

Rise Research

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Trust in Government: Implications for the Provision of Homelessness Prevention Services

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Certain marginalized communities are more distrustful of and hesitant to access social welfare services provided by the government. Distrust of services is informed by previous dehumanizing experiences with social welfare service providers and other government agencies, as well as low expectations for service efficacy. This finding has implications for the equity of service provision, as members of marginalized groups may be less likely to access services when assistance is administered by public providers.

This memo reviews literature on trust, marginalized communities, and government programs - focusing specifically on the implications for homelessness prevention programs. While there is a great deal of research on homelessness prevention programs, as well as trust in government, there is little cross-over between the two subjects. Studies of trust in government examine varying levels of distrust across groups, but rarely focus on social welfare or homelessness prevention programs. Evaluations of homelessness prevention programs focus heavily on quantitative data and do not address specific communities' experiences with services. As a result, this memo also draws upon research on homelessness, as these studies are more likely to provide qualitative data that addresses experience with and willingness to access services.

Existing research shows that negative experiences with service providers are a universal barrier to trust. However, when these experiences compound on existing distrust in marginalized communities from negative experiences with other government agencies (ex. the police and criminal justice system), the unwillingness to use services is heightened.

Studies of homelessness and homelessness prevention programs offer recommendations for increasing service access for those in housing crisis, including creating positive initial interactions with frontline workers, enabling sustained interactions between frontline workers and clients, and utilizing trusted community partners to reach individuals who may be unwilling to access government services.

Background on Trust in Government among Marginalized Groups

Marginalized communities, defined as groups experiencing discrimination and exclusion because of unequal power relationships across social, political, cultural, and economic dimensions (National Collaborating Centre for Determinants of Health), trust others less. A 2002 study conducted by Alberto Alesina and Eliana La Ferrara found groups that have been historically discriminated against have lower levels of trust. This study also found that relative to other groups, Black Americans have a lower level of trust in public institutions (excluding education).

Individual experiences with government programs can lead to broader distrust among members of marginalized communities. An Australian study found frustrating and dehumanizing interactions with government services were often shared as stories within low-income and underserved communities, leading to collective distrust. The study also found that program efficacy was not enough to combat negative impressions of government services; service recipients were cited as saying the welfare they received was not worth the dehumanizing experiences they had to endure to obtain it (Lee 1998).

Research suggests that distrust of government services is also informed by the experience of “surveillance, monitoring, coercion, work extraction, and confinement across the range of institutions that encircle [low income minority citizens’] communities” (Soss and Weaver 2017). Encounters with the police, and criminal justice system have become part of the ‘collective memory’ of marginalized communities and spill over to affect their experiences with other government services. Furthermore, social welfare programs have discriminated against and been used as a way to control communities of color (Soss and Weaver 2017). Distrust from marginalized communities is rooted in the context of perceiving the government broadly as representative of racist violence and control.

Specific Barriers to Trust and Access

Qualitative studies with clients in homelessness and homelessness prevention programs find consistently that negative experiences with frontline workers and overly complicated application processes can dissuade people from utilizing services. Example studies include:



Interviews of over 500 people experiencing or who have experienced homelessness in Portland, Oregon found that after being dehumanized, objectified, and/or infantilized by service providers, many people chose to opt out of the service system to maintain their dignity (Hoffman and Coffey 2008).



Interviews of 24 chronically homeless people in New York City found a deep mistrust of outreach workers based on experiences in which individuals said the outreach workers stereotyped them, were not empathetic, and made false promises. This mistrust led people to refuse services (Kryda and Compton 2008).



Interviews of staff at organizations across the United States serving LGBTQ+ homeless youth found gaps in culturally competent and LGBTQ+ affirming services that led some youth to avoid using services (Maccio and Ferguson 2016).

Recommendations

Building trust in marginalized communities is a critical endeavor, as trust is key to equitable policies and service delivery and public service performance broadly. Available evidence indicates that social trust positively correlates with government capacity and efficiency, and contributes to a positive perception of government performance (Andrews 2012).

However, there are no short-term solutions to overcoming centuries of distrust in marginalized communities. Instead, the homelessness and homelessness prevention program literature focuses on three recommendations that work towards creating empathetic, equitable, and human-centered services. The recommendations are:

- Focus on creating a positive initial impression of frontline workers. The first interaction should demonstrate the worker is “motivated by the best interest of the potential client” and respects the client enough to treat them as an individual (Kryda and Compton 2008).
- Create opportunities for sustained interactions and relationships between frontline workers and clients. Lengthy interactions and relationships build trust and help the client feel they are being heard and respected for their unique situation (Kryda and Compton 2008; National Health Care for the Homeless Council).
- Utilize “trustworthy community partners who are better able to reach vulnerable communities that are unlikely to access government services” (de Laveaga et al. 2019).

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