# PROFESSIONS & PROFESSIONALISM

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# Welfare Service Professionals, Migrants, and the Question of Trust. A Danish Case

**Abstract:** The aim of this article is to analyze migrants' interpretations of their encounters with welfare service professionals in Denmark, focusing on client trust and exploring its diversity across professions. It is based on qualitative interviews with migrants. Migrants as newcomers to the welfare state constitute an interesting case that might allow specific insights into how and in what ways trust and distrust emerge. Aspects such as procedural justice, professional morality, and personal feelings have emerged from the explorative analysis as important trust-generating features of encounters. Trust in the welfare state appears to be useful for "overriding" negative experiences with individual professionals and in other cases of distrust, and migration specific exit practices have been observed. Finally, some migrants do indeed seem to apply experiences of trust with welfare service professionals to the Danish state or even society, and thus the professionals involved can be called hidden "integrative" resources.

**Keywords**: Professional-citizen relationship, migrants, client trust, welfare state, qualitative

In various ways, welfare service professionals can be viewed as the connective tie between a welfare state and its citizens (e.g., Lipsky, 1971; Giddens, 1990). In his early contributions, Lipsky emphasized the importance of welfare state professionals (or, in his words "street-level bureaucrats") to the relationship between individual citizens and the state: "these 'street-level bureaucrats,' as I call them, represent American government to its citizens. They are the people citizens encounter when they seek help from or are controlled by, the American political system" (Lipsky, 1971, p. 392).

On a more abstract level, Giddens (1990) has termed welfare state professionals the "access points" to abstract systems. They are, according to Giddens, an important connection point between the system and the individual, and are crucial for the establishment of institutional trust in the system, in this case, the welfare state. In sociological theories of professions and professionalism trust is described as a characteristic of the professional—citizen relationship and is identified as an important precondition for the work of professionals in general (Di Luzio, 2006). Here, trust refers to the "risky investment" (Luhmann, 1979, p. 27) made by citizens when they engage in asymmetrical relationships with professionals. This so-called functionally specific trust (Endreß, 2012), also known as "client trust," bridges the gap between a citizen's need for help and incomplete knowledge on the one hand and the uncontrollable nature of professional work on the other. Without client trust, the (successful) work of service professionals would be almost possible (Hirvonen, 2014; Di Luzio, 2006).

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Kumlin and Rothstein (2010) emphasize the role of welfare service professionals in the development of generalized social trust in Swedish society and argue that this is especially true of migrants who, as newcomers, might especially apply their experience with the face of the (welfare) state to society as a whole.

Migrants do indeed constitute a very interesting case when it comes to the question of client trust. As they arrive from another society and start living in the new country, they are, at least in a service-heavy welfare state such as Denmark, confronted with meetings with service professionals. In this article, I focus on an explorative analysis of the features of encounters with professionals as described and interpreted by interviewees in the context of trust and distrust, and explore the differences and similarities between the different professional fields and their roles in building trust.

The focus on migrants as newcomers to the welfare state enables us to study the individual interpretations of and the meanings extracted from these meetings in a distinct way, as it opens up for reflection that would otherwise be hindered by tacit knowledge (Legido-Quigley, McKee, & Green, 2014). It can be argued that this particular empirical case, that is, migrants in Denmark, is particularly likely to exhibit trust-building processes. Usually classified as belonging to the Scandinavian or Social-Democratic welfare state model, the Danish welfare state is characterized by high levels of social protection, universalism, and predominantly tax-financed welfare state arrangements (Esping-Andersen, 1990). Despite retrenchments and marketization in recent decades, a large part of the social services are still in the hands of the public sector. Usually, therefore, it is the "front-line" welfare professionals who "bring" these services to the citizens. Additionally, Denmark tends to score highly in quantitative measures for both generalized social trust and institutional trust (Larsen, 2013), also among migrants (Dinesen & Hooghe, 2010) , and its welfare state institutions appear to be more trusted than those of other countries (Fersch, 2012). It could also be contended, however, that the opposite dynamic, that is, that experiences of exclusion due to immigration and integration policies, which potentially foster distrust rather than trust, could be expected in the case of migrants—especially in Denmark, due to its ever-stricter immigration policies (e.g., Mouritsen & Olsen, 2013) and duty-oriented integration policies (e.g., Breidahl, 2012). However, encounters of this kind did not play a role in the interview material. The empirical materials analyzed in this article are qualitative interviews with migrants in Denmark on their experiences, perceptions, and practices concerning the welfare state institutions in their host country.

First, I will introduce theoretical perspectives and empirical insights on the topic of client trust and the role of citizens' encounters with welfare state professionals; second, I will present and discuss the methods used; and third, I will present and discuss the empirical material. Finally, conclusions and further perspectives will be presented.

## Theoretical background and the state of research

In sociological theories of professions and professionalism, trust is described as an important ingredient of the professional—citizen relationship and has been identified as an important precondition for the work of professionals in general (Di Luzio, 2006). There is a broad consensus that this is a form of impersonal trust (although there may be borderline cases, such as that of a long-term general practitioner). Di Luzio states (2006, p. 554): "The object of trust is not the practitioner as such—it is rather institutions that provide the main basis and justification for client trust."

Thus, in this tradition, trust between the client and the professional is seen as possible because it is embedded systemically, that is, the client can trust the professional because there is a reliance on a system of autonomous control. This system of

professional control ensures the professional's orientation towards public welfare (Parsons, 1939) and the validity of his expert knowledge (Giddens, 1990). In a classical profession, such as medicine, this is based on scientific knowledge, which is certified and regulated, mainly by the profession itself (using regulations that are ultimately embedded in state regulations). In the view of, among others, Abbot (1988), the classical professions are constituted of an entanglement of knowledge and power, and this entanglement grants a form of authority.

In his account on trust and medical professions, Grimen (2009) emphasizes the importance of the power aspect and its consequences for trust. The power asymmetry between the professional and the client is caused by the expert's knowledge, professional autonomy, and discretion. Welfare service professionals, including medical ones, often serve as gatekeepers to services, which gives them considerable power vis-à-vis the citizen. Thus, sometimes the exit options and the alternatives to trusting are very limited or very extreme (especially when it comes to the health sector). It can even be questioned whether, in these cases, we can speak of trust after all.

In their theoretical deliberations on trust, both Luhmann (1979) and Giddens (1990) mention the connection between client trust and institutional or system trust. Luhmann states that in trusting the professional one trusts something abstract in a generalized, yet diffuse way. This stems from a form of trust in a diffuse system, Luhmann argues, which basically relies on the inherent controls installed in the system. In the case of welfare service professionals, we can establish that the welfare state is in charge of some of these control mechanisms (Luhmann, 1979). Giddens (1990) particularly emphasizes the role of professionals as access points to the system. He argues that encounters with these "face workers" of the system are of crucial importance for trust: "They are places of vulnerability for abstract systems, but also junctions at which trust can be maintained or built up" (Giddens, 1990, p. 88).

Research in the field of the medical professions tends to back up this claim—in this strand of research the role of the professional in the meeting with the citizen is emphasized in terms of both client trust and the emergence of institutional or system trust in health care institutions in particular (Brown, 2009; Legido-Quigley et al., 2014).

Having provided a general introduction to client trust, I want to introduce the substantive features of this relationship in order to provide an adequate framework for the analysis. What characterizes trust-boosting encounters between professionals and citizens? Which micro-processes enable trust or lead to distrust? First I will present some specific aspects of functionally specific client trust in the public sector and in professionals, and then I will present some more general theories on the function of trust on the micro-level.

Several authors (e.g., Kumlin & Rothstein, 2005; Van Ryzin, 2011) have emphasized the role of procedural justice as a substantive feature of the working practice of welfare service professionals that contributes to being considered trustworthy. In the context of trust in civil servants, Van Ryzin lists the following characteristics of encounters between civil servants and citizens as playing a role in the perceived trustworthiness of the civil servant:

- fairness (including a lack of bias or favoritism);
- equity (in the sense of distributing public benefits evenly or according to true needs);
- respect (including courtesy and responsiveness to citizens);
- honesty (in the sense of an open, truthful process and a lack of corruption). (Van Ryzin, 2011, p. 747)

In his study, Van Ryzin finds that these characteristics play a role in the trust placed by citizens in civil servants and the civil service in general (Van Ryzin, 2011).

Hardin (2002) presents another, related argument. He emphasizes the importance

of the concept of trustworthiness. Among other things, he identifies competence and the moral disposition of the trustee as possible causes of trustworthiness. This is very much in line with the ideas of the aforementioned sociological classics on the foundations of client trust, Parsons and Giddens. In the context of this paper, the interesting point is whether the professional in the encounter is viewed as being competent, as behaving morally, or both, and how this is interpreted by the interviewee. Taking the considerations about procedural justice into account, we can also discuss whether the trustworthiness of professionals is based on perceived moral behavior by the professionals in question or perceived procedural justice.

As mentioned above, the findings of studies in the field of medical sociology strongly emphasize the importance of encounters with medical professionals for the development of trust, both in professionals and in the health care system in general. Concerning the question of the specific aspects of these encounters, in their study on trust in the Spanish health care system by British pensioners living in Spain, Legido-Quigley et al. (2014, p. 1254-1255) write that trust is "fostered through interpersonal elements such as the communication of reciprocity, respect, and (often embodied) empathy." More importantly, the authors add that it "has to be earned by clinicians, and earned primarily through the skilled performance of interrelational skills rather than clinical competence."

This also seems to be confirmed by Brown's findings among gynaecology patients in the UK, which he illustrates with the following example:

> [O]ne consultant, who (as verified by the researcher) drew diagrams for patients purely because he preferred his own depictions to those available in published materials, was referred to by several patients as trustworthy due to the apparent care and effort he went to in these illustrations. (Brown, 2009, p. 403)

Concerning the nature of the encounters upon which the decision to trust or distrust a professional is made, Zinn's (2008) thoughts on the intersections of trust, intuition and emotions appear relevant. The author emphasizes that trust is something that is built in between rationality and irrationality, and states: "[…] the key characteristic of trust is not its combination of rationality and belief but rather its use of pre-rational knowledge and intuition placing trust in between rationality and non-rationality, neither fully rational nor irrational" (Zinn, 2008, p. 446).

According to Zinn, this gives rather intangible characteristics, such as feelings and emotions, a role in the development of trust. He argues that

> [T]rust, intuition, and heuristics are indeterminate judgments as they are embedded in specific social relations. They are influenced by thought and reflection, but also draw on feelings and personal preference or taste. The underpinning logic is not one of cause and effect but one of analogy, a situation or event is like a previously-experienced situation. (Zinn, 2008, p. 446)

To sum up, concerning the substantive aspects of encounters between professionals and citizens, several issues emerge in the literature. One emphasizes the elements of procedural justice that can be operationalized, for example, as in the list by Van Ryzin (2011) above, while others instead emphasize the perceived moral dispositions of the trustees as an important precondition for trust. Research in medical sociology points to the importance of interpersonal and communicative characteristics that show care. Last but not least, feelings are named as an important element. In the analysis, both general assumptions about client trust (as presented in the first part of this section) as well as assumptions about the substantive features of encounters (as presented in the second part of this section) are taken up and discussed. Thus, the following analysis aims to contribute to the exploration of client trust in the context of public welfare professionals.

## Research design and methods

This article is based on the empirical material consisting of 14 guided interviews with migrants in Denmark. Qualitative methods are especially suitable for analyses of how people make sense of experiences because they allow for the differentiated and open inclusion of topics and individual background information in both data collection and analysis. Concerning the criteria for choosing interviewees, the logic of "maximizing differences" (Glaser & Strauss, 1999) was applied. Thus, migrants with quite different backgrounds (from Western and non-Western countries, with different educational backgrounds, male and female, refugees and expatriates, etc.) were interviewed. Following Glaser and Strauss's concept, the idea was that if commonalities among very different migrants could be found, the differences in the background would strengthen the argumentation that these commonalities are connected to the setting and experiences in the host country. As the focus of the project was on experiences with social policy and the welfare state, one important criterion for choosing interviewees was that they had actually had enough time to have such experiences, as well as having access them (i.e. they needed to be entitled to social rights). Thus we chose relatively settled migrants, and all of them had been resident in Denmark for at least 4.5 years (see Table 1).

The interview guides were generally constructed as open and explorative—using open questions with the aim to create narratives on meanings, interpretations, and practices concerning the encounters with the welfare state and front-line professionals. The structure of the interview guides was designed to follow the experiences of the interviewees. After some general, open questions about their experiences with the Danish welfare state, the interviewees were asked which specific parts, institutions and professionals they had encountered. This was followed by open questions that aimed to stimulate a free narrative about their respective encounters and experiences. Direct questions about the research topics such as trust were only included at the very end of the interview. The aim was to generate empirical material suitable for qualitative analysis about the characteristics of encounters with the welfare state and its professionals. This meant that topics such trust were frequently brought up by the interviewees themselves. The downside, however, was that a wide range of interview material was created that included several parts of the welfare state, and thus encompassed professionals who differ profoundly in their roles (see Appendix 1 for a full interview guide).

Table 1 provides an overview of the interviewees and their socio-demographic characteristic

Table 1
*Interviewees' sociodemographic characteristics*

| *Name* | *Country of origin* | *Age* | *Gen-der* | *Duration of residence in Denmark (years)* | *Chil-dren* | *Occupation, activity, source of income* |
|---|---|---|---|---|---|---|
| Yuki | Japan | 41 | F | 13 | 1 | Part-time job, supplementary unemployment benefit |
| Ajda | Iran (Kurd) | 43 | F | 14 | 0 | Student |
| Gulda | Iran (Kurd) | 40 | F | 13 | 3 | Social assistance |
| Stavros | Greece | 36 | M | 4.5 | 0 | Part-time job, supplementary unemployment benefit |
| Stefania | Italy | 36 | F | 7 | 1 (+2 ) | Engineer, full-time employment |
| Marta | Brazil | 39 | F | 6 | 1 (+2 ) | Student |
| Oksana | Ukraine | 36 | F | 7 | 1 | Ph.D. fellow, full-time employment |
| Dana | Former Yugoslav Republic of Macedonia | 39 | F | 13.5 | 2 | Associate professor, full-time employment |
| Sandor | Hungary | 25 | M | 4.5 | 0 | Unemployment benefit |
| Yin | China | 42 | F | 14 | 1 | Student |
| Laima | Lithuania | 32 | F | 11 | 2 | Student |
| Vanida | Thailand | 30 | F | 5–6 | 1 | Student |
| Antone | Italy | 37 | M | 13 | 2 | Engineer, full-time employment |
| Imre | Hungary | 46 | M | 5 | 3 | Social assistance |

The interviews were coded thematically in Nvivo and the analysis was guided by a hermeneutical understanding (Gadamer, 1989) of each interview as a separate case. The coding process included both open, in-vivo codes, and codes that were generated beforehand by the research questions. The following Table 2 contains a list of codes.

Table 2
*Coding List*

| No. | Level 1 | Level 2 |
|---|---|---|
| 1 | Assimilation process | |
| 2 | View of Danish welfare state - general | |
| 3 | Experiences | Experiences with welfare state (general) |
| | | Experiences with welfare professionals |
| 4 | Family | Family and working life |
| | | Family and elder care |
| | | Norms |
| | | Motherhood norms |
| 5 | Welfare state legitimacy | |
| 6 | Personal background | |
| 7 | Welfare state problems | |
| 8 | Comparison to home country | |
| 9 | Trust | Welfare state (general/system) |
| | | Professionals: front-line staff |

The following presentation of the analysis is thus guided by the topics that emerged during the analysis and appeared relevant to the topic of professional-citizen relationships from the perspective of trust. For instance, the issue of feelings and emotions emerged from the empirical analysis, while procedural justice was a topic that had already been identified as potentially relevant in the research literature. All of the topics could be identified in several interviews, although not every topic could be found in each of the narratives, and certain specific individual practices and interpretations were identified. These are contextualized in the specific individual narratives, as this was a crucial aspect of the analytical approach. As the research approach follows the logics of hermeneutics (Gadamer, 1989; Fersch, 2013), the findings and insights are not seen as established once and for all but are able to change in the light of new empirical knowledge or theoretical approaches. Considering the relatively limited number of interviews and the methodological perspective, the presented claims drawn from the empirical material are, of course, limited. The aim of this analysis is to reveal some (new) tendencies that can be investigated further in future research.

## Analysis

The focus of this article is, as previously mentioned, the topic of client trust in the context of welfare service professionals. Due to the open structure of the interview guide, information and stories about encounters with professionals were only collected if the interviewees themselves considered them relevant, as the original research interest focused on institutional trust in general and not client trust in particular. However, the fact that many interviewees brought up encounters with professionals in this bottom-up way actually strengthens the assumption that welfare service professionals as the face of the welfare state play an important role not only concerning client trust but also concerning institutional or system trust as well (see above and Giddens, 1990).

In general, the interviewees tell rather positive stories about their encounters with

professionals, although some also report negative experiences. The focus of this section is to have a closer look at the meaning-making processes: how did the interviewees interpret their experiences and what does this mean for the development of client trust?

## *Procedural justice and Danish representatives*

Stavros, a 36-year-old man originally from Greece, reports the most positive encounters; and, not surprisingly, he is also the one who appears to be most trusting of the Danish welfare state. Regarding his encounters with welfare professionals in the context of unemployment benefit (in Denmark, this includes encounters with both the unemployment fund and the municipal job center), he says:

> All of them have been very friendly, really. They have been very gentle, and I think … they had in their mind this stuff that they would need to be in a specific way, gentle as they were, so people do not feel uncomfortable that they would have to receive some money. I don't know; this made an impression on me.

Thus, what he describes here is very respectful treatment, which is one of the aspects of procedural fairness. He continues:

> *Interviewer*: So would you, in general, say that people from the job center and also from the unemployment fund [A-kasse] have treated you…
> *Stavros*: Very well, yeah in a very fair way. In a very civilized way, something more than fair.

Here it becomes even clearer that Stavros feels that procedural justice was very much in place in this encounter. His use of the word "civilized" as something more than fair appears to imply that he was not only treated fairly but also in a respectful and honest way. These are all aspects of procedural fairness that follow the operationalization of Van Ryzin. Stavros reports some similarly positive encounters with teachers from the language school, a service provided by the municipalities in Denmark:

> Again, I would say the same professionalism as in the other subjects. I mean, in the sense of teachers, they are really very friendly, very nice. I mean, for example, you know what, if I would have to use someone to advertise Denmark … that would be a teacher of mine, Jette. Really, very friendly with everyone. Jette is awesome.

In this quote, Stavros refers directly to his statements above about his encounters with the unemployment service. It is notable that he refers to this perceived behavior and fair treatment as professionalism. However, based on this quote and his narrative in general, we can also see that he views them as behaving morally. At this point, we can return to the discussion in the theory section about whether it is procedural fairness or the moral dispositions of professionals that boost trust. However, it does not appear to be possible to differentiate between them—rather it appears that fair treatment and the moral behavior of professionals go hand-in-hand. The two dynamics appear to reinforce each other.

Another interesting point is that the interviewee seems to see the welfare service professionals (in this case his teacher) as some kind of representatives of the Danish state or even Danish society. This is a point Kumlin and Rothstein (2005) make when referring to the importance of front-line welfare state professionals, who are often the first "natives" migrants interact with closely.

When asked about his experience with "face workers" in connection with his un-

employment, Sandor, a 25-year-old male originally from Hungary tells—unsolicited—a story of trust:

> Well, I have a very positive experience about it. Well, it is a trust that I experience, a general trust towards people from the state. And even for a foreigner, I feel that they are positive and that they have trust in me, and that is just a great feeling, and I don't feel like a parasite. But they look at me in a way that they see a potential worker in me, so that is quite a good experience.

Again we can trace the notion, mentioned by Lipsky (1971) and Kumlin and Rothstein (2010), that welfare state professionals are representatives of the state. Here, again, it can be questioned whether we are confronted with morality or procedural justice as the basis for trustworthiness as in Stavros's example. Sandor's account of his encounter appears to describe very respectful behavior from the professionals, respect being one of Van Ryzin's criteria. However, we cannot deny that their behavior also appears to be morally right.

Switching professional fields in order to trace what procedural justice could mean in the medical sector, I now present the account of Stefania, a 36-year-old woman originally from Italy, about her experiences during her recent pregnancy:

> All … organizations during pregnancy and maternity leave … it was also a very good experience, all the scannings. I had to do a few extra scannings at some point because the development was a bit off the normal range, and they were very supportive and explained what was happening. An extra scanning, if you think from an economical point of view, that means extra money and extra time, but the person was put in the center, the well-being, so that was again a positive experience.

It is notable here that in order to illustrate and give reasons for why she had had a good experience during pregnancy Stefania chose the experience of having extra checkups when her pregnancy did not follow the normal course. Taking into account the fact that the medical sector follows a different logic to granting services then, for instance, the unemployment benefit system, the above quote can be seen to describe an experience where procedural justice was applied within this field. In combination with some of the above-described mechanisms from the literature on medical professionals (note that the interviewee describes "them" as very supportive, possibly referring to the caring aspect of the medical profession), this might explain her very positive and trust-evoking experience.

The last account in this section again refers to the topic of professionals as representatives. Yin, a 42-year-old woman originally from China, describes how, to begin with, it was difficult for her to trust the childcare professionals who looked after her son:

> But, how to say, my husband told me I should trust. Then I tried to learn to trust, which is hard for Chinese, to trust, because our country is quite bad in this part. The moral trust is really hard for us.

Here, beginning to trust the childcare professionals is described as a learning process. She brings in her Chinese background to explain why this is so hard for her:

> "I need to push you, go out, I need to go first," so this kind of feeling made the people when I grew up. Often I trusted the people, but sometimes, people cheat on you, which is often right now in China. Therefore, you lose the trust feelings among the others. But in Denmark, I trust.

Thus, in an indirect way, she seems to make a link between generalized social trust and client trust in professionals—she has learned how to trust the childcare professionals, and hence she states later on, in a very general way, that in Denmark she is trusting. This is an interrelation that can be found in some of the other interviews too.

## *Intuitions, feelings, and a "chemical thing"*

Yin also reports that she changed the childcare center her son attended after a few months, because of the childcare professionals:

> He changed to a new kindergarten after seven months in the old one. Because of the … I didn't like the old one. But this kindergarten … I like it a lot, because of … the staff, the harmony. I can easily feel because they have been working together for over 10 years, minimum 10 years, that they have already harmony, feelings among each other. Therefore, I could feel, the kid is very easy to go in with this harmony feelings compared with the new one. Where all the staff still requires a lot of communication, cooperation, therefore I get the … it's not bad feelings; I was not that satisfied with that kindergarten.

Here, Yin explains how and why she took the decision based on her feelings and intuition. Some rather intangible feelings about how the professionals interacted with each other enabled her to trust one place more than the other. It should be mentioned here that these feelings are not the only basis of trust here, but appear to help her levels of trust considerably. This is also an aspect that Laima, a woman in her thirties and originally from Lithuania, emphasizes when talking about why she changed childcare places for her child:

> Because sometimes it works like a chemical thing, you know, if you like a person or not.… That's why at this place there wasn't the right chemical thing.

At this point, Zinn's considerations on the role of feelings for trust are useful. It becomes quite clear in these two cases that client trust is also a phenomenon that sits between rationality and intuition, feelings and emotions. Ex-post reflections on rational explanations as to why an individual did not trust a certain professional but was inclined to trust others are not always possible, as Laima's case demonstrates, and sometimes trust appears to be very much helped by the emergence of feelings, as in the case of Yin. According to Zinn, this happens because the decision to trust sometimes strongly relies on intuition and feelings that do not follow the conventional rational logic of cause and effect.

It is not surprising that in both of the cases that relate to "chemical things" the professionals in question were working in childcare. The "right feelings" appear to play a stronger role in the caring professions than in the role of jobcentre advisers.

## *Bad experiences and transnational exit options*

Concerning welfare state professionals, Dana, a 39-year-old woman originally from the Former Yugoslav Republic of Macedonia, recounted some bad experiences with the health sector and doctors. For example, her husband's health problems were not taken seriously by her family's general practitioner (GP) and thus went undiagnosed for a long time. It was only during a stay abroad in Spain that her husband was finally diagnosed. Disappointing experiences such as this led to the following family practice:

> Most of the time our experience is that you do not get any detailed kind of examination [referring to their Danish GP], so actually we have created our own health care system: When we go home we do all the detailed checks that we want to do.

So, as she and her family do not trust their GP and thus the Danish health care system in general, they have found an alternative method to ensure that their health is checked in a way that they find adequate. Grimen (2009) has rightfully mentioned that exit options, especially concerning medical professionals, might not always be available. However, it appears that in this case being a migrant has provided Dana and her family with the chance to use certain transnational exit options. It is also clear that Dana and her family have actually researched alternative ways to get the level of assurance she needs.

As Möllering (2006) states about how trust and distrust function in general:

> [T]rust is essentially not so much a choice between one course of action (trusting) and the other (distrusting), but between either accepting a given level of assurance or looking for further controls or safeguards. System trust (and also personal trust) fails or cannot even be said to exist when this state of suspending doubt is not reached. (Möllering, 2006, p. 72)

This definition can be applied to the risks and vulnerabilities handled by professionals and the welfare state. With this in mind, we can see in Dana's case a clear pattern of distrust towards the Danish health care sector, as she and her family have installed other safeguards concerning health risks. Here "distrusting" practices are in place.

The account of Oksana, a 36-year-old woman originally from Ukraine, demonstrates that "untrustworthy" encounters with professionals do not necessarily lead to the use of exit options and a general distrust of the medical sector. Oksana, like Dana, reports some bad experiences with the Danish health care sector. Like Dana's husband, it was not until she was ill and after many attempts that she was able to convince her GP to investigate a health problem she had. About medical doctors as a profession, she states:

> *Oksana*: If the clan of doctors is given the opportunity to have an easy job, to not do anything and still have money, they would still do this. They don't have doctors in Denmark who have … disciplinary responsibility. If they don't treat you good then a person writes a complaint and then the certain committee says "we express our critique" and that is it and nothing else.
> Interviewer: So you would say that it is not functioning like it should?
> *Oksana*: Yes.
> *Interviewer*: Yes. So you do not trust the doctors anymore?
> *Oksana*: No, no. I don't trust.

It is interesting to note that what she accuses the doctors of is basically immoral behavior. If according to Hardin, perceived moral behavior fosters trust, the opposite probably fosters distrust. Here, again, one finds support for Hardin's theory.

When asked if this has had an impact on her trust in the Danish welfare state—which appears to be quite high during the rest of the interview—Oksana states: "No, I see that the state is trying to solve the problem."

These different interpretations, which are at least partly based on comparable experiences, raise interesting questions about the role of client trust in professionals and its interrelations with forms of the system or institutional trust. Oksana, although apparently generalizing her experiences to cover all Danish doctors ("They don't have doctors in Denmark who have … disciplinary responsibility") and criticizing the internal control mechanism of the profession (the appeals board), still appears to trust the other systemic control mechanisms found at higher levels, in this case at the

political level. Thus her trust in system controls appears to "override" her client distrust of a certain group of professionals, at least when it comes to the question of overall institutional trust. The case of Oksana appears to contradict other findings from the field of medical sociology. The findings of Brown (2009) and Legido-Quigley et al. (2014), for instance, strongly emphasize that personal experiences with medical professionals—almost exclusively—play a role in the emergence of institutional trust. It is possible, however, that this is due to the different perspective of their respective studies, which only looked at the intersection of client trust and trust in the health care system (and not any broader, overall system controls).

## Concluding remarks

The analysis in this article was guided by the question of which substantive features in the encounter between the professional and the citizen established the professionals as trustworthy or otherwise with the interviewees. The analysis of the empirical material indicates that several aspects appear to play a role as sources of trustworthiness, namely procedural justice and the perceived morality of the professionals, with feelings acting as a possible enforcer. Further research into this subject and the relationship between the two possible sources of client trust would be fruitful. In all the interviews, accounts mentioning procedural fairness, morality, or both could be found regarding professionals related to services and the administration of social rights such as unemployment benefits or social assistance and, to a lesser extent and in a modified way, in the medical sector. Feelings as a promoter of trust, on the other hand, were mainly referred to in relation to childcare professionals. The material also brought up other insights into client trust, such as transnational exit practices in the case of distrust, and the "overriding" of client distrust by system trust.

The final aspect is a migration-specific one, namely the idea that welfare state professionals can be seen as "representatives" of the state and society of the host country, and that trustworthy experiences with front-line welfare service professionals could thus even enhance the development of generalized social trust (Kumlin & Rothstein, 2010). Indeed this was a dynamic that could be found across different professional groups. Thus enhancing client trust might even have a "hidden" integrative potential that could be relevant in the current climate.

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Appendix 1

*Interview guide, English*

| | | |
|---|---|---|
| **Introductory and context questions** | | |
| | *Notes* | *Questions* |
| 1 | | Can you briefly tell me something about yourself? |
| 2 | | When and why did you come to Denmark (and not to another country)? |
| 3 | | What is your educational background? |
| 4 | | Are you married or cohabiting? With a Dane or a foreigner? What does your partner do? |
| **TOPIC: General views on and meetings with the welfare state** | | |
| 5 | General views on the welfare state | What do you think of when you hear the term Danish welfare state? And what is your general view of it? |
| 6 | Here we may direct interviewee to relevant topic afterwards | What parts of the welfare state/public sector have you been in contact with since you came to Denmark? |
| 7 | Aspects of change | What picture of Danish society did you have before you moved to Denmark? (Especially of the state/welfare state/public sector.) Has this changed? How does it fit with your experiences in the country? |
| 8 | Aspects of experience | Can you tell me something about your experiences with the Danish welfare state/public sector? |
| 9 | Media discourse on welfare state (Possibly not as relevant to English language interviews) | What do you think about the presentation/discussion of the public sector/welfare state in the Danish media? How does it fit with your experiences? |
| **TOPIC: Meetings with the unemployment system (unemployment fund/job centres)** | | |
| 10 | Experiences | Can you tell me something about your experiences with the Danish unemployment system? |
| 11 | Aspects of change | Do you have any experiences with the unemployment system in your country of origin? How is it different? |
| 12 | Meetings with front-line staff/professionals | What are your experiences of the staff/persons responsible at the jobcentre/unemployment fund? Could/Can you talk well with him/her? Did/Do you receive fair treatment? |
| 13 | Aspects of functionality | Did the development of contact with the unemployment system go well? Was the result satisfying? Did everything work as you think it should? |
| **TOPIC: Language school and introduction programme** | | |
| 14 | Applicable if the interviewee attended language courses | What do you think about it? (Including teachers) |
| 15 | If the interviewee attended an introduction programme | Was there anything about women's role in |

| | | Danish society in the introduction programme? |
|---|---|---|
| **TOPIC: Work–life balance** | | |
| 16 | Children of pre-school age | What forms of childcare do you/do(es) your child(ren) make use of? (Or which ones did you used to use?) For how many hours per week? |
| 17 | If pre-school children or older ones have used services | What are/were your experiences of the childcare system? |
| 18 | Children of school age | Experiences with schools and school teachers, and so on |
| 19 | | Do(es) your social network, acquaintances, friends, family etc. have opinions on how you make use of childcare? (Both in Denmark and in country of origin.) |
| 20 | Experiences from home country | Do you have experiences with the childcare system in your country of origin? Has your opinion of it changed since you came to Denmark? |
| 21 | | Did Danish family policy (range of childcare options, parental leave, etc.) have an impact on your personal choices about family/family planning and work? |
| 22 | ALL | What would an ideal work–life balance look like for you? |
| 23 | ALL | When you were young, how did you imagine your family and work life would look? Did that change? |
| **TOPIC: The meaning of work** | | |
| 24 | | What does (your) work mean to you? |
| 25 | | What are the characteristics of "good work"? Has your opinion changed since you came to Denmark? |
| **TOPIC: Family norms** | | |
| 26 | Ideal upbringing of children | There are different opinions about what constitutes a good upbringing: Some people think that women with small children should stay at home, others think that childcare is beneficial for small children. What is your opinion on this issue? |
| 27 | Working | There are also different ideas about how satisfying it is to be a working mum. What do you think? What makes a good mother for you? Has your opinion changed? |
| 28 | Child and elder care | There are also different views on who should provide care for children and the elderly. Some think this should be a task for the family, others think this should be the responsibility of the public sector. What do you think? |
| 29 | Family policy | As you probably know, in Denmark there is a lot of public support that enables women with young children to work. What do you think about that? Has your opinion |

| | | changed? |
|---|---|---|
| 30 | | Do you feel that there are certain expectations (by others, society in general) regarding mothers and ideals about good motherhood? |
| **TOPIC: Direct questions on trust** | | |
| 31 | The function of trust | Can you tell me a little bit about your future plans? For instance concerning work, career, family (planning), old age, etc. |
| 32 | Direct question | Earlier in the interview you talked about your experiences with XXX. On these grounds, would you say you trust the way the Danish public sector/welfare state works? (Or trust the welfare state in general)? |
| 33 | View on welfare state/legitimacy | What do you think about the fact that people in Denmark pay a lot of income tax? Do you think the welfare state uses this money in a fair/good way? |