my interlocuters that I was there as an independent researcher? I started changing my introductory talk during interviews with Good Neighbors, where I put more focus on the fact that I was a student at the Universiteit Leiden. I am not sure this helped as much as I hoped it would.

Structure

To answer my research question "what does the Burennetwerk show us about paradoxes and dilemmas that attend the provision of care in the participation society?", this thesis will be built up through my three sub-questions. Each sub-question will simultaneously serve as one of the paradoxes I have found in the field.

Chapter Two will delve into how an informal care organization like the Burennetwerk works and operates within the scope of changing responsibilities and relationships in the context of the participation society. The paradox relevant in this chapter revolves around the existence of the informal care organization, and how informal care is formally organized.

In Chapter Three I will discuss the boundaries between the formal and informal care sector. How these boundaries are constantly determined, maintained, and reshaped, and how do they work in practice? Following the outline of the boundaries in the informal care sector, I will elaborate on what I have described as the grey area: the space where the boundaries in the informal care sector are reshaped, revised, and adapted. I will shed light on why and how this grey area exists, by the means of examples drawn from interviews and participant observation.

Chapter Four will discuss the position of the volunteer within the participation society. What does the changing care landscape and welfare reforms mean for volunteers and their role within the informal care sector? I will examine motivation, difficulties, and relations between volunteer and care receiver. In other words, how do volunteers experience the fact that heavier cases are adopted within the informal care landscape, and how do they experience their newly shifted responsibilities, if they even experience this at all?

I will conclude by summarizing the three paradoxes and dilemmas described in each chapter and placing them in the context of welfare reforms and the changing care landscape. I will also ask myself what my findings can mean in the larger context of the welfare state and care reforms.

Chapter 2

The Burennetwerk

In this chapter, I describe the day-to-day at the Burennetwerk. I will draw upon my ethnographic fieldnotes to paint a picture of the organization and how the people within it operate. This case study of the Burennetwerk has allowed me to ask specific questions about the informal landscape, and this chapter will help in depicting the environment, ambience, and setting of the organization. Burennetwerk provides a vantage point to explore changes in the welfare landscape and how these changes work in practice. To understand this newly formed care landscape in its entirety including frictions, boundaries, and shifting responsibilities it is necessary to explore the setting of the Burennetwerk within the context of the participation society. In other words, how does an informal care organization like the Burennetwerk work and operate within the shifting responsibilities of welfare state reforms?

A Day in the (Digital) Office

It was a Friday in the first week of January when the first day of my internship rolled around. As for most ‘firsts’ during my fieldwork period, I had slept about two hours due to my nerves, but I was ready to go. David would be training me this day. I had met David a few times before, both in person and online. David is about my age, and seemed to be in charge of my internship in the upcoming few months. He would remain very interested and involved with my research throughout the three months and continued to be so during the period I was writing my thesis.

David and I decided that he would train me online, which meant I did not have to get up at the crack of dawn, but I could sleep in a little longer. A (digital) day at the Burennetwerk starts with a *dagstart* (a general Teams meeting where every employee can tune in) at 9 o’clock in the morning. These meetings can last for around ten to thirty minutes, depending on how much people have to discuss. In the *dagstart* professional announcements can be made, but employees can also tell their co-workers what they did that weekend or what is going on in their personal life. Besides David and I, only three other employees were present at this specific *dagstart*, probably because it was a Friday, the least busy day of the week. I experienced this *dagstart* as something quite special since it has an aspect of caring embedded within it. The fact that all present employees, interns, and volunteers come together every morning to check in with one another reflects the caring nature of the organization.

After the *dagstart*, David and I started my training. We were on a Teams-call while David was sharing his screen and walking me through the three computer programs they use. I learned about the different kind of help requests (social, practical, transportation), the route these help requests take from start to finish, and which steps need to be taken in order to match a care seeker to a volunteer. Making the first follow-up call to a care seeker was nerve-racking, but these insecurities faded away once I found some confidence in the tasks I was performing. David also taught me about the various partners of Burennetwerk, how they work together, and which co-worker works on which project.

My next work day was the following Monday, which was also the first day where I physically worked at the office located in Amsterdam. Of course, since it was another first, I was once again nervous. I planned my journey to the office very carefully, but to no avail. The public transportation decided to throw a spanner into the works and to cancel all of the metros I needed to ride in order to get to the office. Luckily only one other employee, Mariam, worked at the office that day, and she came in even later due to the same delays.

The Burennetwerk office is located on the third-floor attic of the Deaconate of Amsterdam, hinting at the organizations religious roots. The building is square-shaped, with a greenhouse located in the middle on the ground floor. In this greenhouse, lunch is served every day. Those present in the building are notified with a loud bell when the food is ready. The narrow hallways that surround the greenhouse courtyard are filled with offices of various organizations and initiatives, and even the small attic that houses Burennetwerk is shared with two other organizations.

At the top of the third stairway, there is a small kitchen on the left, and on the right is the office itself. The office is not very wide but rather stretches out in length. A long, sturdy, wooden table with about five office chairs creates individual workspaces for those with laptops, followed by several cubicle-like workplaces with computers for those working the helpdesk. The roof of the office is slanted and made up of distinct wooden beams that follow along the sloped ceiling. Mariam walked in and dropped her bag and coat at one of the cubicles in the back, and I took a seat in the cubicle next to hers. We chatted a little before joining the *dagstart* on Teams on my phone. For the rest of the day, Mariam was my lifesaver. She was very patient with me as I needed gentle reminders about things I had learned from David the previous Friday.

One of the most important tasks while working the helpdesk is making follow-up calls to care seekers. In these follow-up calls we ask questions about the nature of the help request, whether any tools are needed in case of a practical help request, what the frequency is, and we have to ask about whether or not care seekers have the financial means or a social network to organize the help they are requesting themselves.

On my first day in the office, I made a follow-up call that ended up taking forty minutes. A care seeker with a muscular disease who was receiving around-the-clock full-time care was looking for a buddy with shared interests. I spoke on the phone with him and one of his carers because his speech was not always completely comprehensible due to him being on a ventilator. The three of us extensively discussed what the care seeker did (and more importantly, did not) expect from a volunteer and what his interests were. When my internship ended about three months after this follow-up call, I believe the Burennetwerk had yet to find a match for this care seeker.

A few days later, I was asked by Nienke, one of the helpdesk coordinators, if I wanted to take on some more responsibility and take over a few tasks of a co-worker who was leaving the organization. Of course I said yes. The following week, Nienke trained me in the ‘Good Neighbor Administration’, where the introductory interviews with new volunteers were planned and executed. These new tasks fit my research intentions impeccably, because I was now also able to connect with volunteers, as well as care seekers. The combination of my two responsibilities provided me with a broad scope of these two actors in the informal care landscape.

The last day of my internship was a rainy Thursday at the end of March and happened to be on the same day as the Burennetwerk’s strategy meeting. Almost all employees, volunteers, and interns met at a neighborhood center for culture and community involvement in the East of Amsterdam to do some team building and discuss the strategy for the future. This meeting will shed light on the way three parties (employees, volunteers, interns) interact with one another, and this day will also illustrate the Burennetwerk’s goals for the upcoming years, as well as how they see themselves interacting with other parties in both the formal and informal care sector.

We met at the neighborhood center at one o’clock in the afternoon. The room was rather dark because there were no windows, but it was warmly lit with an abundance of lamps. Several tables were set up, surrounded with a few chairs and some snacks. This was the first day that I met several co-workers in person whom I had only seen on a screen during my three-month internship. This turned out to be the case for many attendees since a substantial number of them had started during the pandemic. The afternoon started with a small introductory round and some ice breakers. The atmosphere was unsurprisingly very informal, something that I had also noticed during my online and offline internship days. We were split up into groups of four, with whom we were supposed to perform a series of tasks. Emilia, Nathalie, Monica, and I teamed up. This turned quite chaotic quickly, with people running around the room trying to count all the lamps and others quietly trying to write a short song about our Good Neighbors. My competitive nature did not leave much room to the imagination of my fellow group members, but luckily, I was not the only one. We were on a roll, and after finishing designating every letter of the alphabet to something related to Amsterdam, we finished and won.

Following this activity, we were given colorful markers and a blank sheet of paper on which we were supposed to write a newspaper article about the Burennetwerk five years from now. Ideas within the group ranged from setting very realistic goals, like expanding the organization to other cities in the Netherlands, to letting out some creative energy and sending the Burennetwerk to Mars. This activity was entertaining as well as inspiring. One of the employees, I do not recall whom exactly, wrote a newspaper article about how the Burennetwerk will be redundant in five years from now. This would take place in a world where neighbors can find each other and are no longer in need of an external organization to act as a mediator. This highlights an inherent contradiction in the work of organizations like the Burennetwerk, because is it not strange that informal care organizations are needed to provide care that is expected to naturally originate between neighbors?

Contradictory Nature?

The Burennetwerk classifies itself, and is classified by its surroundings, as an informal care organization. In the context of the Burennetwerk, which specializes in so-called ‘neighborly help’, informal care tasks include, but are not limited to, practical help requests, social calls, assistance with groceries, and transport to medical appointments. The existence of the Burennetwerk falls under the first phase of Tronto’s (1993: 105-106) four phases of caring: caring about. This phase implies that there is a recognition that care is needed. The organization and volunteer simultaneously also fall under phase two: taking care of. This phase encompasses that parties assume responsibility for the identified need of care and determining how to respond to these needs. In Chapter Three, I will elaborate on the specifics regarding help requests, including the boundaries concerning certain types of care. In this section, I want to examine the innate contradiction that is found within the term of an ‘informal care organization’.

Informal care suggests that types of care that are found and administered outside the scope of professionally organized care activities, while the addition of the word ‘organization’ implies the exact opposite. The introduction of the participation society as a central political framework implied that formal care needed to be scaled down and care seekers were expected to organize certain types of care within their own networks (Duyvendak & Tonkens 2018). The community was seen as the ideal solution for informal care needs, but the mere existence of organizations like the Burennetwerk prove that these ideas have (at least) partly failed.

The fact that formal initiatives are needed to provide in informal needs is a contradiction in itself. If informal care is organized in a formal manner, the question that comes to mind is what constitutes an informal care organization? Or would ‘formal care organization that provides informal care needs’ be a more suitable name? With these dilemmas in mind, what *is* an informal care organization, and why does it exist when it really should not? Why are formally organized forms of informal care needed to fill gaps left by policy that has the opposite as its intention? With this premise in mind, organizations like the Burennetwerk should not exist. The participation society policy framework assumes that care seekers should (and can!) find the care they need within their own environment. If this were true for all care seekers, should the Burennetwerk and other informal care organizations not be obsolete, redundant, or futile? The Burennetwerk thus fills a gap that in the theory and ideology of the participation society should not exist, and yet it does. This can be seen as a sign of the times: processes that are expected to form between citizens and communities apparently need formal organizational structure. Without this organizational aspect, vulnerable citizens who are unable to rely on their own networks will not receive certain types of care since they are evidently ‘forgotten’ or ‘looked over’ by the decentralization policy.

Another contradiction found within this system are the Burennetwerk’s funding streams, because while the organization portrays itself as informal, its fundings are anything but. The Burennetwerk receives funding from several formal partners, such as Amsterdam city districts, housing corporations, churches, corporations, and formal care institutions such as Cordaan.[7] Knowing this, that both the Burennetwerk’s organizational aspect and the funding streams can be classified as (semi-)formal, proves my point that the informality of informal care is not as eminent as I would have expected. The contact between volunteers and care receivers can surely be classified as informal, but the fact that a formal organization is needed to introduce them, demonstrates the ineffectiveness of the participation society for specific groups of vulnerable care seekers.

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[7] https://www.burennetwerk.nl/onze-samenwerkingen/ Accessed 17/05/2022.

Tone and Targeting

In order to fully comprehend to position of the Burennetwerk as an informal care organization in the changing welfare state, it is important to acknowledge the tone the organization uses when they target care seekers and volunteers. One of the first criteria I learned concerning help requests was that they need to be 'fun' for a volunteer. This not only means that the help request itself needs to be fun, but this also means that the care seeker needs to be 'fun', to some extent. The short descriptions of help requests that Burennetwerk employees write to send to volunteers or place on the website portray this 'fun' image, as you can see on the second page of this thesis, portray this image. These two examples of help requests depict the tone the organization uses when they target volunteers.

This criterion of 'fun' can be recognized in every aspect of the organization: the website, its social media, and their introductory meetings with volunteers. The Burennetwerk is not merely an organization that provides care seekers in their care needs, the Burennetwerk also uses its position as a volunteer-based organization to protect its volunteers. Using this specific tone of lightheartedness and *laagdrempeligheid,* and an emphasis on help requests being 'fun' contributes to the distinguishment of other informal care organizations.

Many of the Burennetwerk's care seekers are referred to the organization through a 'point of contact'. This can be a family member or friend, but generally this is a formal care employee. I interviewed Wilma, a point of contact from a formal care organization who refers many of her clients to the Burennetwerk for informal care needs, where we discussed this aspect of 'fun': "How do I put this nicely...? The Burennetwerk and I have had discussions about this, and they argue that the volunteer needs to enjoy help requests. But not all people I refer to the Burennetwerk are liked by volunteers. Their problems may be too severe or intense, or they can be a little deaf or cranky. So, these people are just excluded from the Burennetwerk's care?". The same processes are described by Thelen et al. (2014: 111), where some elderlies are considered 'too difficult' to provide informal care for.

While Wilma's argument makes sense, the demarcations the Burennetwerk uses also make sense in the context of the changing welfare state. Using this tone of *laagdrempeligheid* speaks to many volunteers. Volunteers who want to help someone when they come home from their job, but do not want to, or cannot, commit to the intensity that some volunteer work requires. The Burennetwerk provides this: the opportunity to provide care for a neighbor, but on the volunteer's own terms. In a care landscape where the number of help requests transcends the number of volunteers, the Burennetwerk's approach targets those who want to do something, but cannot invest substantial amounts of time.

I was lucky enough to sit in on meetings with representatives from different informal care organizations in Amsterdam, with David as my gatekeeper. This meant that I was able to compare my experiences at the Burennetwerk to the methods that other informal care organizations were working with. The Burennetwerk distinguishes itself from other organizations on different levels. First, the fact that they operate in all city districts in Amsterdam. There are other organizations who do the same, but there are a lot more who focus on one or several specific city districts. Second, I have found that the demarcation of the Burennetwerk's help requests is unique. Of course, the Burennetwerk is not the only informal care organization that has demarcations and boundaries concerning which help requests they will or will not accept, but they are unique in the way they draw these lines. Some general boundaries are that with a recurring help request a volunteer can come by once every two weeks and not more, a care receiver cannot have health concerns that would prevent smooth contact between the volunteer and care receiver (for example: severe dementia, incontinence, serious mental health problems), and a help request has to be fun and doable within two hours. However, as I will show in Chapter Three, all of these boundaries and demarcations are flexible to some extent.

In summary, the Burennetwerk targets vulnerable care seekers that have specific *laagdrempelige* help requests, and the Burennetwerk targets volunteers who, every now and then, want to do something small for their neighbor. From what I have seen, this is a unique position within the informal care landscape of Amsterdam.

Conclusion

In this chapter, I have shown how an informal care organization like the Burennetwerk works and operates within the shifting responsibilities of welfare state reforms. The Burennetwerk takes on the role of filling the gap of *laagdrempelige* help requests in Amsterdam. The employees, volunteers, and interns do this in an informal (yet professional and organized) way, both within the organization itself as well as in communication to their care receivers and volunteers.

I have also argued that while the Burennetwerk is an organization that provides informal care, the organization is still formal after all. Formal in the way they organize care, and in the way they receive funding. This contradiction and paradox of informal care being organized formally speaks to the gaps and inconsistencies of the policy of welfare state reforms.

Lastly, I have also elaborated on the unique position the Burennetwerk has within the informal care landscape in Amsterdam. This uniqueness comes from the Burennetwerk's boundary management, the tone they use in internal and external communication, and the protection of its volunteers.

Chapter 3

Informal Care and the Grey Area

In this chapter I will discuss and examine how the boundaries between the informal and formal care sector were drawn and contested within the Burennetwerk, and by extension, in the context of the participation society. I will elaborate on how I have experienced these boundaries during my research, and how Burennetwerk employees perceive these boundaries. Besides the exploration of these boundaries, it is just as important to examine the exceptions and irregularities concerning them. As I will show in this chapter, that it seems as if every boundary is flexible, to some degree. I will call these flexibilities the grey area of the informal care sector. As discussed by Tate et al. (2014: 116), it happens regularly that care givers who are merely expected to perform small care tasks cross this boundary, which can have the creation of personal relations and kinships as a result. Following Thelen et al.'s (2014) work, I will examine where boundaries may be crossed in the specific setting of the Burennetwerk. An important paradox that will become apparent in this chapter is how the formal care sector is sliding more towards the informal care sector, but the needs of the formal care sector do not disappear. In summary, how are boundaries between the formal and informal care sector determined and maintained, and how do they work in practice?

Informal Care

The difference between informal and formal care has not become utterly clear to me during my fieldwork. Broadly speaking, I have learned that bathing someone, for example, belongs within formal care (because this is classified as a 'care task'), and a social call or assistance with groceries can be placed within the informal care landscape. But a lot of ambiguity remains with many cases. In this chapter I will begin by examining what I have learned about the informal and formal care sectors and their boundaries, and I will continue by elaborating on the grey area surrounding the informal care sector. I will also examine how my findings fit within the scope of the state-citizen relationship and the current political climate that has molded the participation society that we know today. Are trends observed by Duyvendak and Tonkens (2018) and Vollebergh et al. (2021) concerning self-reliance and governing through community, that I have unpacked in Chapter One, relevant for my findings? And can I connect and recognize the literature about a shift in responsibility from formal care to the informal care sector in my research results?

Every phone call I made during my hours at the helpdesk was a new challenge for me to map the field of care, and the various boundaries between the formal and informal landscape. Not only did I have to ask myself whether the case I was handling belonged in the informal care sector, I also had to decipher if every specific case fell under the category of ‘neighborly help’, which is the main characteristic of the Burennetwerk. Which type of help requests belong within this arena, which ones do not, and why? Are there any exceptions to rules or boundaries that are set, when are these exceptions made, and what makes a specific case an exception? Two Burennetwerk employees who coordinated the helpdesk, Carlijn and Nienke, would guide me through the complicated rules and restrictions connected to whether the Burennetwerk would accept a help request. The two essential characteristics that employees would always circle back to were whether a help request would be *laagdrempelig* (low-key, approachable) and fun for a volunteer to do. Even though I could, through these concepts, generally judge if a help request was suitable to accept, the concepts remained considerably vague and open to interpretation. Is what makes a help request low-key and fun not defined differently for every single individual? What also puzzled me is how care seekers are supposed to recognize these ambiguous and flexible restrictions, and how do care seekers then find the right organization or institution for their help requests? David confirmed my incomprehension during our interview when I asked him about how he experiences the informal care sector:

> I am only just starting to understand the landscape and what the informal care sector has to offer, after working in it for about a year. This indicates that the landscape is quite complicated and inaccessible, I think. If you’re a care seeker and you have not worked in the sector or experienced the landscape through those around you, it probably doesn’t make any sense at all.

I recognized what David told me in my hours working the help desk. Care seekers often did not understand what the Burennetwerk was, what type of help they can expect to receive, and what the target group of the organization is.

During follow-up calls we had to ask care seekers about their social networks and financial situation (a form of triage), to judge whether they could organize certain types of help themselves, for example through their network or hiring a professional. In other words, it was my (and fellow helpdesk employees) job to judge whether a care receiver was ‘not self-reliant enough’ to receive care provided by the Burennetwerk’s volunteers. These conversations of deservingness can be compared to the kitchen table talks discussed by Duyvendak et al. (2018: 49). Even though the kitchen table talks discussed by the authors are developments often found in the decentralization of the formal care sector, it seems that its essence has seeped through into the informal care sector. The epitome of kitchen table talks is an informalization of asking for and administering formal care and are part of the SSA (ibid.). The follow up calls made at the Burennetwerk resemble kitchen table talks in the sense that they, too, include a discussion about what type of care is needed, why, and if there is absolutely no possibility that these care seekers can provide for themselves in their care needs. Of course, we had to assume the information we were receiving was true, because the Burennetwerk does not do home visits and can thus not verify if care seekers are speaking the truth about their social and financial situation.

In some cases, deciding if a care seeker was ‘deserving’ of the care the Burennetwerk provides was relatively easy. An elderly person living off a small pension without any family or friends fit the criteria of the Burennetwerk’s target group. However, more often than not, cases were not as straightforward as someone living off state benefits. Answers given by care seekers would sound more like “I have a son who lives close, but...” or “I guess I could hire a professional, but...”. I often found it difficult to decide who was ‘deserving’ of the care the Burennetwerk provides, and who was self-reliant ‘enough’, in which case we would refer them to a (usually cheap) paid service.

While they are often discussed in the context of formal welfare provisions, such ‘categories of deservingness’ (Vollebergh et al 2021; Koch 2021; Muehlebach 2011) are highly relevant also in an informal care organization like the Burennetwerk. Besides this struggle of deservingness, care seekers often do not realize that the Burennetwerk works strictly with volunteers and are thus not suitable for every need a care seeker may have. David discussed this in our interview:

> What I also find difficult is that care receivers don’t understand that the Burennetwerk works with volunteers who take time out of their busy schedule to visit someone and offer some help. People still feel like they can demand things. For example, I spoke with a care receiver on the phone yesterday who told me to “make it quick”. This made me angry, because we are looking for two volunteers for you and yet you are impatient and demanding. I find this difficult, because I also acknowledge that care seekers may not realize what we do and how we work. They are probably in contact with so many institutions that are all just slightly different from each other.

Emilia, another Burennetwerk employee, also talked to me about the fragmentation of the informal care sector in Amsterdam. She told me that there are many organizations in the city who essentially do the same thing but differentiate themselves from other similar organizations because they target a niche of group of specific care receivers. For example, a specific cultural group like Chinese or Turkish ‘Amsterdammers’, or care receivers who live with dementia or specific mental illnesses. Even though, Emilia argues, she absolutely sees value in targeting specific groups of citizens, she states that this fragmentation makes it difficult for the care seeker to know where to go, or even have enough knowledge of the landscape to know that certain organizations exist at all. This fragmentation of the informal care sector is something I recognized during my hours working the helpdesk. Many care receivers would discuss what other types of help they were receiving from other (informal) organizations, and it took me quite a while to start recognizing some organizations I was hearing about.

David connected the complexity of the informal care sector to the fact that waiting lists for subsidized domestic help in Amsterdam are currently one to two years, which means volunteers are being asked to fill these gaps. Care seekers who are in dire need of domestic help will reach out elsewhere (or have someone reach out for them) to provide in their needs.

Despite this grey area that has unclear and flexible demarcations, Burennetwerk employees have all agreed on one subject during our interviews: domestic help does not belong in the informal care sector. I asked Annette, a Burennetwerk employee, about why she thinks that is. Her answer was very clear and simple, volunteers don't like it: "While it may not be their passion, volunteers do, for example, take out the trash. But you can't ask volunteers to scrub a toilet every Wednesday afternoon and clean a house for two hours. Not one informal care organization offers this service."

This distinction was one of the first solid boundaries I encountered: domestic help belongs in the formal care sector. Care receivers did not seem to be aware of this specific boundary management. The long waiting lists for domestic help did sometimes not give care seekers much choice but to reach out to informal care organizations for their needs, which means that the burden the formal care is facing (i.e. not being able to provide every care seeker with domestic help) results in growing pressure in the informal care sector.

Emilia, one of my respondents at the Burennetwerk, works a special project called the *Zorgbrigade* (Care Brigade). This is a project where people who receive financial aid and are currently unemployed are matched with a person in need of more care than the Burennetwerk's volunteers can provide, while at the same time receiving an MBO level 1 education from an external partner and getting paid for the care they provide. The rule of thumb for Burennetwerk help requests is that a volunteer can come by once every two weeks for about two to three hours. In situations where care seekers contact the Burennetwerk but they are in need of more care than fits within these (sometimes flexible) boundaries, it is possible they are redirected to the Zorgbrigade. The *Zorgbrigadisten* visit the care receivers once a week for about three to four hours and provide care that can range from a social call to assistance with groceries. Emilia and I discussed the boundaries of formal and informal care considering this specific project. I wondered if the Zorgbrigadisten are enjoying an education and are receiving a salary to provide this form of care, would this not constitute formal care? Emilia answered:

> The tasks the Zorgbrigadisten perform are very *laagdrempelig* (low-key). They do not become a main carer for someone, and they will not perform medical activities. They are not aid workers and do not prepare treatment plans. These are, I think, all aspects of the formal care sector. The *laagdrempeligheid* makes this form of care informal, while the bureaucracy around it may look more like the formal sector.

Coming back to the 'categories of deservingness' (Vollebergh et al 2021; Koch 2021; Muehlebach 2011), other Burennetwerk employees, like Emilia, also struggle with denying certain people forms of care. During our interview we discussed situations when a care seeker is not fit to receive care from the Zorgbrigade, and Emilia told me an anecdote about when she pitched the project at the Salvation

Army, which resulted in many applications of care seekers who struggle with addiction. These specific types of issues fall outside the scope of what a project like the Zorgbrigade can do, and in Emilia's opinion, need either formal care or specialized informal care with volunteers who are trained specifically for addiction issues. Another example Emilia discussed is a case where a care seekers' home was so dirty it was infested with rats. Emilia argued that this was not a safe place for a volunteer or Zorgbrigadist to visit and provide care. I asked Emilia whether there are strict criteria the project must follow when judging whether a case can be accepted or not, or if these categories of deservingness are flexible:

> The way in which we judge cases is flexible and is really based on our feelings. We often get applications via e-mail, which means I have to do a follow-up phone call to understand the case better. Basically, we say that the Zorgbrigadisten are there for social contact, to have a cup of coffee, do a few little domestic things, and groceries. We can provide care for people with early onset dementia, but that is not a hard criterion either. What is early dementia, and what is advanced? When the project started, we did not accept hoarders, but right now we do help two people who fall under that category.

The fact that the boundaries of the *Zorgbrigade* had moved was interesting to me. What was the reason for this deviation, and was the shift in boundaries an easy process? Although the questions I had about this shift were substantial and extensive, the answer was rather simple according to Emilia: the *Zorgbrigade* simply did not receive enough applicants. I was confused. How is it possible that, in a time where the informal sector is supposedly taking on a bigger role, it also has a surplus of care? The answer to this question, like many other aspects in the informal care sector, remained ambiguous, but Emilia thought that the unfamiliarity of the project was one of the main reasons for this surplus. Perhaps the fact that the project itself has ambiguous boundaries (floating between the informal and formal spheres) could withhold formal care givers from committing to the Zorgbrigade. While the Zorgbrigade is definitely successful according to Emilia, I think its inconclusive and dubious stance in the care landscape could perhaps complicate an already difficult and carefully thought-out care plan for vulnerable care seekers and the care providers already on the case.

During my interview with Nathalie, another Burennetwerk employee, we further discussed the boundaries between the informal and formal care sector. Nathalie discussed a case with me that I had heard before, and would hear again. This case was also discussed in the news article in *Het Parool*, the Amsterdam newspaper. A care seeker was looking for someone to assist her when she went swimming. This care seeker needed help getting into her bathing suit, and back in her regular clothes afterwards. Angelica, another Burennetwerk employee, also mentioned this case during our interview. She stated that she would feel perfectly comfortable assisting this person with their help request. However, both Nathalie and Angelica agreed that a task like this, which is officially a care task, should not be executed by a volunteer. Nonetheless, Angelica argued that, even though she would not accept a case like this at the Burennetwerk, the distinctions remain vague. There are informal care organizations (not the Burennetwerk) where volunteers guide care receivers through, for example, a grieving process. Angelica said she would find that substantially more intense and burdensome than assisting someone with getting (un)dressed.

Because this case was so widely known and used as an example, this case almost started to feel like an urban myth. A case that was being used to portray the boundaries of informal and formal care, and a case that shows how these boundaries have started to shift. This care seeker would have either received help with getting dressed and undressed from a formal carer before entering this help request with an informal care organization, or the care seeker is living at home for a longer period of time while at the same time losing access to certain types of formal care. Whichever one of these options is relevant for this case, the fact of the matter is that this specific case demonstrates how the informal care sector is expected to accept ‘heavier’ help requests while the formal care sector is being scaled back.

Besides what this case says about dilemmas concerning specific help requests, it also speaks to dilemmas that informal care employees face. The continuous process of accepting or denying a help request (and everything in between, for example: separating a help request that does not fit into the informal care sector into smaller, and more manageable acts of care that can, as individual cases, be placed under the umbrella of informal care) can be complex, precarious, and subjective. It is up to the Burennetwerk employees working the helpdesk to evaluate and judge the personal situation of a care seeker (social network and/or financial situation), possible health concerns the care seeker may have that can impact whether a case belongs in the informal care sector, the heaviness of a help request, and if the case is considered appropriate for a volunteer. All of these ‘categories of deservingness’ (Vollebergh et al. 2021; Koch 2021; Muehlebach 2011) and forms of triage are open to different forms of interpretation, which is a substantial dilemma that Burennetwerk employees encounter continuously.

Capitalism and Care

During my interview with Emilia, we discussed a topic that baffled me: informal care organizations in Amsterdam receive funding based on the amount of matches they make. This means that organizations are often hesitant with referring care seekers to other organizations, even when care can be provided sooner. When organization A has a waiting list in order for care seekers to receive care, and organization B has volunteers ready to help, in most cases organization A will not refer their care seekers to organization B: “Organizations prefer to let care seekers wait three months, then to let another organization take over and their funding be impacted.” Emilia thinks the *gemeente,* the municipality, should be held accountable for this inefficiency, capitalist aspect of care, and undesirable competition between informal care organizations. However, she does not have faith in that this disorganization will be handled in the near future, because “people within the municipality do not communicate with one another”.

After Emilia and I discussed this topic, four other employees discussed this inefficienct aspect of the informal care sector during interviews, and I realized that they were not nearly as amazed by this fact as I was. Of course, this made sense because employees in the informal care sector are continually confronted with phenomena like this. I initially found this dependence on performance, numbers, and achievements shocking, yet it started to somehow make sense as an offshoot of the economically beneficial aspect of the participation society. Or, on a bigger scale, the neoliberal nature of this new reality, with audits, measuring, and rankings (Shore & Wright 2015). Why was I surprised that the informal care landscape was not spared from a sector being/becoming financially dependent on the amount of care they provide, even at the expense of vulnerable care receivers?

The Burennetwerk enjoys a special position within the inefficient aspect of the informal landscape, Annette mentioned in our interview, because of their matchmaker service. About four or five years ago, the Burennetwerk noticed that there were lots of help requests they were unable to process, because they were either too big or did not fit within the realm of neighborly help. Co-operating with Cordaan, a formal care organization, a research project was initiated to explore what happens to all those help requests that the Burennetwerk cannot accept. Burennetwerk and Cordaan wanted to commit themselves to finding the right place for care receivers within the informal care sector, and from this ambition the matchmaker service was born.

When a Cordaan *Thuiszorg* (domestic help) employee enters a help request for one of their clients, but for one of many possible reasons Burennetwerk is unable to provide the necessary care, one of four Burennetwerk matchmakers (dependent on which part of Amsterdam the care seeker is from) takes the case and tries to find a fitting place for them within the informal care sector. The matchmakers have an excellent knowledge of the *sociale kaart* (social map): a digital place where information is stored about the informal care sector and where the matchmakers can hopefully find the right organization for that specific case.

Despite the fact that the municipality and other funds are partially based on the number of matches made by the Burennetwerk, there are still four employees who dedicate their time to referring care seekers to other organizations. Alexandra, the director of the Burennetwerk, said it like this: “We, the informal care sector, need to start thinking from the perspective of the Amsterdammer”. This remark implies that (in)formal care actors have previously not been thinking from the perspective of the Amsterdammer (or were maybe unable to due to the organizational logics of the sector). Does this mean the care seeker was merely an afterthought, or an insignificant victim to the bureaucratic hoops that informal care organizations are forced to jump through because of these funding regulations?

These examples just show the tip of the iceberg when discussing the borders, boundaries, and difficulties of the informal care sector. In the next section I will discuss the exceptions and anomalies to these boundaries that I have come across during my research, which can contradict and complicate the barriers and perimeters stated above.

The Grey Area

I have spent the majority of this chapter trying to examine and figure out the lay of the land in the informal care sector, and I will spend the rest of this chapter arguing that even the 'solid' criteria I have found can be part of the grey area surrounding the informal care sector in the right (or wrong?) circumstances.

One of the first things I noticed during my hours at the helpdesk, and which was confirmed during every interview I held, was the fact that every rule can be bent, and every strict boundary can be subjected to an 'except…'. For example, I mentioned earlier that the Burennetwerk judges the acceptance of a help request, among other things, on whether the request would be fun for a volunteer. This criterion was one of the first things I learned while working the help desk. Yet this principle could also be subjected to the 'but…' that is the grey area, as I learned during my interview with Angelica:

> I think a lot of heavy and intense help request secretly make it into what we offer, because people do not come to us for no reason. Someone does not have a network that can help them, or no financial means to use a paid alternative. Our care receivers are often lonely people who are completely on their own. Our help requests are thus definitely not always fun. It is not always just a fun walk around the block with a neighbor. I have experienced this myself last year, during our Christmas box promotion. I read about a fun help request from a care seeker who wanted to eat some fish with a neighbor. We were unable to find someone, I don't exactly remember how it went, but I thought it would be fun to bring them a Christmas box. I painted this box, put two pieces of herring in it, along with a booklet containing all Dutch museums with a little note inviting him to choose one, and we could go together. I thought this would be very fun, enjoy some herring together, and have a chat. So, I rang their doorbell and introduced myself, he opened the door and said 'Yeah, what do you want?'. I told him I was here to bring him some herring, he took the box inside and ate the herring by himself and I never heard back. This was a very fun help request on paper, but in reality, he was just a grumpy man who did not desire my company whatsoever.

Angelica and I discussed other examples of cases that belong in the grey area, for example when the organization receives social care requests from care seekers who are actively struggling with mental health problems. When a care seeker receives ambulatory care, the Burennetwerk usually refers their help requests to other informal care organizations who work with trained volunteers. Angelica told me she has had several heated discussions about this topic, because she believes that denying people care who struggle with mental health problems is extremely stigmatizing. However, Angelica also understands the counterarguments, which include the fact that there are several informal care organizations in Amsterdam that have buddy projects specifically for people who may have some psychological vulnerabilities, and the Burennetwerk employees are not trained whatsoever. These considerations do raise the question whether it makes sense to make decisions for volunteers regarding what they can and cannot execute. Angelica continued to argue that she believes it does not always matter if a volunteer has had a training of some sort, it is more important to view potentially complex assignments from a human and compassionate point of view, where room is created for those involved to set their own boundaries and indicate when those boundaries may be getting pushed. If there would be space for volunteers to discuss cases and case-studies, the organization would not be excluding care seekers in advance, and would not be making decisions for the volunteer, Angelica argues.

The grey area is definitely relevant here. During my helpdesk hours I have consciously accepted cases from care seekers who told me they were receiving ambulatory care. In that sense I recognized myself in Angelica's story. If a help request ticked every box that would normally lead to acceptance, why would the fact that a care seeker receives care from an ambulatory carer once a week be a game changer?

Another topic that was frequently discussed both during interviews and in conversations around the office were cases concerning care requests from care seekers with dementia. During the 'help desk afternoon' (a few hours where Nienke and Carlijn gave presentations about help desk related topics to all employees), Carlijn presented a quiz about dementia. People with dementia keep living at home for longer periods of time, which is currently about 79 percent of all dementia patients in the Netherlands.[8] This group of people could be called the epitome of the participation society, since the care these people receive comes mostly from those around them: *mantelzorgers*. Rather than moving into a care facility, the *mantelzorgers* provide the most substantial amount of care, and are sometimes supported by informal care organizations like the Burennetwerk.

At the help desk, the rule of thumb regarding dementia is that we only accept help requests from care seekers with early onset dementia, which is sometimes quite difficult to decide. When making follow-up calls for care requests like this, it is common to make these calls with either a *mantelzorger* or a person of contact within the formal care sector. I was taught to ask three questions when making follow up calls for these types of help requests: can this person remember names, faces, and appointments? If all three of these questions can be answered with yes, the help desk employee would usually accept these requests. However, more often than not, the answers to the follow-up questions would be a little vaguer: "yes, she can remember faces, however…" "my father can usually remember appointments…". Of course, this makes sense. The clinical prognosis and symptoms of dementia are

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[8] https://www.alzheimer-nederland.nl/factsheet-cijfers-en-feiten-over-dementie Accessed on 07/05/2022.

unpredictable, which means that even if everything seems good to go in a follow-up call, the reality can be much different. Angelica told me about a specific case that happened a few years ago:

> About two years ago, I remember this case that we, in hindsight, should not have accepted. This was a help request of someone who needed help buying a television and had early onset dementia. It sounded like a pretty *laagdrempelige* help request. The Good Neighbor and care receiver visited the electronics store together and picked out a new TV. The Good Neighbor was supposed to pick up this TV with the care receivers' debit card, but the card didn't work so the Good Neighbor paid for it with his own card. It was an expensive tv, about 600 euros. The Good Neighbor returned to the care receivers' home, only to find the police there, waiting for him. The care receiver had become confused, thought some strange guy had taken his debit card, and called the police. The police scolded this Good Neighbor, because why would he take this poor man's debit card? Eventually everything worked out, the Good Neighbor got his money back and even went back to the care receiver to assemble the TV cabinet the care receiver had also purchased. But the volunteer definitely had a good scare.

This example shows how the unpredictability of dementia can make judgement calls for help requests from this specific group of people a profoundly delicate affair. Cases that at one moment seem to fall within the parameters, may appear quite differently the next day. When I was working the helpdesk, I had a phone call with a Good Neighbor who had some trouble with a help request. The Good Neighbor was supposed to go on a walk with a care receiver with early dementia. However, when the Good Neighbor arrived and went for a stroll, they noticed that the care receiver was extremely confused and did not remember their own neighborhood. They went back home, and the Good Neighbor was able to contact the care receivers' *mantelzorger*, who informed the Good Neighbor that the person's condition had deteriorated quickly over the past few weeks. Together they decided that the care receiver was beyond the point of being able to receive help from an untrained volunteer, and the two of them would no longer take walks together. These cases made me realize why the Burennetwerk is cautious with accepting help requests when dementia is involved. It is difficult to get a proper grip on the case, and to determine whether or not a help request is safe for the Good Neighbor as well as the care receiver. In summary, the fact that care seekers with dementia keep living at home for longer periods of time means that they need different forms of informal care to compensate for acts of care that would have been administered by a nursing home. This also means that the boundary management in the informal care sector needs to adapt to these developments, but the help request described in the previous quote proves that this is not an easy task.

As I mentioned in the previous chapter, domestic help is a boundary all Burennetwerk employees agree on as something that belongs in the formal care sector. However, even domestic help comes with a grey area, as Annette once explained during our interview:

> If care reivers and Good Neighbors have a good connection, it happens that they sometimes assist with the dishes, or wash some windows when spring is coming. Even though I realize domestic help requests require formal care, I still try to do what I can. The waiting lists are one to two years. If I know someone is, for example, recovering from a surgery, and the cat litter box needs cleaning, I will refer them to an organization that does do that. Or I will try to find someone in the *Zorgbrigade* who is willing to clean the kitchen a little. So yes, even for our 'hard' boundaries, there is always some wiggle room.

This quote shows that even the one solid boundary I have come across during my time at the Burennetwerk is not that harsh at all. This quote also shows the creative and caring nature of Burennetwerk employees. If a help request cannot be accepted for whatever reason, employees will do their very best to see if they can provide care for a specific part of a help request, and if they can refer a care seeker to a different organization that can provide in the remaining care needs.

Conclusion

This chapter has shed light on where the boundaries between the formal and informal care sector lie, how they are determined, maintained, and how they work in practice. However, this chapter has also shown that the process of boundary management within the informal care sector is challenging and ambiguous. Although there are several 'hard' boundaries that all Burennetwerk employees are aware of, such as the place of domestic help within the care landscape, it seems that, in practice, exceptions can be made even for those 'hard' boundaries. This boundary management in the grey area of the informal care landscape can not only be complex for care seekers and their help requests, but for Burennetwerk employees too.

Chapter 4

The Volunteer

The volunteer is a crucial part of the participation society. As I argued in previous chapters, where the formal care is leaving gaps, volunteers and volunteer organizations are expected to step up and fill these gaps. It is thus crucial for this research to investigate the position of the volunteers, along with their experiences, motivations, and relations to the care receivers. In this chapter, the position the volunteer takes can be compared to phase three in Tronto's (1993: 105-106) four phases of caring: care-giving. In this phase physical work is performed, and immediate needs for care are met. The care receiver, on the other hand, will be in phase four: care-receiving. The receiver will respond to the administered care, and it is observable that the caring needs have been met.

"At one point, the representative asked the volunteers what they had to offer that was distinct from the services of the professional nursing and doctoral staff. Without hesitation, the group called out, "Love!"" (Muehlebach 2011: 59). Besides the downscaling of the formal care sector in the welfare landscape in the Netherlands, the promises of proximity (Duyvendak et al. 2018: 60) that are also implied by Muehlebach (2011: 59), are thought to be a fitting substitute for tasks previously supplied by the formal care sector. But how is this responsibility experienced by volunteers, and to what extent are these promises of proximity really contributing to a more personal approach (ibid.)? Muehlebach (2011: 62) also argues that citizens are united and motivated to do volunteer work "through passions ignited by inequality, rather than presumptions of equality; and through emotions, rather than politics". Based on these pieces of literature, two questions arise. First, I want to investigate: what motivates volunteers? Does it indeed, like Muehlebach (2011) argues, come from an awareness concerning inequality, or are volunteers motivated by changing policy concerning health care and politics, and do they see that volunteers are expected to fill in the gaps? Second, is it true that volunteers contribute "Love!" to care they provide that was not supplied by formal care institutions? Do these promises of proximity work like the participation society intended? In this chapter I will draw on interviews with Good Neighbors, introductory meetings with Good Neighbors during my hours working the help desk, and my own experience as a volunteer to answer the following question: what does the changing care landscape mean for volunteers and their role within the informal care sector?

The first time I personally did volunteer work was when I was eighteen years old. There was a community center not far from where I lived at the time, and I started working in the modest secondhand clothing shop that was set up in the community center's attic. It was a small shop, and several days could go by without seeing any customers. After a few weeks I got bored of the sitting around, waiting, and doing nothing, so I asked for a new task. I was then put to work in the kitchen, where the community center prepared lunch to sell in the visitor's canteen of a nursing home close by. These volunteer experiences have taught me that, starting at a relatively young age, a great deal was happening in my proximity without me realizing. I realized that I had no idea who lived in this neighborhood that was not too far from mine, which made me see I did not know the people that lived a few neighborhoods down, let alone my own neighborhood. Working in this secondhand shop and the community center kitchen also gave me insight into problems the youth and elderly in this neighborhood were facing. I gained a whole new appreciation for a part of my hometown I never really connected with, and to this day I fondly remember the people and places I was lucky enough to encounter.

Several volunteers shared similar experiences during my fieldwork. Both during interviews and introductory meetings, several Good Neighbors expressed to me that they did not feel a connection to their neighborhood or were stuck in a bubble and wanted to expand their horizons. As Alexandra put it in our interview: “Neighbors don’t meet each other anymore. People live in tall buildings where the elevator whooshes its residents up and down, and neighbors are merely connected to each other by a nod here and there. That’s it.”

Motivation

There are three main themes regarding motivation that I have come across during interviews and introductory meetings with Good Neighbors. Certainly, there is some variation and deviation, but generally speaking all answers considering volunteer motivation can be put under one of these three umbrellas: social cohesion, religion, and usefulness.

The desire for social cohesion is a theme that I encountered regularly during interviews. This surprised me, because when I just started my fieldwork, I imagined that new Good Neighbor registrations at the Burennetwerk would come from a sense of connection to the neighborhood and others around them, while in reality it seems that it is often the other way around. My interview with Nienke confirms these feelings of disconnectedness. Nienke was one of the three helpdesk coordinators, and one of the people I had the most contact with during my two internship days a week. Nienke is a white woman, in her forties, and one of the most patient people I was lucky enough to encounter. Even though she had been living in Amsterdam for quite a while, we talked about her growing up on a farm on the countryside on several occasions. Nienke compared her sense of belonging in the city to that feeling in the countryside: “People are new in the city, and they miss a warm welcome to the neighborhood, and people want to have the feeling that they are doing something that matters for someone in their proximity. That creates a connection to your city district, neighborhood, and neighbors. I had this where I grew up. If my father was ill and my brother would feed the cows in his place, our neighbors would come by after a few days to see if my father was okay. You don’t get that in the city.”

Another interesting example comes from my interview with Joris, a white, middle-aged TV-producer who has been a Good Neighbor for several years. We met on Teams for an interview, where we talked about how one specific event confronted him about how he felt he was not connected enough with his neighborhood:

> I work fifty hours a week, but I find it important to help others outside my work. I once had a neighbor who lived across the street from me. I am looking into his old home right now; other people live there now. I did not really know the man, but we would say hi when crossing each other

> in the street. One day he was found deceased in his home, and I thought to myself how I probably would have been able to do something for him, but I never did. He lived so close, but I never really paid any attention to him. So, one Google search led me to the Burennetwerk, and I figured this would be a great way to make a difference in my neighborhood.

Another Teams-interview I conducted was with Roos, a young woman who recently decided to leave the Burennetwerk because she felt the help requests were too heavy for her. I will elaborate on these difficulties in the next section of this chapter. For now, I want to focus on her incentive to become a Good Neighbor in the first place. Roos talked about how she lives in a newly constructed building, but she knew nothing about the people who live in the older building behind her, and she indicated that she missed a form of social cohesion with the people around her. Just like Joris, Roos felt becoming a Good Neighbor would give her insight into the lives of those who live close. Besides Joris and Roos, five other Good Neighbors indicated that a big part of their motivation came from a desire for social cohesion, something that according to Nienke, is often missing in big cities.

Other motivations, such as religious considerations, were also prevalent during several interviews. One of the first interviews I conducted was over the phone with Willem, a 71-year-old pensioner. One of the first things Willem mentioned during the interview was that he is very handy and used to work a technical job and his expertise “gets exploited by some people”. I asked what he meant by this, and he elaborated by explaining that once some care receivers knew that he had a specific skill set, he would get calls for every little job around the house. Although he seemed a little bothered by this, he was very adamant in how these instances did not change the way he experienced his volunteer work in general. I considered this to be quite exceptional. If I were to be felt exploited by care receivers, I would definitely think twice about accepting new volunteer work. This was clearly not the case for Willem, and this may have had to do something with his intrinsic (or maybe extrinsic) motivation: his Christian faith: “Me being a Christian has definitely influenced me to do volunteer work.”

Another Teams-interview was with Ada, a middle-aged woman. Ada and her husband had come to Amsterdam about two decades ago, specifically to volunteer at a living group for youths who needed some extra guidance. Ada told me elaborate stories about her experiences as a volunteer, especially about the connections and friendships she has made with care receivers over the years. I will discuss this more elaborately later in this chapter.

Ada told me why she has dedicated so much of her life to care for others on a voluntary basis:

> My husband and I are very lucky and rich. Not rich in terms of money, but rich in terms of the enlightenment in our lives. We have each other and our six biological kids and our foster son, so we have a lot and thus we have a lot to give. It also comes from us being Christians that we feel like we are not here on earth without reason. God has given us our hands to do what we love, that can be

> almost anything, and it just so happens that I love to help people. I like people in general, it is in my nature I think, but it is also strongly derived from my faith.

A third Good Neighbor who also mentioned her faith as one of the driving forces behind her doing volunteer work is Imke. Imke and I met on Teams, and this interview turned out to be one of the longest interviews with a Good Neighbor I would have. Imke is a white woman in the end of her thirties, has two young children, and works in dementia care. This meant that Imke had a very unique position in my research, in the sense that besides her work as a volunteer, she also was very familiar with both the formal and informal care sector. As I mentioned in Chapter Three, people with dementia keep living at home for longer periods of time which means some of their care is often provided by *mantelzorgers* and volunteers. Apart from Imke's volunteer experiences, we were also able to discuss the larger arguments and subject that were important during this research period. Imke and I talked about when and why she started doing volunteer work:

> I think it is very important that I do unpaid labor as well as paid labor. I have always done volunteering, starting at the age of twelve or thirteen. It was part of my education, both at home and at the church. My grandmother always used to say that volunteering is fifty percent for the other person, and the other fifty percent is for yourself. It gives you a connection to God, your neighborhood, and provides you with a feeling of home and meaning.

It did not surprise me that quite a few of my respondents mentioned that their religious beliefs were part of the incentive to do volunteer work As I mentioned earlier, the Burennetwerk's office is located within the building that also houses the Diaconate of Amsterdam. I had also picked up that the emergence of the Burennetwerk in 2012 was closely connected with the Diaconate, although this connection had since moved to the background.

The last theme concerning motivation I have come across is the desire to feel useful or to contribute something of societal relevance to one's surroundings. One of my few in person interviews with a Good Neighbor was with a woman named Edith, who lived in a central part of town. I visited her on a beautifully sunny morning in the beginning of March. Edith lived in a gigantic building with many apartments for senior citizens. Edith had called me about a week prior to tell me what the easiest route to her house was. She left me extensive instructions on how to navigate through her building that looked more like a small village, including a massive courtyard which reminded me of a moderately sized city park. The courtyard was beautifully maintained, with blooming flowers everywhere, even though spring had barely sprung. Edith was an eighty-year-old delicate-looking and skinny woman, with grey curls bouncing around her head. Her energy was warm and inviting. She welcomed me with open arms and invited me into her elegant and neatly cleaned apartment. I took a seat at her dining table, and she offered me a glass of iced tea, which I gladly accepted. After I introduced myself as well as my research, I did not have to ask the first question before Edith started talking about why she became a Good Neighbor all those years ago:

> When I moved back to Amsterdam once I retired, I started thinking. I could not play bridge and golf all day long, so how was I going to fill my days? I had a need to do something useful for myself as well as for others, and through some friends I heard about the Burennetwerk. I like helping people, it is in my nature. When you see someone smile after doing something for them that they are unable to do themselves, that makes me feel good. I believe we are here on earth to have fun with one another and to support each other when we can.

Edith's enthusiasm was contagious. I found myself on the edge of my seat while listening to her enticing volunteer experiences, which I will discuss later on in this chapter. Another interview with a Good Neighbor that captivated me, was an online interview with Sophie. A thirty-two-year-old woman, several months pregnant, sitting on a couch surrounded by plants, answered my Teams-call. Sophie described her motivation to do volunteer work as follows:

> I am very well-off; I have no complaints. I grew up in a very safe environment, where I lacked nothing, and I could always do what I desired. I have a very good job, and I enjoy many privileges. This is not the case for everyone in Amsterdam. I like the fact that through the Burennetwerk, I can, to some extent, 'share' my privileges with others.

I received many answers like these during my interviews with Good Neighbors. This also goes for the other themes concerning motivation described in this chapter. The last two themes I discussed, religious motives and the need to feel useful and share one's wealth, were themes I expected to hear during interviews. The motivation revolving religion surprised me at first but made sense when placed in the context of the religious background of the Burennetwerk.

In conclusion, Muehlebach's (2011: 62) argument concerning volunteer motivation was also applicable to my findings. In zero interactions with volunteers were the changing welfare landscape or political processes the ignition to do volunteer work. However, the absence of volunteer motivation concerning the changing welfare landscape in my findings does not mean it does not exist. Nonetheless, in my experience, motivation has come from a sense of privilege, inequality, and the desire to do good and mean something for someone else.

Difficulties

In order to properly examine the position and experiences of the volunteer in the changing welfare landscape, it is necessary to consider the difficult aspects of volunteering. I will draw upon interviews conducted with Good Neighbors and my own experience as a volunteer as part of participant observation. During my first visit to Nana, I ran into some situations where I found it difficult to set proper boundaries and adhere to them. The help request I initially responded to was to help Nana unpack boxes from her move that she, because of physical illnesses, could not attend to. Besides the unpacking of a few boxed filled with fancy, unworn, pairs of shoes, Nana also instructed me to help her with her laptop and when I could not figure it out, make a phone call with her neighbor who apparently knew computers. She also wanted me to photograph eight pairs of her shoes and put them up for sale online, and so I did.

At the Burennetwerk I was taught to instruct Good Neighbors to call the helpdesk if a help request turned out to be more intensive or demanding than portrayed in the brief description that Good Neighbors respond to. The Burennetwerk also restricts help requests so they (usually) do not take up more than two hours at a time. Even though I would give these two pieces of advice to every Good Neighbor I spoke to during my internship, I did not take my own advice to heart and let Nana use my presence for whatever she needed. I was realizing this while it was happening, but I purposely let it happen because I felt like Nana simply needed the help. I do not know if Nana intentionally asked more of me than why I originally visited her, or if she did not realize she was asking 'too much' of me. I did not feel overburdened in the sense that the requests Nana was making were too heavy or intensive for me, but I was surprised by how easy it seemed for Nana to instruct me to do every little odd job around the house. However, this feeling did not stop me from coming back several times.

I observed this tendency with my interlocuters as well. Many of them indicated that at one time or another they felt 'used' in some way, or like a care receiver had pushed and crossed their personal boundaries. Besides the fact that every single one of the Good Neighbors I interviewed told me about one or more of these situations where they may have been uncomfortable or overburdened, only one of my respondents, Roos, then took further action and left the Burennetwerk as a volunteer. Roos told me about a help request she responded to that turned out to be completely different than what she expected and desired.

> This was a man who lived in my neighborhood. The help request I responded to was to assist him with Skype, because his son lived abroad, and he wanted to call him. The help request's description said all the equipment was available, and all this man needed was an explanation of the program itself. This man was very old, ninety-something, and deaf as well. I did not know these things. He was a nice and interesting man, but it became very apparent to me that he was obviously looking for something else than to learn how to Skype. When I came in, he wanted to sit with me in the living room, tell me and show me lots of things, and I obliged, but we never actually got to the Skype-part of the help request. I left his home feeling very unsatisfied because I expected something different from the help request. I expected that he needed specific explanations concerning Skype, but this man just wanted to chitchat with me. Because he was deaf, I had to yell for him to hear me,

> while at the same time wearing a mask, so this whole situation was just weird. He kept calling me after I left and leaving voicemails in the middle of the night because he wanted me to come back. I intentionally decided against accepting recurring and social help requests, so this experience was definitely not a positive one for me.

Roos continued by arguing that she felt inadequate in this situation, because she felt like the lack of a background or education in healthcare was probably necessary in this specific case. This story is a textbook example of a gap that has fallen in between the formal and informal care sector, because this care receiver did not have any kind of social network in his proximity that he could rely on. This meant he was dependent on an organization like the Burennetwerk to provide in his needs. However, because of underlying issues like his deafness, Roos felt like this specific help request was outside of her capabilities as a volunteer. Roos contacted the Burennetwerk to give the help request back to them, hoping that a volunteer could be found who was fit for this help request. Luckily, a Good Neighbor who had work experience in elderly care picked up the help request. So, what does this then mean? Is it, in some cases, necessary that a professional in the formal care sector, also provides care in the informal care sector, and does this then not defeat the purpose of the participation society?

This friction between formal and informal care has been brought up by other respondents during interviews. Not in so many words, but several Good Neighbors discussed situations where they felt like their role as a volunteer was not sufficient in providing the necessary care. A poignant example comes from Joris, who discussed a care receiver who he visited weekly for several years until his passing a few months earlier. This care receiver lived a very closed-off life, and would not accept anyone into his home, other than Joris. Joris noticed that this care receiver needed professional domestic help but was unable to arrange this for him because of his averseness to caretakers, as well as the long waiting lists in Amsterdam. Because Joris was unable to find this care receiver the formal care he needed, Joris decided to pick it up himself and take on the role of domestic help. As I mentioned in the previous chapter, from an organizational perspective domestic help completely falls outside the range of informal care. However, when a care receiver like the one in Joris' case is completely and utterly dependent on the informal care sector, these boundaries are easily blurred. Joris and I discussed how he experienced taking on this role, and I was surprised by his resilience and positivity. Joris felt privileged because he was the only one who was allowed to come into the care receivers' home and wanted to respect and honor this bond of trust that they had built up over the years. While Joris realized that the role he had taken on had transcended the role of a volunteer, the only thing that Joris seemed to mind was the fact that the formal care sector had neglected and overlooked this care receiver.

“Love!”

The ‘ideal’ relationship between volunteer and care receiver, as imagined by the welfare state reform’s policy, can be described as follows: “At one point, the representative asked the volunteers what they had to offer that was distinct from the services of the professional nursing and doctoral staff. Without hesitation, the group called out, “Love!”” (Muehlebach 2011: 59). But to what extent is this image accurate? Do volunteers really experience a feeling of love or closeness to the care receivers they help, or is there is a distance between the two? And how does the presence or absence of a personal relationship influence the volunteer experience?

My relationship with Nana is unlike any relationship I have had before. What is interesting about this relationship is that I find it difficult to define. I visit Nana on a voluntary basis to help her with whatever she may need that day. For me, this implies an unequal relationship. Our relationship is not based on reciprocity, but rather on dependency, but this is not necessarily unfavorable. As long as both parties realize and accept the conditions of the relationship, no harm is done. However, a trend that I have noticed in my relationship with Nana is that she seems to want to share excessively personal information with me. This has ranged from Nana wanting me to help her with online banking (which I politely declined, I do not feel comfortable dealing with Nana’s passwords and money), as well as sending me lengthy messages about her abscesses and other personal medical issues. Although these differences in expectations concerning our relationship are not a too much of a hindrance for me (nor does it seem to be the case for Nana), it does illustrate a larger theme I have come across during interviews with Good Neighbors. Namely, how does a volunteer maintain a distance in a relationship with a care receiver (if that distance is desired), and how does a volunteer then protect their own boundaries within this relationship? In this section, I also want to highlight what it can look like when a relationship between a volunteer and care receiver transforms into an authentic friendship, where dependency has made room for reciprocity, symbiosis, and in some cases, a feeling of kinship.

In my interview with Sophie, she told me about one of her previous contacts as a volunteer, a woman for whom Sophie used to do some grocery shopping for every Tuesday. This care receiver lived on Sophie’s route from work to home, which made this a convenient and pleasurable volunteer contact for both parties. Although Sophie experienced her relationship with this care receiver as jovial and pleasant, she did consciously keep a distance between them:

> This woman was really lovely. However, I did not have coffee with her or something like that. I always kept my distance. That sounds a bit negative or aloof maybe, but I do not build friendships with care receivers. I experience contacts like these like a favor I am providing, I do not feel obliged to then take it a step further and build a whole relationship around that favor. I of course would chat with her when delivering her groceries, but that was it. This is also the case for other volunteer

> contacts I have had, I would chat with another woman about her kids and the weather, but nothing profound.

This philosophy Sophie has about her relationship with care receivers is not unique. Multiple Good Neighbors indicated that they make a conscious effort to keep a certain distance from care receivers. In contrast, there were also several Good Neighbors whose relationships with care receivers have grown into either friendships or relationships that more or less resemble kinships. The first time I heard about the transcendence of such a relationship into the realm of a friendship was during my interview with Ada:

> All three of the women I did volunteer work with were on the margins of society. I felt close to all three of them, I really liked them, and they appreciated it so much when I came by. I try to be there as an equal, as a friend. In some cases, despite my efforts, the relationship remains unequal in some respects, because they remain dependent on me. However, my relationship with one of those three women really turned into a friendship. At some point I forgot that I was there as a volunteer.

Another Good Neighbor who indicated that his relationship with a care receiver had become a friendship, was Joris. He elaborated by explaining that they call each other on birthdays, Christmas, New Years, and other important days. Joris is also always present when this care receiver is getting other types of care, for example when her boiler needs replacing or other practical jobs.

During two interviews, Good Neighbors stated that their relationships with care receivers had taken on kinship-like aspects. The first time I heard this was during my interview with Imke. Imke visited this care receiver for about seven years, until she moved to the other side of the country. Imke’s kids used to call this care receiver grandma, and Imke articulated that this care receiver also acted like a grandmother to her kids. This aspect of kinship was surprising as well as heartwarming. This care receiver, who had lacked a social network, had gained a family through the act of volunteering. This was also the case for Marin, another one of my interlocutors, and her care receiver, an elderly woman she had been visiting museums with for many years. Once Marin started having children, they would come on their outings too, and the care receiver and her children built a special relationship. Just like in Imke’s case, this care receiver would become like a grandmother to Marin’s children.

This contrast between wanting to keep a distance from care receivers and the growth of relational aspects bordering on kinship illustrates how the volunteer experience regarding relations with the care receiver within the changing welfare landscape is not a universal one. While some Good Neighbors make the intentional and deliberate choice to stay away from such relations, other Good Neighbors appreciate the process of growing endearment between care receiver and themselves. When I place these observations within the context of the changing welfare landscape, it seems like the latter of these two groups seem to resemble how the position of the volunteer is envisioned within the participation society. Namely, engaged, committed, and invested, not only in the volunteer work itself but in the life of the care receiver as well, like Muehlebach (2011: 59) described. This does not mean that Good Neighbors who do not desire a personal and intimate relationship with care receivers, who are just as represented within this research, are less important or bear less significance to their care receivers. It merely means that the vision or ideology that volunteers can, to some extent, be substitutes to the social networks of the care receiver, is not an exhaustive and unconditional truth.

Conclusion

The central question in this chapter revolved around what the changing welfare landscape means for volunteers and their role within the informal care sector. In order to answer this question, I have used three main themes gathered from interviews with volunteers: volunteer motivation, difficulties, and the relation between volunteer and care receiver. Through these three general themes I have shown how volunteers experience their own position within the care landscape. This information concerning motivation, difficulties, and relations contributes to the understanding of a significant dilemma found within the changing welfare landscape: the fact that heavier and more intense help requests end up in the hands of volunteers. This chapter has shown that there are definitely volunteers, like Roos, who experience this intensity and experience this as a burden. However, this chapter has also shown that several volunteers, while they may be experiencing this intensity, do not mind it or find a way to deal with it.

Chapter 5

Conclusion

The decentralization policy of the Dutch social domain has led to the introduction of the participation society (Duyvendak & Tonkens 2018): a policy measure where citizens are discouraged to rely on formal institutions for specific care needs, but are rather expected to turn to their social networks. This works two ways, it is also expected of citizens to provide their neighbors, friends, and family members with these forms of informal care (Verhoeven and Tonkens 2013). These processes are also known as ‘governing through community’ (Rose 1996; Vollebergh et al. 2021).

The paradoxes and dilemmas that surround care in the context of the participation society are visible in several different domains: the reconfiguration of boundaries between the formal and informal care sector which includes the inherent paradox of the informal care organization, the renegotiation of responsibility and boundaries in the informal care sector, and the significance and effort of volunteers in the changing welfare landscape. When discussing the reconfiguration of boundaries between the formal and informal care sector, the concept of self-reliance takes a fundamental position in the debate (Duyvendak & Tonkens 2018: 9). Citizens who are self-reliant will no longer utilize state provisions. These citizens will seek out forms of care in their own networks and surroundings and are thus able to shift from formal forms of care to the informal. However, the existence of informal care organizations, like the Burennetwerk, proves that the welfare state reform policy has left a substantial gap. Like Nana, care seekers who are unable to turn to their networks for informal care are now dependent on formally organized forms of informal care.

The second dilemma concerns the renegotiation of boundaries and responsibilities in the informal care sector. I have argued that formal care has been shifting towards the informal care sector, but it seems that the necessity and demand for formal types of care are not diminishing. Instead, the boundaries of the informal care sector are expected to synchronously extend alongside the shift towards the sector. Drawing on interviews with Burennetwerk employees and participant observation during my hours working the help desk, I have shown how the boundaries that are set to demarcate the informal care sector are open to interpretation, context, and irregularities. For example, what I thought to be a hard boundary, like domestic help that belongs in the formal care sector according to every Burennetwerk employee I interviewed, can be subjected to exceptions. These irregularities show that the informal care sector is remarkably fluid. Despite the fluidity of these boundaries, the Burennetwerk still has to perform a form of triage because of a volunteer shortage. Following the concept of ‘categories of deservingness’ (Vollebergh et al. 2021; Koch 2021; Muehlebach 2011), I have argued that the Burennetwerk is, through these volunteer shortcomings, forced to determine who is ‘deserving’ of the limited amount of care their volunteers can provide.

The third dilemma concerns the significance and effort of volunteers in the changing welfare landscape. The welfare state reforms have implemented a moral appeal to citizens to participate in society, with the message that caring for those around you is also their responsibility (Muehlebach 2011; Duyvendak & Tonkens 2018). Besides the moral appeal to provide care for your fellow citizens, volunteers are also expected to take on heavier tasks, or tasks previously supplied by formal care employees (Verhoeven & van Bochove 2018). Following Muehlebach’s (2011: 62) work, I have argued that it is not the changing welfare landscape and the state’s call to citizens to take on more responsibility that Good Neighbors are motivated by, but it is rather an awareness concerning inequality, privilege, and a desire to do something for someone else. In my experience, most Good Neighbors are not aware of the fact that volunteers are expected to take on more responsibility, which means that another aspect of the intent of the participation society, the encouragement of citizens to step up to help their fellow citizens, can be considered (partly) ineffective. A third aspect that was thought to be a benefit of a growing position of the informal care sector, a more ‘homely’ and personal approach in asking for and administering care (Duyvendak et al. 2018: 49), has also only proven itself to be partly true. Some Good Neighbors indicate that their relationship with a care receiver is strikingly personal and deep, while other Good Neighbors express how they do not desire such relations and are purely there to perform a task.

In conclusion, this research has given insight into how an informal care organization like the Burennetwerk and its volunteers, works, operates, and positions itself within the changing welfare landscape. This thesis has also demonstrated what an informal care organization, like the Burennetwerk, can show us about the paradoxes and dilemmas that attend the provision of care in the participation society. Although I have argued that the informal care landscape can be ambiguous and market principles can be applied to the principles of care (Da Roit & de Klerk 2014), another important conclusion is that the Burennetwerk employees and volunteers have one thing in common: the work they do comes from a philanthropic place of selflessness, and a compassionately, humane, generosity. Although the participation society and welfare reforms might have had these developments in mind as its desired result, I argue that one of the only outcomes of the participation society I have witnessed is the fact that organizations like the Burennetwerk are necessary to begin with.

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