

Post-patient perspectives. User-based logics and the never ending inequality between users and professionals.

In:

H.U. Otto, A. Polutta and H. Ziegler (2009) (eds.) *Evidence-based Practice-Modernising the Knowledge Base of Social Work?* Leverkusen Opladen, Barbara Budrich Publishers, pp. 31-46

The idea of user-based services is at the heart of today's social work. The trend towards more user-based services started some thirty years ago. The idea is that services should be much more attentive and adaptive to clients' wishes and demands and that clients' position towards service delivery must be strengthened. This shift initiated several new roles of clients: they became *citizens*, *consumers*, and *participants*. These new roles were carved out against the older idea of clients as *patients* (in health care) or as the *underprivileged* (in welfare and social work).

In promoting user-based service delivery it was assumed that somehow the old problems of paternalistic and authoritarian relationship between clients and professionals would dissolve. To put it somewhat bluntly: it was assumed that by reframing this relationship in equal terms, equality would arise more or less spontaneously. Of course this was not what happened. In this article, we argue that with the introduction of user-based services, problems with inequality are not solved but rather transformed or put out of sight. The turn to user-based policies therefore demands acknowledgement of and reflection on the issue of the intrinsic power imbalance between clients and professionals. Four aspects of this imbalance should be discerned: inequality between professionals and clients in respectively *knowledge and skills*, *interests*, *autonomy* and *vulnerability*.

In this article, we sketch three logics of user based-policies in line with the three different types of users that have emerged as opposed to patients. We show how these three alternative logics try to transcend the role patients and professionals played in the classic era of professionalism. The logic of professionalism (Freidson 2001) will therefore be our point of departure. On the basis of our current research, we discuss in the second part of this article how social workers in the Netherlands develop new day-by-day practices, in particular that of 'democratic participation'.

Professionalism and its siege

In the 1950s and 1960s, the common concepts were *patients* (care) and *the underprivileged* (social work). This fitted the ideal type of professionalism (Freidson, 2001). Two values are at the heart of professionalism: a 'secular calling' and a body of expert knowledge and training. The concept of a *secular calling* refers to a dedication to promote well-being, health, education or other such 'higher' public values. This value implies that true professionals are not guided by self-interest or at least can put self-interest (or interests of professionals as a group) aside in favour of

-serving the public good. This calling or vocation is secured in institutions that embody this vocation and introduce newcomers in it.

The second core value of the ideal type of professionalism concerns *a body of (abstract) knowledge and skills*, based on expert education and training, and regulated by professional associations and ethical codes. Professional organisations function as gatekeepers to keep up standards of quality and training credentials. They define entry and career mobility as well as research and training programmes that guarantee the development and application of new knowledge. The solid training and expertise of professionals form the basis for unconditional trust of clients. The professional in turn trusts the patient to follow his advice. This trust is reinforced by social institutions and symbols: professionals are for instance well-paid, have their own control mechanisms, and are often supported by welfare states arrangements that came into being.

Distinctive and protected knowledge and skills, as well as the dedication to serve the public good, legitimise the power position of professionals. Not only power over individual clients, but also power over the division of scarce goods such as health care and welfare services. Because of their knowledge and their commitment to serve the public good, they are best fitted to decide on the allocation of services. Until the 1980s, professionals were the gatekeepers of many public services. They were seen as best equipped to balance the specific claim of a patient with the common good.

In this logic, clients' *vulnerability* is acknowledged, accepted, and cared for by professionals. The very fact of clients' vulnerability demands skilled, dedicated professionals. This vulnerability serves as a legitimisation of their power and at the same time explicitly assigns professionals a lot of responsibility. Also, since clients are recognised as vulnerable, they need protection and therefore it is all right for them to be dependent on professionals. Not their dependence as such is seen as a problem or a risk; the risk is that professionals do not protect and sustain them enough. A high level of education, training and dedication to serve clients' well-being are needed to prevent misuse of clients' dependency.

Professionalism was fiercely criticised from the 1970s onwards precisely because of the assumptions of exclusionary knowledge and dedication to the common good. Critical professionals as well as patient movements argued that professionals at best possessed abstract, theoretical knowledge of the problems of the people they were supposed to serve. Knowledge of people themselves, based on their daily experiences of their problems, was not acknowledged by professionals. Moreover, these critics valued self-knowledge much higher than knowledge of other people. In fact, the only real knowledge was self-knowledge; all other forms of knowledge were considered inferior (Duyvendak, 1999).

Moreover, it was argued that professionals' commitment to the public good masks their pursuit of their self-interest. At the end of the 1970s and 1980s critics such as Foucault and Illich – but also Freidson in his earlier writings – unmasked the dedication of professionals to the common good as a way of disciplining rather than liberating people. The Dutch philosopher Hans Achterhuis (1980) argued that welfare professionals were not solving or diminishing social problems, but were creating a new market, *The market of welfare and happiness* as was the title of his best selling book. Professionals, Achterhuis reasoned, were more interested in keeping their jobs than in sorting out the problems of clients. They were guided by self-interest rather than by the public good. They simply reinforced the passivity and helplessness of their clients. Rather than promoting the *autonomy* of clients, they helped to keep them helpless. This tendency should be reversed: professionals should help people to help

themselves: they should empower them to become independent and autonomous. This assault received unexpected support from both the workers in the field as well as from left-wing social scientists (Duyvendak, 1999).

Considering the lack of knowledge of real life and the pursuit of self-interest of professionals, they could no longer be trusted as guardians of the public good. Moreover, the notion of public good was distrusted anyway, as society was supposed to consist only of clashing groups serving their self-interest. Clients and their organisations were therefore not primarily seen as guardians of the public good, but rather as guardians of client interests. These organisations tried to represent these interests against the interests of dominant groups in society like professionals. With the criticism on the restricted character of their knowledge and their self-interest, the professionals' power position became in disarray and clients' *vulnerability* and *dependency* became a major problem to be overcome.

Three alternatives were respectively put forward: (passive) citizens, consumers, and participants. Later, these were headed under the broad concept of user-based services. We will have a look at all three of them and see how they handle the issue of power inequality between clients and professionals.

Clients as citizens and the logic of bureaucracy

A first type of user-based services fits in what Freidson has labelled as the logic of bureaucracy. Bureaucracy has such negative anti-client overtones, that it may come as a surprise to frame bureaucracy as one kind of user-based service delivery. However, as Freidson (2001) and Du Gay (2000) argue, bureaucracy is a logic that centres around clients' rights and aims at securing them against clientelism and corruption of professionals. The logic of bureaucracy tries to exclude personal factors that may prevent good treatment, such as personal taste and feelings of sympathy of professionals.

In this logic, equality between clients and professionals was hoped for by strengthening clients' rights and implementing legal procedures to secure them. Clients' organisations stated that the *interests* and *autonomy* of clients should be secured by legal rights as well as by accountability of professionals. Over the last decades, new laws were adopted that assure the autonomy of clients by cutting back the autonomy of professionals: professionals can no longer intervene in the lives of clients without their explicit consent.

Clients came to define themselves as, rather passive, citizens: as the bearers of rights – not responsibilities- in a judicial and state context. They claimed rights to access to services, rights to quality, rights to complain, rights to participation in decision making, and rights to juridical help from institutions and/or the state. These legal measures would strengthen the power position of clients, and at the same time reduced the power of professionals as they should obey these legal measures. If not, they would risk lawsuits. As a result, clients can go to court when they believe that they are being maltreated. The degree to which these rights are implemented varies per country and sector.

The stress on clients' rights tends to individualise social work, in the sense that it emphasizes individual rights and interests rather than public interests or the public good. The public good is a notion that does not fit well in a judicial context, as it is very hard if not impossible to define the public good in terms of rights. While a single client can go to court, 'the public' cannot. Of course the state can act as the public in a

legal procedure, but even then it is hard to establish what the rights of 'the public' are and how and when they are violated.

The degree of individualisation varies with the type of profession: community workers do still try to mobilise people collectively in order to protect their rights, whereas other social workers tend to have more individual relations with their clients. The latter are more distrusted in this logic than the former, considering their potentially negative impact on people's autonomy: whereas the community organizer clearly tries to empower people, the social worker may increase the clients' dependency in face-to-face contacts. Moreover, individuals professional care givers deal with, are often very *vulnerable* – causing an unequal situation of dependency the bureaucratic logic abhors.

Needless to say, this judicial, bureaucratic logic has definitely helped to introduce more equality in the relationship between clients and professionals. However, not without some costs with regard to the quality of this relationship. One of these costs concerns the growth of bureaucratic paperwork, as professionals are much more forced to prove they have followed the right procedures. They therefore run the risk of spending more time on paperwork than on real serviced delivery. Dutch research shows that medical specialists spend a quarter of their time filling out bureaucratic forms and living up to procedures. This moved from 6 to 26 percent in 25 years (Kanters et al. 2004). This is also documented in Dutch youth care, in which juridification is also dominant. Youth care workers spend more than 60 (!) percent of their time on paperwork.

Secondly, the stress on legal rights runs the risk of creating overcautious professionals, who cling to procedures and equal treatment of unequal cases, in order to prevent lawsuits. A special treatment of one vulnerable client, even though perfectly defensible from a professional perspective, becomes risky: it may produce a whole series of lawsuits from other clients who could legally claim that they deserve the same.

A third problem is that this stress on rights obviously creates a new inequality, now among clients, as some clients have more 'bureaucratic expertise' than others. Some are much more well-voiced than others – often the higher educated - and more easily find their way to where allocation takes place. Some patients in health care know the legal procedures by heart while others cannot master such skills. Yet, in this logic, professionals can no longer use their discretionary space to compensate those with little bureaucratic expertise.

Finally, this bureaucratic logic feeds on distrust between professionals and clients. This is a serious risk for the quality of service provision, as trust is generally recognised as a precondition of good quality (WRR, 2004)

Clients as consumers and the logic of the market

The 1980s and 1990s gave rise to the ideology of the market as a new model for reforming the public sector in all welfare states, even though in varying degree. Client movements also embraced the market as a saviour, as they hoped it would provide them with the rights of the bureaucratic logic without the pains of slow procedures. It would also stop the dependency of clients on professionals: the market promised that whenever some professional's service would lack behind clients' standards, they could simply move to another supplier. In other words, market

ideology would skip the vices of bureaucracy but preserve the virtues: having power over professionals.

Market ideology does not value *knowledge and skills* for their own sake. They only count in so far as they pay. Neither professionals nor clients are expected to possess a lot of knowledge in this model, and they do not need to. The market model is organised around competition on the basis of consumers' choices and prices, and consumers are not supposed to choose on the basis of expert knowledge.

Consumers have the last say in knowledge. Of course professionals should have some basic knowledge, but they should refrain from claiming knowledge of what services are needed, and how this should be delivered, as these are things that consumers - also called users or choosers (Cornwall and Gaventa 2001) - are supposed to know best. Professionals are simply supposed to deliver. Services are then called demand-based or user-based: based on clients' demands. So in consumerism, no one feels responsible for the *development* of knowledge and skills, as has been stressed by Freidson (2001).

There is no room for the notion of the *public good* in consumerism. On the market, the public good is not something to consider let alone foster. It is presumed that if all actors pursue their self-interests, this will automatically result in the best outcome for all. Of course, this is indeed just ideology. There is no harder work for state institutions than steering the invisible hand (Engelen, 2005).

This loss of the notion of the public good is another of Freidson's worries of what is lost by the successful attack on professionalism. His main concern is the corrosion of morality, or in other words the reduction of the institutional ethics of professionalism. 'What is at risk today, and likely to be a greater risk tomorrow, is the independence of professions to choose the direction of the development of their knowledge and the uses to which it is put', he writes (Freidson, 2001, p. 14). Professionals have a claim of license to balance the public good against the needs and demands of the clients or employers. Transcendent values add moral substance to the technical content of disciplines. In his last book, he concludes: 'While they should have no right to be the proprietors of the knowledge and technique of their disciplines, they are obliged to be their moral custodians' (Freidson, 2001, p. 222).

Market ideology is, at least theoretically, best equipped to secure the autonomy of clients and thereby in balancing the inequality between clients and professionals in this respect. An important reason for the popularity of market ideology in clients' organisations, is its promises of equity in this respect. This promise was particularly welcomed in areas of the public sector where clients' dependency was greatest, like in care for the handicapped.

By turning patients and the underprivileged into consumers, paternalistic interventions are taboo, except when the classical liberal criterion to allow interference is met: harm. Only when clients cause themselves or other people harm (or when there is a big danger for this to happen) are professionals legitimized to interfere (Duyvendak & Tonkens, 2003).

The organisation of the world of care and welfare according to the logic of the market resulted in drastic cuts in welfare expenditures and in introducing competition among care providers. Community organisations and reintegration and rehabilitation institutions had to participate in tenders in order to get work and subsidies. At the same time, they were pushed to cooperate in order to provide integral care. Moreover, in these 'markets' accountability procedures were introduced as well: the most cost effective organisations – providing most of its services to the least difficult, the least

vulnerable clients - would win the tender. Tendered relations don't tend to be very tender (Duyvendak & Uitermark, 2005).

Clients as participants and the logic of democracy

Recently a third alternative has emerged, which tries to do justice to the demand of democratisation. This third logic can either be described from the perspective of the client or from the perspective of the professional. With the client as the starting point, this logic can be called *participation* (Cawston and Barbour, 2003; Cornwall and Gaventa, 2001) or *collaboration* (Vigoda, 2002). Starting from the perspective and tasks of the professional, this same logic may be called *democratic professionalism* (Dzur, 2004) or *civic professionalism* (Sullivan, 2004).

What exactly should civic/democratic professionalism or participation/collaboration mean and imply? Authors come up with ambitious definitions, for example collaboration meaning 'negotiation, participation, cooperation, free and unlimited flow of information, innovation, agreements based on compromises and mutual understanding, and a more equitable distribution and redistribution of power and resources.' (Vigoda, 2002, p. 529) And 'democratic professionalism is a non-paternalistic, de-centralized, broadly socially grounded, accountable system of porous and rational authority' (Dzur, 2004b, p.12)]

This third alternative logic shares the idea with professionalism that public services differ from bureaucracy and managerialism in their commitment to the *public good* and their 'secular calling' to certain values like health, education or justice, as well as their dedication to keep these values alive in society. *Knowledge and skills* are also very central in this logic, but they are not the exclusive possession of professionals - rather they are object of a dialogue between professionals and clients. Democracy is itself a higher value to be promoted by professionals in this logic, comparable with values like health, education and justice. Because of the adherence to democracy, the dialogue between professionals and clients plays a crucial role in this logic, both on individual, group, and collective level. As in professionalism as such, professionals should be acknowledged and defined as driven by a vocation rather than by status or money (Sullivan, 2004), but they can only answer that vocation by way of a democratic exchange with clients.

As the core values of participation are shared with professionalism, here as in professionalism the development, maintenance and exchange of *knowledge* counts as very important. Professionals are defined by possessing and maintaining specialised knowledge about their field, and by exchanging this knowledge with others so that the collective knowledge may grow. However, knowledge is not only exchanged with colleagues but with clients as well. Professionals explain their views and procedures, acknowledge the knowledge that clients possess themselves and come to a shared view of problems and solutions. 'Traditional boundaries between expert and lay become blurred. The perceptions of participants become indispensable to provide a greater "fit" with the unique features of their situation.' (Cawston and Barbour 2003, p. 721).

Clients are 'seeking greater accountability from service providers' among other things 'through increased dialogue and consultation.' (Cornwall and Gaventa 2001, p. 9) 'Growing and serious risks of citizen's alienation, disaffection, skepticism, and increased cynicism towards governments' can be averted 'only [by] a high level of cooperation among all parties in society' (Vigoda, 2002, p. 538).

Professionals must 're-engage the public over the nature and value of what they do for the society at large.' (Sullivan 2004, p. 19). Professionals must be 'in real dialogue with their publics and open to public accountability.' (Sullivan 2004, p. 19), thereby 'inviting public response and involvement in the profession's effort to clarify its mission and responsibilities.' (ibid.)

The promise of equality and a power balance between clients and professionals seems to be fulfilled in this third alternative logic. However, the promise and inspiration these texts invoke, depend on their being rather vague about what exactly collaboration and dialogue may imply, and how one copes with classical problems of collaboration and dialogue, such as inequalities in knowledge and skills - not just knowledge about social problems and their possible solutions but also skills like the ability to listen and phrase one's views and experiences. Also the issue of differences in *vulnerability* and emotional attachment are not addressed.

Pollitt (2003, pp.102-106) sketches a hilarious picture of such a well-intended dialogue in which such differences are not recognised, let alone faced, in a hospital in the UK. A special staff member is recruited to organise such dialogues. Only a handful of patients turn up, many of them 'famous faces' for the staff. Some of them are too much involved in their own particular problem concerning some ill family member to engage in such exchange on a more general level. Others raise issues that are outside the reach and agenda of the staff but determine the policy of the hospital strongly, for example a coming merger of this hospital with a neighbouring one.

In other words: dialogue, participation, and collaboration function as black boxes in this logic. They promise to solve various problems of knowledge, autonomy, vulnerability and as such bring about a power balance, but they can only keep this promise alive because they are black boxes. Yet, in order for this logic to point the way to a new understanding between professionals and clients, and new roles for both, this black box should be opened. What exactly should collaboration and participation mean? How to deal with power imbalances in terms of knowledge and skills, autonomy, and vulnerability in these practices? If we cannot answer these questions, this logic must always remain a promise and can never become an alternative to the other three.

Some authors recognise this necessity. Dzur (2004a) argues that his ideal of democratic professionalism is very complex e.g. for 'its demand that professionals both exercise authority and share it' (p.12). According to Sullivan, professionals must 'be in real dialogue with their publics' (2004,19) but also 'take public leadership in solving perceived public problems' (p.18). We do indeed think that both may be compatible, but only after recognition of the tension between them and some idea about how to cope with it.

To open the black box of this third alternative logic, to define the problems and tensions inherent in it, and to solve or at least cope with them, empirical research is needed to find out how professionals and clients who adhere to this logic deal with these issues in daily practice. This empirical shift may be helpful because people already try to live up to this ideal, albeit possibly without much theoretical support.

We would like to illustrate this with a current research project, in which 31 social workers, volunteers, managers and directors in four Dutch welfare institutions have been questioned about their experiences with and ideas about client participation in social work. The interviews provide an insight in how social workers and their organisations nowadays interpret the call for democratisation.

Based on these interviews, we can first of all conclude that little value is attached to what are generally considered to be the indicators of a user-based welfare organisation, such as the existence of a client council, a quality mark, a complaints procedure, and a market-oriented language in policy documents and annual reports. This is quite a surprising result since not only the government, but both the national peak organisation of client councils (de Landelijke Organisatie Cliëntenraden, LOC) and the employers branche organisation of welfare institutions (de Maatschappelijke Ondernemingsgroep - MO groep) as well have been working on the reinforcement of these aspects of client's voice for quite some time now.

According to social workers and their managers, in daily practice these attempts have merely resulted in a great deal of symbolism. Indeed, quality systems are introduced, complaints procedures are implemented, policy documents and annual reports continuously mention user-based work and client councils are introduced. As yet, these instruments have not led to a great deal of enthusiasm. A case in point is that none of the organisations we investigated has a client council, although in 2006 Dutch institutions were obliged by law to have one. This is no coincidence: client councils have always been a rarity in the welfare sector (Oudenampsen a.o., 2000; Boerwinkel, 2007).

Client councils turn out to be rather unpopular with directors, managers, and social workers alike, due to problems expected with representativeness, expertise, effectiveness, and interests (see Hoijtink and Tonkens, 2007). Yet, these client councils have been established, it's the law. Though many professionals do acknowledge that clients have certain rights, this obligation is not considered a sound basis to involve them in their organisations. A meaningless ritual dance is feared, in which the council only functions as window dressing. At the same time, one fears that clients will behave like assertive consumers in these councils, arguing from personal experiences and only focusing on self-interest. In the terms we use in this article: one feels uneasy at the very thought that the client is attributed the role of (passive) citizen or fulfils the role of consumer.

More value is attached to a practice of *informal* participation of clients, which is a second important conclusion of our research. A practice allowing the client both influence on the support received and a voice in policy development. In this informal practice, clients are attributed a different role, namely that of participant; the role corresponding to the promising but as yet rather vague, third logic. Let's take a closer look at this informal practice of client participation.

Informal participation in action

When directors and managers talk about client participation, they constantly refer to what happens in the relation between professionals and clients. There, they argue, the voice of the client actually takes shape. Not only does the client have influence on the support offered, but since professionals also act as their spokesmen, their voice can also be heard in policy. Managers often have small talk with professionals, consult them during meetings, and thus form an idea of the clients' questions and wishes. The prevalent idea is that alert and sensitive professionals trace and observe and managers react with policy and actions.

Our research shows that many professional organisations are indeed quite responsive to the demands of the clients. A few examples we came across in the interviews: visitors of a community centre complaining about an incomprehensible social care act, women grumbling about lacking coat and hat racks in a women's

centre, clients complaining about a lack of privacy at the new counters of the organisation. In all these instances, there was a prompt reaction: information meetings were organised in community centres about the new social care act, coat and hat racks were arranged, and the counters were renovated. The interviews are full of such examples.

We could summarise the picture that emerges from these examples in a metaphor: the professional functions as an organism. An organism that – via different levels – flexibly adapts to and meets the questions and needs of citizens. In this way, the client's voice rises via professionals to the management, and sometimes even to policy makers.

But what about the influence of clients on the support of social workers themselves? In the interviews social workers paint a picture of continuous mutual fine tuning with the client concerning the support that is offered. They claim they constantly explore how clients and client groups experience their analyses, interventions, aid and assistance, and whether they should be omitted, adapted, supplemented, or changed. To this end, clients and client groups are continuously invited, challenged and tempted. The following quotation serves as an illustration.

“Many migrant women who come to the women's centre in the neighbourhood are not assertive. They have never learnt to open their mouths. They will not participate in the client council, no way. They neither tell me that they don't like an activity nor tell they prefer other courses. As a socio-cultural worker you have to sense this, ask between the lines, with a cup of tea. You actually have to fish for it. What she thinks about the course, what they need. That is how we started cycling lessons for migrant women here. That is how I found out that there was a great need for this. They aren't very direct, right? During the course, I mean, and you have to find out yourself. So I went to my manager and we arranged a cycling course. We also said: this is the first step to expand the world of these women. Towards more independence. That is also important to me. That's how I look at it, that each time you involve the women who come here in the things you do” (social worker, 22-01-2007).

Social workers illustrate with numerous similar examples how they tune their aid, assistance and activities to clients or client groups. Another social worker tells about this practice:

“You always do it together, you and your client. I once read somewhere that actually your client is 'co-producer'. I liked that, because that's how it is. It is a process in which both of you participate. Then I am not the only one who defines what the problem is; your client has thoughts about this as well. And very good ones, because he is the one who brings up the problems. I join in, to speak for myself. OK, not every client enters the room by saying: I'd like to talk about this. Some people have a great deal of problems. And in that case you help them to summarise and to get things straight. And then you ask: “what is your most urgent problem?” So it is always an interaction; you and your client collaborate closely to help someone overcome his problems. That is a joint responsibility” (social worker, 16-04-2007).

These examples show us something about the way in which professionals try to incorporate questions, perspectives and (self)knowledge of clients in their daily practice. These examples show us another important thing. Social workers constantly put their clients in the role of participant. They constantly intend to make them co-owners of the aid or activity that is offered.

In the interviews several reasons were found for this phenomenon. Social workers seem to be motivated in this by their implicit client concept: clients are not passive objects of analysis and intervention but subjects with their own ideas, wishes and prospects. Neither the role of the clients as patients or underprivileged, nor the

role of (passive) citizens fits in with this concept of active participation. Clients have their wishes, but also have an active responsibility. They argue that therefore it is logical that the client's voice has an important place.

Furthermore, ideas about what good social work is play an important role. For professionals good social work means that they incorporate the client's voice in their supervision – but not just running after the client's question. Here, we could say, the role of participant distinguishes itself from the role of the consumer. According to social workers the role of consumer reeks too much of 'You ask, we play' and underestimates the peculiarities of social work. Social work is not a game of demand and supply, but a practice of continuous mutual 'fine-tuning'. It also denies the vulnerability and dependence of a lot of clients that make an appeal to social work. After all, on the market it is the consumer's demand that determines the supply. In this logic, clients are not the 'co-producers' or participants much desired by social workers, but consumers who themselves know best what they need. This badly agrees with the daily practice, as experienced by social workers. They argue that clients do not have clear, articulate questions, but do have problems. Therefore they should be supported in articulating and formulating their question. Sometimes, social workers report, this also means that they act counter to their client's wish, in the interest of the client himself:

"I'm also there. Sometimes someone may say I think you should do this or that, for that's my question, but I also have thoughts of my own. And if I think, based on my expertise of and experiences with the problem, that something else should be done, I bring it up. OK, then you have to explain why. Precisely because people come to you in a dependent situation. And these people are often vulnerable. People simply have problems, otherwise they would have stayed at home. Debts, for example. Talking about this is fine, but I do need access to their financial situation, in order to see what is going on. Often people don't talk about the cause very easily, maybe because they're ashamed. I don't say this because I happen to be a social worker, but because it is necessary to come to a solution. Then you explain this to them" (social worker, 16-04-2007).

If professionals believe something else is required than the client asks for, they bring up their views and explain why they do so. That is, according to the interviews, how they give account to their clients. Moreover, the quotation is characteristic of the way in which social workers say they claim and account for authority: by appealing to their experiences and knowledge (the claim) and by subsequently sharing this with their clients (accountability).

How to deal democratically with the never ending inequality between users and professionals?

Let us compare these practices with the *ideal* of the third alternative logic, the logic of democracy. Can we argue that Dutch social workers already implement this in their daily practices? For example, do we recognise something in the quotation above of what Dzur (2004a) means when he speaks of the ideal of professionals both exercising authority and sharing it? Could the fine-tuning practices be seen as a steppingstone of what Sullivan (2004) means when he argues that 'professionals must be in real dialogue with their publics and open to public accountability'? For example the social worker who organises a cycling course for women and legitimises this choice by making her own professional view and policy goals of her organisation known. Does this process of mutual 'fine-tuning' between professional and client, in

which knowledge is shared and accounted for, fulfil something of the promise of equality and a power balance between clients and professionals?

Possibly. But there is still a lot unclear. Who, for example, guarantees the client that the practice of informal participation indeed takes place? Based on some of the interviews, we wonder if organisations that have the ambition to function as adaptive and flexible organisms, do not overlook power differences, conflicts of interest, and differences in vision. As it happens, managers and policy makers are not always willing to transform the client's voice into policy, judging by, for example, the following quotation:

“For policy makers, the only thing that count is whether the results are achieved (...). Our observations of negative effects on clients are not relevant. Neither are policy proposals we make based on recurring questions of what workers see. It simply isn't interesting. But when a policy official has a nice little idea, it should be introduced the next day. No matter how bad such an idea is” (manager, 21-01-2007).

The same goes for social workers in their contacts with clients. Some professionals doubt whether each social worker is actually searching energetically for perspectives, questions and wishes of clients. It is argued that some colleagues still place clients in the role of the underprivileged. In short, clients are very dependent on helpful professionals, managers and directors.

“I had a colleague who didn't take clients seriously at all, so I heard from clients. If there was criticism the client was always to blame. That was also how he talked about clients. Then there's nothing to be said, being a client. You're just there, with your own story. But you think, it will be OK, because the social worker knows best. And you are also dependent on your social worker” (social worker, 11-01-2007).

A second problem is that informal participation takes place offstage for outsiders. But if this informal practice is so important, it is precisely this practice that should be unlocked. Unfortunately, welfare organisations have not yet the instruments to show how practices of informal participation are implemented; how these practices reinforce the voice of clients and clients groups, both in the 1-1 setting of professional and client and in the organisation itself. As a result, the practice of informal participation in this sector disappears from sight, instead of becoming subject of reflection, research and debate.

This is quite a urgent problem, because we believe that a discussion on these practices could not only make a valuable contribution in opening the black boxes of the most promising of the alternative logics, but also to the ongoing debate about inequalities between users and professionals. Inequalities in professional-client relations that will never end.

Literature

- Achterhuis, H. (1980) *De markt van welzijn en geluk*, Baarn: Ambo.
- Boerwinkel, L. (2007) 'WMO is kans voor cliëntenraden', in: *Zorg + Welzijn*, vol.13, (3), p.3.
- Clarke, J. (2004) *Changing welfare, changing states. New directions in social policy*. London: Sage.
- Cornwall, A. and J. Gaventa (2001) *From users and choosers to makers and shapers: repositioning participation in social policy*. IDS-working paper, Brighton (www.ids.ac.uk/publications)
- Cawston, P.G. and R.S. Barbour (2003) 'Clients or citizens? Some consideration for primary care organisations.' *British Journal of General Practice*, September 2003, pp. 716-722.
- Du Gay, P. (2000) *In praise of bureaucracy*. London: Sage.
- Dzur, A.W. (2004a) 'Civic participation in professional domains: an introduction to the symposium.' *The good society*, vol. 13 (1), pp.3-5 .
- Dzur, A.W. (2004b) 'Democratic professionalism: sharing authority in civic life.' *The good society*, vol. 13 (1), pp. 6-14.
- Duyvendak, J.W. (1999) *De planning van ontplooiing. Wetenschap, politiek en de maakbare samenleving*. 's Gravenhage: Sdu.
- Duyvendak, J.W. and E. Tonkens (2003), 'Paternalism – caught between rejection and acceptance: taking care and taking control in community work.' *Community Development Journal*, vol. 38, pp. 6-15.
- Duyvendak, J.W. and J. Uitermark (2005), 'When ideologies bounce back. The problematic translation of post-multicultural ideologies and policies into professional practices'. In: J. W. Duyvendak, T. Knijn and M. Kremer (eds) *Policy, people, and the new professional. De-professionalisation and re-professionalisation in care and welfare*, Amsterdam: Amsterdam University Press, pp. 64-80.
- Eklund, L. (1999) *From citizen participation towards community empowerment. An analysis on health promotion from citizen perspective*. Tampere: University of Tampere.
- Evetts, J. (2003) 'The sociological analysis of professionalism. Occupational change in the modern world.' *International sociology*, vol. 18 (20), pp. 395-415.
- Freidson, E. (2001) *Professionalism. The third logic*. Cambridge: Polity Press.

Hoijtink, M. and E. Tonkens (2007) 'Omarmd, verguisd en verwaarloosd. Democratisering van welzijn en maatschappelijke dienstverlening', TSS, Tijdschrift voor sociale vraagstukken, vol. 61 (11), pp. 14-18

Oudenampsen, D., R. Rijksschroeff, K. van Gelder, R. van Overbeek, J. de Savornin Lohman, and L. Verkuyl (2000) *Evaluatie wet medezeggenschap. Achtergrondstudie er sector*. Utrecht: Verwey-Jonker Instituut.

Pollitt, C. (2003) *The essential public manager*. Berkshire: Open University Press,

Sennett, R. (2003) *Respect. The formation of character in an age of inequality*. London: Penguin.

Sullivan, W. (2004) 'Can professionalism still be a viable ethic?' *The good society*, vol. 13 (1), pp. 15-20.

Vigoda, E. (2002) 'From responsiveness to collaboration: Governance, citizens and the next generation of public administration.' *Public Administration Review*, vol. 62 (5), pp.527-540.

Wetenschappelijke Raad voor het Regeringsbeleid (2004) *Bewijzen van goededienstverlening*, Rapporten aan de regering nr. 70, Amsterdam: Amsterdam University Press.