Policy, People, and the New Professional

De-professionalisation and Re-professionalisation in Care and Welfare

Jan Willem Duyvendak
Trudie Knijn
Monique Kremer
(eds.)

Table of Contents

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An Introduction

Jan Willem Duyvendak, Trudie Knijn and Monique Kremer

In the 1970s and 1980s, scholars were loudly criticising the power and intentions of social professionals. Three decades later, one hears a different voice, that of professionals whose power, expertise and knowledge are being undermined, which is causing serious problems. During an interview, Bourdieu (1998) said that the right hand of the state does not know what the left hand is doing. In other words, technicians, bureaucrats and policymakers have no clue about the work of those who actually implement public policy, such as teachers, policemen and social workers. As a consequence, the knowledge of what is really going on in society is not shared with decision makers, who in turn do not acknowledge the specific character of socio-professional work. They do not distinguish between the logic of the market and professional logic: 'How can we not see, for example, that the glorification of earnings, productivity, and competitiveness, or just plain profit, tends to undermine the very foundation of functions that depend on a certain professional disinterestedness often associated with militant devotion?' (Bourdieu 2002: 183-184).

Bourdieu and other analysts of social policy point out that the role of professionals has been changed – or reduced – as a consequence of the restructuring of welfare states by way of marketisation and accountability, the redefinition of citizens into consumers, and an accentuation of client participation. New modes of governance have intentionally limited the discretionary space of professionals. Marketisation and the focus on consumer-led services stress the voice of users or consumers at the expense of professionals. Since clients have now gained both voice (by means of legal appeals and by 'turning organisations upside down') and exit options (by giving clients vouchers or money to choose their preferred services), professionals have lost autonomy and authority. This makes it difficult to intervene in people's lives, even when clients may need support (Tonkens 2003). Additionally, the stress on accountability forces professionals to live up to managerial and bureaucratic standards. These new forms of governance have changed the motivation of professionals, their workload and the content of their job (Clarke & Newman 1997; Exworthy & Halford 1999). Rather than behaving like professionals they are led by a new kind of consciousness, 'a dispersed managerial consciousness', as Clarke and Newman put it.

The most striking evidence for the change in climate is the fact that a leading critic of professional power, Eliot Freidson, published in 2001 a book in defence of professionalism, *Professionalism: The Third Logic*. He describes two dominant logics that have now overruled the logic of professionalism: bureaucracy and consumerism. What worries Freidson is not so much the restriction of the knowledge monopoly of professionals, but the fact that professionals are no longer supposed to be the moral protectors of this knowledge. If they can no longer decide how and where this knowledge is to be put to use, professionalism itself is at stake. 'Professionals have a claim of license to balance the public good against the needs and demands of the immediate clients or employers. Transcendent values add moral substance to the technical content of disciplines... While they should have no right to be the proprietors of the knowledge and techniques of their disciplines, they are obliged to be their moral custodians'. This is how Freidson's book ends (2001: 222).

Knowledge, authority, morality, expertise and skills to deal with social problems: what exactly is lost when the professional logic is undermined? What is, more generally, the problem according to the critics cited above? It seems that they want to warn us that a process of de-professionalisation is underway; they worry that the professional logic is no longer respected because of the intrusion of both market and bureaucratic logic. In this book many authors take the same position, at least as a starting point. De-professionalisation is not their last word, however. On the contrary, in-depth empirical analysis shows that reverse processes are underway as well, as re-professionalisation might also be at stake. Interestingly, many authors claim that trends such as accountability (Body-Gendrot), contracting (Knijn & Selten) and evidence-based work (Hutschemaekers) may in fact have rather positive effects, or are at least ambivalent effects. Being accountable implies that you can participate in forms of deliberative professionalism: what do you do as a professional and why? Resulting in what? In several articles, the authors stress that though new logics may have perverse side effects, the very idea of a pure professional logic that can only be polluted by other logics is an overtly theoretical, essentialist and pessimistic argument. Duyvendak and Uitermark make a more general claim that practices and logics/ theories are not directly related anyway. Hence, changes in ideologies and predominant logics are never fully reflected in professional practices because ideological changes tend to bounce back since people in practice can stick to traditions, professionals can intentionally refuse to adapt to the new morals, and so on. Professionals are not only passive objects of change; they themselves play a role in defining professionalism.

As far as the processes of de-professionalisation are taking place, it may also have been necessary to limit the discretionary space of professionals – or at least of some professionals in some contexts. Therefore, this book deals with several types of social professionals, in several countries. This provides the opportunity to look at the conditions under

which professional change can be harmful or useful, and for whom in what context. We have not selected cases from specific countries in order to compare them – rather, we demonstrate that comparable tendencies occur in several Western countries, where processes of re- and de-professionalisation occur in relation to marketisation and bureaucratisation.

Inspired by the concerns of scholars like Bourdieu, Clark and Newman, and Freidson, this book brings together three political and academic debates that are hardly ever dealt with in one go: professionalism, changing people and policy. Which policies are influential to processes of de-professionalisation and re-professionalisation? Is the comeback of (the debate on) professionalism linked to the increased political and public attention to social issues all over Europe? How do clients change the content of professionalism? And perhaps most importantly: what are the interesting alternatives to improve the balance between professionals, policy and clients? Are there, for instance, possibilities for a coalition between professionals and clients to fight policymakers that want to control professionals – to fight policies that cause professionals to not be accountable to clients but to bureaucrats and politicians (Trappenburg)? Are clients interested in these sorts of coalitions, or are they just turning their backs on professionals by using the exit option? Let's start with the policy side.

Policy

The first debate is about policy changes. The classic welfare state is a thing of the past. In that welfare state, allocation took place via two routes: bureaucracy, in which each client received the same treatment or benefits, and professionalism, in which professionals owned the knowledge and discretionary space to do what they thought was best for clients, patients and other vulnerable or dependent citizens. Today governments want to organise less and less themselves. The role of the state is at stake, torn between reducing its governing power in the implementation of services and keeping control ('steering, not rowing', as the British say). This role is becoming chiefly legislative, facilitative and sometimes supervisory. Through monitoring and accounting, governments try to keep professionals from crossing boundaries. The implementation of services is increasingly contracted out to the market or to private non-profit organisations. Political democratic control decreases, since accounting and monitoring is put in the hands of quasi-autonomous non-governmental organisations. This entails a significant shift in the public responsibility for the common good and in the democratic control of public services.

New concepts and trends have entered the policy arena. Besides contractualisation we now have to add accountability, managerialism, marketisation, privatisation, bureaucratisation, and user-led services. These concepts and trends have affected state policy towards social services,

education and health care. Increasingly, welfare states stimulate competition and efficiency in public services via a 'marketisation' that has changed both the process and the culture of social and care services. Given the fact that services are paid out of taxes, transparency has become important – not only because managers and politicians demand it: citizens too urge for more accountability. Accountability is therefore crucial in this process that inevitably limits the autonomy of professionals. Since decision-makers still want to know what is going on at the level of implementation, accountability and marketisation have often gone along with re-bureaucratisation (Exworthy & Halford 1999).

The chapter by Knijn and Selten shows the effects of contractualisation in the Netherlands. Looking at different sectors they conclude that contractualisation has become a serious feature of social services, education, health care, youth care and police work. It is not clear yet whether this improves the quality of public services or clients' satisfaction with these services. What is clear is that contractualisation increases paperwork, because a regulated market demands more transparency and more accountability than hierarchically led organisations. In this context, professionals experience a reduction of both their discretionary power and the time they can spend on clients' needs. They also experience distrust from the side of politicians and managers. So far, they have not succeeded in finding an alliance with clients, patients or other groups of vulnerable citizens, which is a precondition for re-professionalisation on behalf of the clients.

It is not without reason that welfare states have had to change. Democratisation has led to demands for greater transparency; service malfunctioning and a lack of choice have inspired marketisation. The monopoly of professionals has been intentionally dismantled. Professionals themselves, especially in care and welfare, partly agree with the focus on accountability because they themselves feel they have to account for their interventions, since their work is paid by public money. But the question is whether there is a good balance between the need for accountability and space for professionals, the need for innovation, and marketisation. Trappenburg argues that the 'correction' has gone too far. She argues that an 'audit explosion' has taken place in the Dutch health care system, that has become a societal neurosis. This started with a call for patients' rights and institutionalising democracy, moved to the quest for high-quality care on the cheap, and has now reached a situation of hyper-control. So, societal neurosis starts with democratisation and then takes a turn for the worse as a result of new public management reform involving bureaucratic marketisation. The new legislation on health insurance very clearly shows this. Health insurers as well as patient organisations now have to monitor and control the performances of doctors. Patient organisations also have the difficult task of controlling insurers. In addition, five other boards and organisations will have to monitor the insurance companies. Trappenburg sees three ways out: real marketisa-

tion rather than bureaucratic marketisation, more trust in professionals and a reduction of monitoring, and a new bond between professionals and client organisations.

Accountability itself is not the problem, but the fact that it has become a societal neurosis. Does this also apply to the trend of evidence-based medicine or evidence-based social work, instruments that are increasingly used by policymakers to select specific treatments for specific social, individual and medical needs? If it works, treatment will be paid for; if there is no proof or if there are cheaper alternatives, professionals cannot offer it to their patients, clients or communities. Speaking in a general sense, it may be argued that many of the new developments can have quite positive effects on the position of professionals as long as we are not blind to the perverting side effects. The evidence-based mode of work originated in England and the United States, and has been in use for quite some time in health care. In introducing this kind of method, the scientification of welfare work has recently been proposed. Evidence-based social work is an intriguing combination of behaviourist, positivist and empirical science with policy research (Jordan 2000).

Opinions differ as to the applicability and desirability of this strategy, particularly in social work. Jordan observes that the notion of evidence-based social work uses measurable changes in behaviour or outcomes based on clear policy aims. In social work practice, this is extremely difficult. Policy aims are not always clear and measurable. How to measure the growing involvement in a neighbourhood? Besides, it is not always easy to ascribe behavioural changes to specific interventions. A behaviourist design is virtually impossible because other factors that can influence results cannot be excluded. Gradener and Spiers stress in their chapter what many social scientists have argued that society is a poor environment for controlled experiments, and in contrast to nursing or teaching, social work is 'work in context', as the social worker often has the task of creating his own context; to mobilise communities.

The question also remains as to whether evidence-based social work is not diametrically opposed to customised care. Professionals claim that each client, each patient is different. This requires constant adaptations in the work process itself. Other social scientists have expressed a great deal of appreciation for the strategy of evidence-based social work because transparency increases, and by applying approved techniques and instruments, social professionals can finally prove the worth of their work. What's more, the quality of professional work will improve (see, e. g., Scholte 2003).

In their chapter, Hutschemaekers and Tiemens rightly make a distinction between evidence-based work as an ideology and as a practice. Whereas the first oversees all of the problems mentioned above, the latter might be useful in a tailor-made approach. In a non-dogmatic, pragmatic way, evidence-based practices might help develop more effective

interventions with respect to the positions of both professionals and patients.

As this book will show, the appreciation of new strategies not only depends on the way they are implemented but also on the specific (country) context. In France, as noted by Body-Gendrot, there is a lot to say in favour of more transparency and evidence-based accountability to reduce the disciplinary power of professionals, for instance, while in other countries such new strategies are misused and produce all kind of negative side effects. Moreover, whether these new developments 'fit' cannot and should not be answered by generalising, sweeping statements. There are enormous differences within and between (health) care and welfare, for instance with regard to accountability and contractualisation. Sometimes these are almost standard health care situations, whereas in other domains of welfare, professionals have never even heard about these new tendencies.

People

A second issue is the changing clientele of professionals. More than many other occupations, the daily tasks of social professionals are directly related to social change. Two of the most striking changes are the informed and well-voiced clients who are now gaining power as consumers, and increasing population diversity. Although more clients are well informed – proto-professionalisation, according to De Swaan et al. (1979) – the fact that social diversity and even inequality have increased implies that many citizens are poorly informed among whom, for instance, many members of ethnic minorities. In addition, governments label citizens as customers and consumers, and in doing so influence the behaviour of people requesting services. If citizens get the message that they have to become more personal responsible, they believe they need more know-how to be in a better position to articulate their demands and be more assertive about getting them (Van den Brink 2002). What's more, people are reinforced in the positions they can assume. In the first instance, this entails the role of the individual as consumer, who now has many more choices as a result of the marketing of care to such a large extent and welfare to a lesser one (Clarke & Newman 1997; Knijn 1999, 2000; Tonkens 2003). Second, people are also encouraged to get organised as citizens. In social movements, they make an effort to exert an influence on political decisions (Stüssgen 1997; Duyvendak & Nederland 2006; Nederland, Duyvendak & Brugman 2003; Nederland & Duyvendak 2004). Third, people are expected to exert their influence as clients. With increased frequency, and often backed by legal stipulations, they can exercise a voice in client organisations and participatory boards (client councils) of service organisations; in addition, they are stimulated to make use of their right to file a complaint.

Kremer and Tonkens show in their chapter that not only the old role of the client – the patient – but also the new roles of consumer and citizen are problematic regarding four issues: development of knowledge, trust, authority and the public good. Each issue is undermined when professional logic receives less space. They argue that a more suitable role for clients is that of co-producers or participants. This provides an alternative to Freidson's professional logic, market logic and bureaucratic logic. When clients and professionals become co-producers in care and welfare, one can then speak of a new logic, that of democratic professionalism in which clients have more of a voice and that both the knowledge of professionals and their role as guardians of the public good are taken seriously. This approach also repairs the wounds of trust in the relationship between client and professional.

Not all citizens take the role of client or consumer passively, nor are these roles the same for everyone. Well-educated people are often more willing and able to actively take the role of consumer, citizen or client. However, there is no way of knowing what the differences between them are, i.e., the citizen or client role that individuals play. What we do know is that society has become more diverse in terms of culture, ethnicity and nationality. Some of these differences are closely linked to forms of inequality. Colour and class divisions overlap, disempowering people of colour who might have different needs and wants regarding care and welfare. In a context in which professionals have to deal with increased diversity, new strategies develop to solve or contain the most complex problems, often geographically concentrated in certain neighbourhoods of big cities. Relatively new topics become preponderant (safety, crime, and ethnic bonding instead of multicultural bridging) for which professionals have to find new solutions.

Maarten Loopmans demonstrates that the Belgian case of Opsinjoren, a community project, successfully changes indifferent citizens into compassionate neighbourhood residents. He shows that policymakers and professionals are important in this creation of the new local citizen. At the same time, new differences come to the fore. Professionals, it is argued, have played an important role in the 'multicultural drama', and not always for the better. Since front-line workers allegedly had a cultural relativistic approach, this has not helped people from migrant backgrounds to adjust to – or integrate into – modern societies that demand –as the dominant discourse nowadays claims - speaking the local language and taking on modern values. The Norwegian anthropologist Wikan (2002) has argued that professionals have not made it clear enough what the values of Western societies are. Such a reproach to professionals is also visible in Dalrymple's (2001) analysis: social professionals – especially doctors – hardly confront their patients with the fact that they are responsible for their own lives. They in fact do little to intervene.

Marleen van der Haar's chapter opposes this position. Social workers indeed struggle with diversity, but they do depart from the five anchors

that are very much based on a Western European individualised society – one of them being self-empowerment. Although social workers take into account the social context of the individual, they try to move their clients towards the direction of change in which self-reflection and self-empowerment are crucial. In that sense, a new kind of well-developed paternalism may on its way back.

Professionalism

By the early 20th century, the sociologist Emile Durkheim has expressed worries about professional ethics in relationship to civic morals. Between 1890 and 1912 he has given several lectures on the issue that many years later – in 1957 – have been published. Later on, also the sociologists Parsons (1968), Freidson (1986) and Abbott (1988) – have been concerned about the content, power and meaning of professionalism. Durkheim was pleading for professionalism as the moral pillar of a society that has lost its social cohesion because of European wars, migration and the domination of economic rationality. In this interpretation, morality is central where professionals have a different moral position in society than 'ordinary citizens' or the state technicians and bureaucrats. Durkheim (1957) argued that professionals working for the state serve the common good, which is why they should mediate between the state and its citizens by setting a moral example. As 'secondary groups' they could help improve social cohesion, based on peer groups in which they develop and share professional knowledge and ethics. Late twentieth-century sociologists, by contrast, instead of morality, put the accent on power and expertise as the crucial aspects of professionalism. In Parsons' functionalist approach, the client-professional relationship was characterised by a division of knowledge and expertise in which the professional had both and the client had little of either (Parsons 1968). For Parsons, professional power was necessary for successful treatment. Scholars like Freidson (1986) studied professional dominance and saw, just as many others did, that it was power at another's expense, while Abbott (1988) showed how a profession constructs itself in modern societies, often in response and in contrast to other professions.

More recently, Freidson (2001) has supplied some key criteria of a profession, distinguishing five characteristics that combine elements of Durkheimian morality, Parsons' expertise and knowledge, and Abbott's notion of jurisdiction. This together creates a body of knowledge and skills that is officially recognised as based on abstract concepts and theories, and requiring the exercise of considerable discretion; an occupationally controlled division of labour; an occupationally controlled labour market requiring training credentials for entry and career mobility; an occupationally controlled training program associated with higher learning, providing opportunity for the development of new knowledge; and an institution-based secular calling or vocation.

Many of the professionals in this book are often not considered professionals. The classic approaches to professionalism seldom refer to professionals working in the care and welfare sectors, especially because they do not live up to the explicit criteria of professionalism. The ideal types of professionals are doctors – who are also dealt with in this book – and lawyers. Their knowledge can be clearly distinguished, and they have strong organisations as well as inclusion and exclusion rules. Social workers, home care workers and nurses have different positions on the professionalisation scale, which differs from country to country and are often called 'semi-professionals'. If we look at the Freidson's five criteria, it is professional organisation and an occupationally controlled division of labour in particular which are often lacking. The problem is also that the expertise and knowledge is not always acknowledged. Care and welfare professionals struggle with the lack of recognition. This is partly due to the fact that the tasks of these professionals are closely related to what can be labelled as a fourth logic, which implies a family logic based on kinship, reciprocity, normative claims and bonding. Consequently, this family logic of care is per definition arbitrary, and in contrast to the logic of the state and the market it is never indifferent, objective or impersonal, and is still over-determined by gender, implying that moral imperatives result in unpaid care work by female kin (Knijn 1999, 2000). If the distinction between professional and family logic in the fields of care and welfare is diffuse, this will come at the expense of the status and valuation of professional work. Authors like Schön (1983), and Celia Davies in this book, show that we can describe specific skills and knowledge in the social and care professions, even though they do not fit into the dominant categories of knowledge. To regard social workers and care workers as semi-professionals rather than as employees gives a new perspective to the development of this kind of work.

Since the 1970s, social professionals have struggled with the attack on their intentions and its effects. The issue of power and abuse has also emerged. What happened is that the assumption that clients and professionals were both aiming for a better world was dismantled. It was argued that professionals were following their own self-interests – they just wanted to maintain their professional status – or merely disciplining their clients. Their work was not beneficial to their clients; it was merely done to control society's deviants from which the professionals profited. Surprisingly, many professionals agreed with this criticism on their position in society.

Hard-core professionals take part in this too. Vogd in his chapter shows how the medical profession is under siege. Based on a study of German hospitals, he concludes that medical specialists are losing their grip on the quality of their work, losing contact with their patients, and experiencing a loss of discretionary power. Due to managerial reorganisations, cutbacks and new work processes, professional dissatisfaction is growing. According to the specialists, the main losers are the patients,

who are often unaware of the backstage problems doctors are facing. Interestingly, Celia Davies shows the contrary: de-professionalisation of doctors is not the right way to frame the issue. Doctors are still 'Heroes of Healthcare', who co-operate intensely with management in an attempt to control treatment. The promise of better health puts doctors on a pedestal that obscures their uncertainty, their ambivalence, and also their power. Davies pleads for new vocabularies to better understand the construction of the hero identity of doctors.

Clearly, in this last part of the book, the debate is about professionalisation and de-professionalisation. Keeping many of these contributions in perspective, we would prudently propose that re-professionalisation is the dominant trend.

Gradener and Spierts, for instance, argue that professionals have to regain their self-confidence by improving their professional knowledge and skills. They plead for re-professionalisation via the use of a combination of formal knowledge and practice-based evidence (Van der Laan 2003), as well as creating a knowledge alliance with stakeholders such as social scientists, managers, trainers, policymakers, and of course their clients.

Noordegraaf most clearly supports this re-professionalisation perspective. In his analysis of the role of managers dealing with professionals, he shows how their discretionary power has increased – often in interaction with policymakers – mainly at the expense of executive professionals. He does however note that this re-professionalisation of some social professionals (their managers) is not necessarily a zero-sum game. Some managerial styles may increase the professionalisation of all professionals in care and welfare. His general thesis that a re-professionalisation process is underway is partly corroborated by other articles in this book. We say partly because in some professions, in some countries, de-professionalisation is still the dominant trend. But this trend can be stopped almost everywhere. That is the positive conclusion of this book.