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Margo Trappenburg & Gercoline van Beek

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'My profession is gone': how social workers experience de-professionalization in the Netherlands

Dat vak dat je leerde, dat is niet meer: Hoe maatschappelijk werkers in Nederland denken over de-professionalisering

Margo Trappenburg^{a,b} and Gercoline van Beek^c

^aFoundations of Social Work, University of Humanistic Studies, Utrecht, Netherlands; ^bUtrecht School of Governance, Utrecht, Netherlands; ^cCentre for Social Innovation, University of Applied Sciences Utrecht, Utrecht, Netherlands

ABSTRACT

Recently social work in the Netherlands underwent two major changes. Specialized agencies were replaced by one-stop shops (district teams) and the welfare state was replaced by a 'participation society', in which vulnerable groups have to rely on their social network rather than resort to professional care. The first change is termed 'de-specialization'; the second 'basic de-professionalization'. The research question in this article is: how do Dutch social workers experience and evaluate these two developments? Qualitative interviews with 29 experienced social workers show that most of them endorse de-specialization, as this type of aid is deemed better for clients with complex problems. Moreover, many social workers like to take on new tasks. Basic de-professionalization is met with more reserve. Social workers observe that many clients do not have a suitable network and need professional help. In addition, they feel that their profession is being degraded as lay people and volunteers take over (part of) their work. However, they feel unable to resist this development, because resistance might get them sacked. Some social workers even enhance basic de-professionalization because of their willingness to continue working as (retired) volunteers. Social workers and theorists need to address and counter the move towards basic de-professionalization.

SAMENVATTING

Hulpverleners in het sociaal domein in Nederland worden geconfronteerd met twee belangrijke veranderingen. Ten eerste wordt gespecialiseerde hulpverlening grotendeels vervangen door generalistisch werkende wijkteams. En ten tweede maakt de verzorgingsstaat plaats voor een participatiesamenleving, waarin mensen vooral hulp moeten krijgen van elkaar in plaats van betaalde hulpverleners. De eerste verandering heet 'despecialisatie', de tweede fundamentele de-professionalisering. De centrale vraag in dit artikel luidt: hoe beoordelen maatschappelijk werkers deze veranderingen? Kwalitatieve interviews met 29 ervaren maatschappelijk werkers laten zien dat zij doorgaans enthousiast zijn over despecialisatie, omdat dit beter is voor cliënten met multi-problematiek. Zij zien generalistisch werken ook als een nieuwe uitdaging. Het oordeel over fundamentele de-professionalisering is negatiever. Maatschappelijk werkers maken zich zorgen over cliënten die geen geschikt netwerk hebben. Zij maken ook zorgen over hun vak,

KEYWORDS

De-professionalization; de-specialization; changing welfare state; the Netherlands

TREFWOORDEN

De-professionalisering; despecialisatie; generalistisch werken; participatiesamenleving

nu hulpverlening (gedeeltelijk) wordt overgenomen door leken en vrijwilligers. Ze vinden het moeilijk om zich tegen deze ontwikkeling te verzetten: zij vrezen voor hun baan. Sommigen zijn bereid om zelf onbetaald hun werk voort te zetten. Het is hoog tijd dat maatschappelijk werkers (nu: sociale professionals) en wetenschappers op dit gebied zich verdiepen in fundamentele de-professionalisering.

Introduction

Recently social work in the Netherlands underwent two major changes. The first consists of a (partial) replacement of organizations providing specialized services by district teams catering for a broad array of social problems. This de-specialization resembles the Seebohm reform in the UK in the 1960s and 1970s (Bamford, 2015; Burnham, 2012; Howe, 1980), the reconfiguration of social work in Sweden in the same era (Blom, 2004), and the recent introduction of one-stop shops in Norway (Røysum, 2013). Dutch policy-makers hope that clients will benefit from integrated care. This is deemed better than having to shop among specialized care providers who do not take the client's whole picture into account (Coalition Agreement, 2012; Social Support Act, 2015).

The second is usually portrayed as a change in the welfare state regime from a traditional welfare state to a 'participation society'. Henceforth, vulnerable citizens first have to try to work things out on their own. Subsequently, they should turn to their network: family, friends and neighbours. Professional help is available as a last resort. More and more help will be provided by volunteers, and it falls to paid social workers to organize that. Dutch policy-makers hope that a greater reliance on family help and neighbourhood help will enhance social cohesion. Moreover, non-professional help is supposedly more personal. Also, it is cheaper than paid professional help (Coalition Agreement, 2012; Social Support Act, 2015). Similar developments have taken place in other countries, notably in Italy (Muehlebach, 2012) and the UK (Evans, 2011; Newman & Tonkens, 2011).

Both changes entail a form of de-professionalization. The first – de-specialization – is familiar to social work. Of old social work was torn between on the one hand providing individual (often psychological) help based on specialized expertise, and on the other hand helping disadvantaged groups without limiting itself to a specialized body of knowledge (Bamford, 2015; Dominelli, 2004; Lubove, 1983; Toren, 1972; Younghusband, 1964).

The second change is a form of de-professionalization that was probably first described by Haug in a 1975 article entitled 'The De-professionalization of Everyone'. She foresaw that patients would gather ever more medical knowledge. Thus, they would no longer have to rely on their physician's judgement; they might determine their own medical needs. This development could make many doctors superfluous in the long run. With regard to social work in the Netherlands the effects might be similar.

In this article, we study how social workers experience and evaluate both processes of de-professionalization. We will first elaborate on the concepts of professions, professionalization and de-professionalization and discuss other studies into this subject. In the third section we explain our methodology. In the fourth and fifth sections we present our findings. In the sixth section we will answer our research question. In the last section we will reflect on the future of social work in an era of de-professionalization.

Professions and (de)professionalization

Ever since its inception, social work has struggled with the question whether it would ever be a proper profession (Bamford, 2015; Ehrenreich, 1985; Etzioni, 1969; Toren, 1972; Zufferey, 2012). Professions have four identifying characteristics: (1) they are fulltime occupations that one can do for a living, (2) they require specialized knowledge, (3) they have acquired autonomy, both as individual

professionals and as community of professionals and (4) they have an ultimate goal with an accompanying ethical code (Freidson, 2001; Wilensky, 1964). The knowledge base of social work is arguably too diffuse to qualify as the specialized knowledge necessary for a true profession (like medicine or law). The ultimate goal of social work is elusive and seems to be – partly – dictated by the organization in which social workers are employed (see e.g. Bamford, 2015; Richan & Mendelsohn, 1973). As to collective professional autonomy – the right to determine entrance to and exit from the profession, the right to discipline and be disciplined by fellow professionals – the way in which this has been accomplished varies per era and per country (Toren, 1972, p. 53; Weiss-Gal & Welbourne, 2008).

Despite the fact that the question whether social work is or ever will be a proper profession is difficult to answer, many researchers have succeeded in analysing processes of professionalization and de-professionalization. Following the four identifying characteristics of professions, such processes may take place in different ways, as is shown in Table 1.

With the aid of this table, it is possible to categorize a number of important studies into the professionalization and the de-professionalization of social work. It is interesting to see that neither researchers nor the research subjects (social workers) always prefer professionalization. We will take a closer look at a couple of studies, following the lines in Table 1.

(1) Paid occupation

The transition from charity work to paid occupation in the first decade of the twentieth century has been studied extensively and is usually evaluated positively (e.g. Burnham, 2012; Ehrenreich, 1985; Lubove, 1983 (1965); Younghusband, 1964, 1981). Professional help by paid workers is considered less humiliating for vulnerable citizens than voluntary aid by rich middle-class do-gooders. For social workers themselves – often women – having an income was a road to independence from husbands or male family members.

(2) Specialized knowledge

The development of a professional body of knowledge is met with more ambivalence. Historian Ehrenreich studied social work in America from its origins in the nineteenth century to the 1980s. Eras of professionalization were followed by years of de-professionalization and back again to professionalization. The 1920s in America were an era of professionalization. Social workers embraced case-work and psychoanalysis as their proper professional body of knowledge to be taught in specialized schools, which were budding and growing all over the land. Meanwhile, workers discarded the activist origins of social work (finding structural causes for poverty and suffering, and advocating societal change as a solution). Ehrenreich (1985) describes how the professionalized approach, based on specialized knowledge, failed utterly during the 1930s, when mass unemployment could not be remedied by individual counselling. Similar qualms about the move towards case-work, psychoanalysis and overspecialization can be found in Younghusband (1964, p. 41) and Burnham (2012).

Dressel, Waters, Sweat, Clayton, and Chandler-Clayton (1988) describe a process of de-professionalization in the 1960s and 1970s in America. Social work was replaced by newly created, low-skilled jobs. On the one hand, this might benefit former clients, who could now find paid employment in the

Table 1. Professional characteristics increasing/decreasing.

Characteristic of profession	Professionalization	De-professionalization
1. Paid occupation	From charity work to paid occupation (early twentieth century)	From paid occupation to self-help, family help, volunteering
2. Specialized knowledge	Development of special schools, research related to professional object	Work performed by occupational groups with less or no training
3. Professional autonomy as individual professionals and as professional group	Acquire room to manoeuvre for workers; establishment of disciplinary boards	Development towards street level bureaucrats answering to the government
4. Service ideal/ethical code	Establishment of code of ethics in which profession formulates its mission	Development towards street level bureaucrats answering to the government

welfare sector, and who might be able to identify with clients. On the other hand, professional social workers could see their work being degraded and lose their jobs.

Røysum (2013) studied the reform of the welfare services in Norway. After years of specialized social work in numerous agencies, Norway chose to introduce one-stop shops. The new Nav offices offered different kinds of support along with housing and financial benefits. Social workers had to adopt a generalist way of working. This was a process of de-professionalization since Nav offered training to new employees that might replace professional education. Nevertheless, many respondents liked the basic competencies approach as advocated by Nav, because they believed this to be beneficial for their clients.

Healy and Meagher (2004) also studied the rise of the general competencies approach. They see important disadvantages: 'Competency-based approaches do not promote the professional development of workers independent of their specific workplace, and importantly, do not enhance workers capacities to critically evaluate accepted workplace practices' (p. 247). Dominelli (1996) criticizes the competencies approach for its disempowering effect on professional social workers. In terms of Table 1 one might say that these authors found that de-professionalization in line 2 (de-specialization) decreases collective professional autonomy (line 3).

Blom (2004) studied the history of social work in Sweden. After a period of increasing specialization, in the 1960 and 1970s 'the different fields were merged to a more homogeneous organization' based in geographical districts, which meant that 'all social workers had to work with all kinds of problems and types of tasks', which may be perceived as a form of de-professionalization (p. 31). Many Swedish social workers found it difficult to adopt the generalist approach, which led in some municipalities to a swing of the pendulum back to the specialized model. Although both models have disadvantages, Blom (2004) concludes that the generalist model is to be preferred, as most social work clients have complex problems that need to be addressed in coherence.

(3 and 4) Professional autonomy and service ideal

The development of professional autonomy (both individual and collective) and of a specific service ideal are tightly interwoven in social work. From the beginning, it was clear that the goal of social work would always be partly ordained by society or the government. Whereas medical doctors are committed to the health of their patients come what may, and lawyers further the interests of their clients, sometimes in blatant disregard of the public good (Sullivan, 2004), social work has always tried to reconcile the interests of its clients with those of society (see e.g. Daniel, 2013; Ferguson, 2008). But, of course, this twofold commitment to both society and individual clients can take shape in a number of ways, varying from a position in which the social worker sides with his client and tries to help him fit into society in so far as this would benefit the client, to a position in which the social worker merely follows rules and regulations pertaining to clients, so as to accomplish political goals. A move towards the first side of the continuum would be a form of professionalization, either in relation to the identifying characteristic of professional autonomy (enlarged room for social workers to further their clients' best interest) or in relation to the characteristic of the service ideal (e.g. the adoption of an ethical code in which professionals promise to uphold clients' confidentiality, regardless any governmental urge to share their records in order to facilitate the implementation of government policy). A move towards the other side of the continuum – obliging social workers to follow orders, reach set targets or breach their clients' confidence – is a form of de-professionalization.

Rogowski (2010) and Ferguson (2008) witnessed a de-professionalization of social work in the UK with regard to professional autonomy and its service ideal, caused by the advent of neo-liberalism and Blair's third way. The emphasis on targets and established goals, organizational values and consumer input decreased professional workers' autonomy and their commitment to their profession considerably. Both authors are largely negative about the resulting changes, although they see some merit in the involvement of clients in their own treatment.

In her study of the Nav teams in Norway, Røysum (2013) argues that the Nav approach is based on short-term goals and an increased use of incentives, which sits uneasily with the long-term orientation that older social workers learned during professional training.

Table 2. Effects of de-professionalization found in the literature.

Characteristic of profession	De-professionalization	Positive	Negative
1. Occupation performed by paid employees	From paid occupation to self-help, family help, volunteering		
2. Specialized knowledge to be taught in specialized schools	Shift to on-the-job training for less qualified employees; shift to general competencies	Employment for former clients or other disadvantaged groups Dressel et al. (1988) Better for clients with many faceted problems Røysum (2013); Blom (2004)	Loss of jobs and status for social workers Dressel et al. (1988)
3a. Individual autonomy	Adoption of standardized procedures		Possibly to the detriment of clients who do not fall into standard category Rogowski (2010); Ferguson (2008)
3b. Collective autonomy as professional group	Move towards orientation on organization rather than professional group		Loss of ability to criticize goings on at the workplace Healy and Meagher (2004); Dominelli (1996)
4. Service ideal/ethical code	Move towards targets and norms dictated by non-professionals and/or clients	Possibly more democratic Rogowski (2010); Ferguson (2008)	Loss of critical edge Rogowski (2010); Ferguson (2008)

In this article, we study the impact of two processes of de-professionalization. Therefore, in [Table 2](#) we summarize the results found in the studies above pertaining to de-professionalization. We have followed the authors' own verdicts in categorizing the effects as positive or negative.

The first type of de-professionalization is currently taking place in the Netherlands and will be the main focus of our study. We will refer to it as basic de-professionalization. It is the mirror image of the transition from charity work to professional help in the early decades of the twentieth century (Burnham, 2012; Ehrenreich, 1985; Younghusband, 1981). Our study will show how social workers evaluate this – perhaps most fundamental – type of de-professionalization. In addition, we will look at the way Dutch social workers experience de-specialization.

Method

We interviewed 29 experienced social workers about their ideas on the present developments. A few respondents volunteered to participate after a call for respondents in their professional journal. Most respondents were found through contacts at schools of social work and the professional association for social workers in the Netherlands and through snowball sampling. Some of our respondents were currently working in the new district teams; others were 'left behind' in the (somewhat) dismantled specialized organizations, but knew the goings on in the new teams via coworkers. Yet others were on the brink of retirement (65 years). We strove to interview workers in different organizations in different parts of the country, so as to avoid drawing conclusions based on the situation in one organization or one municipality. The current study was not commissioned by an agency or sponsor. The researchers are employed by universities and can use their research time as they wish. All respondents were happy to participate and were interested in the results of our study. We use pseudonyms in this article to refer to respondents. Respondents did not discuss their clients by name. Thus, it was not necessary to seek ethical approval for this study.

An overview of respondents can be found in [Table 3](#).

To find out how social workers evaluate the present policies we used 'career interviews'. Interviewing professionals about their career to probe their thoughts on policy developments or societal changes is a method that has also been used to describe and evaluate changes in medicine. Dwarswaard, Hilhorst, and Trappenburg (2011) and Dwarswaard (2011) used this technique to find out how

Table 3. List of respondents.

	Pseudonym	Age	Region	Expertise
1	Tineke	30–40	West	Social work
2	Eva	41–60	Middle	Social work
3	Agnes	Recently retired	Middle	Social work
4	Esther	41–60	West	Social work
5	Laura	41–60	West	Social work
6	Joop	41–60	Middle	School attendance officer
7	Wim	40–60	West	Social work
8		30–40	Middle	Medical social work
9	Kirsten	30–40	West	Social work
10		41–60	South	Medical social work
11	Josje	41–60	West	Social work
12	Petra	41–60	West	Social work
13	Paula	30–40	West	Private sector
14	Yvonne	41–60	West	Social work
15	Annemiek	41–60	East	Social work
16	Gwen	41–60	Middle	Private sector
17	Vera	41–60	West	Private sector
18	Daisy	30–40	Middle	School attendance officer
19	Else	Recently retired	Middle	Social work
20	Chris	Recently retired	East	Social work
21	Klaas	41–60	East	Social work
22	Ayse	41–60	West	Social work
23	Janny	30–40	Middle	Social work
24	Marjan	41–60	West	Social work
25	Willemien	41–60	North	Social work
26	Joanne	41–60	South	Social work
27	Liz	30–40	West	Social work
28	Richard	30–40	West	Social work/psychology
29	Edith	41–60	West	Social work

general practitioners and surgeons evaluated a policy change towards marketization in health care, as well as demographic changes in their patients (the growing number of highly educated patients) and demographic changes among doctors themselves (the feminization of medicine). We asked our respondents to describe their professional training and subsequent career (usually by asking them how and why they came to be social workers) and then asked them to reflect on current developments with regard to social work in the Netherlands, using questions like: ‘What do you think about the new district teams?’ ‘Do you approve of the trend toward more empowerment and network assistance for clients?’ ‘Is this different from when you first started your career, and in what way?’ The interviews were semi-structured. Apart from the general topic list (professional training, career, district teams and network assistance) interviews differed, depending on respondents’ own input. For example, if respondents saw similarities between their past employment and present developments, we would ask them to elaborate on that. If they had doubts about the current developments, because they felt that these would not be in their clients’ interests, we would ask follow-up questions on that subject.

The interviews were transcribed and then coded using the software program Nvivo. We broadly coded fragments referring to de-specialization and basic de-professionalization (based on the literature discussed in the second section). Subcodes in these two large categories were found inductively.

In the fourth section, we discuss our results regarding de-specialization. In the fifth section, we look at basic de-professionalization. We first look at the way social workers perceive the new ideology of the participation society. Subsequently, we discuss their concerns regarding their clients. Then we look at their concerns about themselves and their own profession. Lastly, we consider the question whether workers feel able to do something to recover their status or improve their clients’ well-being.

De-specialization

Our respondents were mostly positive about the de-specialized way of working in the new district teams. Four of them had a few critical remarks pertaining to their own expertise or lack thereof in certain areas, like Janny, who told us:

I am not going to do taxes and legal stuff, and vice versa neither. Legal aid women are not especially keen on conversations about how life is going; (...) not their cup of tea. I don't think we should go to a 'one client – one social worker' system. (...) Let the specialties be is what I say.

Others worried about clients needing specialized help that might no longer be readily accessible due to the new system of generalized district teams. As Daisy explained:

Sometimes the generalist workers in the district teams overestimate themselves. Say like: this daughter seems to have an eating disorder. I can give cognitive behavioral therapy, a couple of sessions. Whereas that girl might need proper therapy by a real specialist.

But most of our respondents ($n = 16$) were positive about de-specialization. Our older respondents had practised a generalized approach when they first started working. They usually liked that very much. Recently retired Else started her career as a medical social worker in a hospital and then moved to a general social work position. She had been somewhat anxious about this transition but once she had started she felt competent and satisfied with the variety of problems in her new job.

I got all sorts of things: housing problems, relationship problems and financial problems. Lots of problems involving children, via the child protection agency. Grief counseling, dealing with loss. (...) And not just me, all my colleagues did everything. It is very intense, but very satisfying too.

Esther's training programme had been in youth care. Yet she ended up in a general social services department.

These things happened then and I can tell you honestly: I did not come across a lot of problems that I thought, yeah, well, I am a youth worker, so I don't have a clue. No, actually, that didn't happen.

Hence the generalist approach of the district teams is much appreciated. Esther:

The whole multidisciplinary approach, different organizations, different perspectives, different experiences . . . Putting it together and then working all together intensively ... I am very positive about that.

Social worker Eva experiences a new challenge that she looks forward to take on:

There will be a new target group now, for me at least. Psychiatric patients, mild cognitive impairments, substance abuse. Up till now we could refer those. But now they will stay. That will be nice, because I get to learn things from coworkers, about how to approach them.

Social workers hope that the new district teams can prevent the social aid overload that plagued multi-problem families in the past. Joop remembers one of those cases:

So they open the door and I explain why I am there. That they didn't respond to my email. And then they said: not a day goes by that we don't have one or another social worker at our place. We get crazy by the lot of them. (...) And yeah, I get that. They get stark raving mad.

Social worker Wim agrees that the introduction of district teams is a change for the better:

So there were a lot of little islands. The general practitioners were on a little island. So were elderly care workers. Rehabilitation care was a little island. Children and youth services. Fortunately we had a turn around.

On the whole our respondents agree with Blom (2004) that a generalist approach as practised in the district teams is better for clients who struggle with many problems simultaneously. They were generalists all along and they welcome the chance to relive that identity. Or they look forward to learn new things from coworkers about new problems and new target groups.

Basic de-professionalization

The ideology of the participation society that is to replace the traditional welfare state, dictates that citizens have to shape their own life rather than have it arranged for them by others, social workers among them. Eight respondents did not perceive this as a revolutionary new proposal. In the words of one of them: 'This is what we have been doing throughout my career. I don't see what's new in that' (Kirsten). In the words of another respondent:

Today there was a story in our professional journal; all about the new social work with neighborhood teams empowering people, searching for their strength. Such a load of crap I think. (...) It's like we didn't do that. I did that all the time: giving people strength and insight in their own problems. (Else)

Or, as Harry phrased it: 'Make yourself superfluous. I think that is the essence. I am good at that. I like it.' However, our respondents felt that the new empowerment approach could go too far, as there are chronically vulnerable people who will never manage on their own, or who will only get worse over the years. Marjan said:

I think we need to realize that there is a group of people who will always need support. (...) it is an illusion to think that we can get everybody back on track with fancy short term interventions, and that they won't ever need help anymore. That is simply not true.

Six respondents expressed doubts about referring people to their family or their own network. Marjan works with youngsters. She says:

If you run away from home because of the troubles there, you get to hear that you have to work things out with your parents, because it's your own network that's so important. For sure, that's important, but sometimes that is the wrong approach.

Agnes said:

The good thing of this development is that you get to look broader. Who can step in? It is not self-evident that a social worker steps in, because you are temporary. (...) So if there is family help available, that's a good thing. But you should take a long and hard look at the family, because they must be able and willing. You can't force them. I think it's dangerous to ask people to support their brother or sister when they basically fight all the time.

Social workers have seen many clients who do not have a network or who lost their network because of their own actions. Willemien helps clients with substance abuse:

It would be really great if [you could refer them to their network] but what you see is that many of them don't have a social network left ... because of their problems. I mean they may have stolen from family members to buy drugs you know, stuff like that .. makes your whole network break down.

In her experience, clients also have network members that are not helpful but rather the opposite, because they take drugs themselves and lure clients back into the scene. In a number of cases network members have cognitive disabilities and cannot provide proper guidance to others.

Else remembers her clients from ethnic minority groups. She thinks it would have been unwise to refer them to their families.

Many of my former clients had been cast aside by their families because they filed for divorce, because they had been raped or had been found guilty somehow. They were not accepted by their own network, so that would have been difficult.

If people cannot be helped by their families, municipalities search for other cost-saving solutions. Kirsten's municipality encourages help by volunteers. These can be people with acquired brain injury or a psychiatric background. Kirsten appreciates that, but she sees downsides as well. These volunteers tend to have bad periods, and then do not show up for their volunteer work, and Kirsten will not be there to notice that her client is left without help. Other municipalities employ well educated, highly qualified volunteers. That made Laura worry too:

Look, if you have been sick or something and you can do volunteer work to get back to your routine (...), that's a fantastic idea. But if you lost your job because of cutbacks, and then you can do your job as a volunteer with unemployment benefits, that doesn't seem right.

Three respondents pondered about their own expertise – competences they had that family helpers and volunteers might not have. Their core expertise consisted in not being judgemental. Stand in the client's shoes and start from there. This was something that they felt was crucial to social work. Of course many clients are partly to blame for their misfortune, but it does not help to point that out, and non-professional helpers would probably not be able to resist a tendency to pass blame. Annemiek explained that people who are victims of domestic violence feel ashamed. She said:

Social workers know that and they take the time and space to help people face what's happened, and to acknowledge the shame. Rather than just say: well, yes, you don't have to be ashamed of it. You don't help people that way, because they are ashamed.

Else had worked with Muslim families where violence was related to the family honour and the chastity of female family members, a topic that many Dutch citizens feel very strongly about. She said:

There are many things that we don't understand; honor related violence for example. I have seen it often. (...) Victims are very frightened and feel threatened. It's a very harsh culture for people. Still you have to look with an open mind. Because you have to deal with both the perpetrators and the victims.

Chris pointed out that if you leave vulnerable citizens to their own devices, some of them will become a nuisance to other people:

They will turn away from society and say: to hell with it. (...) Like in the US where they have thrice as many people in jail. Or they will join a motor rider gang.

Social workers thus worry about their clients and about the downsides of the participation ideology for society at large. But they also worry about themselves ($n = 6$). Some of their colleagues have seen their jobs disappear. Else witnessed organizations competing to have their employees included in the new district teams. She observes:

I have seen a lot of competition among different organizations. (...) They all have paid employees and everybody is afraid to be sacked. (...) One colleague after another on the verge of tears. When is the next round of dismissals?

Annemiek saw similar things:

You are dismissed very easily. People all had to re-apply for their job. I have seen social workers with 25 years of experience who did not get hired for the new teams. That's what's happening.

Social workers feel that their professional training will be useless shortly, since a large part of their work is taken over by informal carers and volunteers. Liz explained how the new approach was introduced to her:

I got the message like, you know what? You have to let go of the assertiveness courses. Let them be taught by volunteers and people with experiential knowledge. (...) Meanwhile, you can let people come to you with any question whatsoever and then ask them, hey, who in your network can help you? Did you ask so and so? Well, go ask him, good luck!

Kirsten was worried that individual counselling by social workers would disappear in the new regime:

In the end they want to work with groups as much as possible. That hurts and I worry about that. What will the future of social work be?

Ayse wondered why people would bother to go into social work in the first place:

I mean ... if everyone and the next person can call themselves social workers (...) There's a guild for physiotherapy, you get acknowledgement for being a qualified nurse and so on, but with us, now, they seem to abandon that system.

In the words of Tineke:

That everybody can be a social worker and that everything should be solved with a practical solution, preferably by volunteers, I find that really terrible.

Eva told her new interns:

That profession that you were taught to do, that doesn't exist anymore. That profession is gone.

Although many of them ($n = 11$) worry about the basic de-professionalization that is taking place, social workers find it very difficult to resist it. Two respondents recalled that they had been critical in the past, referring to the 1960s and 1970s, but that social workers had become well-behaved and obedient in due course. The most important reason for the lack of open criticism is social workers' fear that they will not be eligible for the new district teams, if they do not subscribe to the reigning ideology. As Yvonne explains:

Every whistleblower loses his job, that's the human condition I think. I was a member of a district team in the trial period. [I had some questions about the way things were handled.] But if I say something to the official from the municipality, he is like: take it or leave it. You know, there's a new round of tenders coming up. If you don't approve, if you don't want to play my game, fine by me. I can get plenty of others in your place.

Social workers who dare to be critical are usually the older ones who will be retiring shortly ($n = 3$). Like Klaas who said:

It's easy for me because I have a couple more years to go. Even if they fire me: no harm done. (...). The other day I said this at an internal meeting. I said, we have to oppose our management on occasion because they are blindly following the municipality. (...) We have to stand up and say: this is what our profession can contribute. This is not right, manager. Or: this is not right, local government.

Another complication is that some social workers are willing to perform (parts of) their job without pay. Healy and Meagher (2004, p. 248) observed

that workers apparently accept lack of professional recognition and poor economic reward as an inevitable feature of social services work, allowing funding bodies and employing organizations to take advantage of sexist cultural assumptions that care work is naturally 'women's work' and that female workers do not need an independent living wage.

In a similar vein, five respondents told us that they would be willing to work without pay. Tineke teaches an assertiveness course. Following the reigning ideology of the participation society, she has been asked if this course could not be taught by a volunteer, possibly a former student of the course. Tineke does not think that would be a good idea, as former students might go on way too long about their own troublesome past. Yet she says 'don't tell my boss, but if I would have to do it for free, I would be willing to do that'. Else is nearly crying when she talks about the decline of her profession, but upon retirement she asked her boss if she could stay on. 'I would have worked without pay, I would have my pension, so I didn't need pay. Seemed like an ideal offer to me.' Edith observed a historical pattern:

Table 4. The effects of basic de-professionalization and de-specialization in the Netherlands.

Characteristic of profession	De-professionalization	Positive	Negative
Occupation performed by paid employees	Shift to self-help, informal carers, and volunteers	Emphasis on empowerment and self-help fits social workers' ideology; going back to charity not necessarily bad	Bad for clients who don't have suitable network; for social worker: loss of jobs. Seems to result in grief; little resistance
Specialized training in specialized schools; specialized knowledge	Shift to general competencies	Better for clients with many faceted problems; opportunity to broaden expertise for social workers	Might be worse for clients with very specific problem; might not suit every social worker

Social work started as church work. Going round with a bowl of soup. Charity and what have you. So, perhaps we should turn back the clock. (...) I want to talk beyond my self-interest. (...) I think ... if we could go back to the old days, everybody might be very pleased.

It is difficult to resist basic de-professionalization if you risk losing your job when you protest and your (former) coworkers are willing to work for free.

Discussion and conclusion

Our study has several limitations. The changes in the Dutch welfare state were only recently implemented. In many municipalities, district teams were introduced in 2015, although some respondents had been working in try-out district teams before that. Hence, our findings sketch a preliminary picture. Moreover, we did a qualitative research with the accompanying advantages and disadvantages. Our respondents were able to tell us what they saw happening and how they felt about it, but it is difficult to determine whether it is possible to generalize from that. The transition from welfare state to participation society in the Netherlands entails a decentralization of the welfare state, which means that different municipalities do things differently. Taken these limitations into account we can answer our research question as follows:

Both older and newer research has studied the advantages and disadvantages of specialization, the overall evidence leaning towards de-specialization (Blom, 2004). Our study confirms this evidence. Most Dutch social workers appreciate a more generalist approach. Many of them were trained to be generalists, then had to unlearn that and now they are admonished to retrace their steps. Social workers feel that the generalist approach will benefit clients who cope with different problems simultaneously. Our findings are summarized in Table 4.

Our findings regarding basic de-professionalization are more cause for concern. Dutch social workers worry about this development. They worry about clients, who stand to lose from this transition, because they do not have a social network, alienated their network, or do not want to burden their relatives. Social workers feel that clients need a professional helper who does not shy away from difficult feelings and who attempts to stand in their shoes and see the world from their perspective. Network members and volunteers might not be able to do that. In addition, workers feel that their profession may disappear as a result of basic de-professionalization. Most social workers feel unable to change or even criticize this development.

Whither social work?

Although our study was based in the Netherlands, basic de-professionalization may occur in other countries too (Evans, 2011; Muehlebach, 2012; Newman & Tonkens, 2011). Thus, it would be good for social work theorists and social workers to study this development, reflect on it and evaluate it. How should we assess basic de-professionalization?

We might start with the observation that social work as sheer labour will always be necessary. Social work is not about to become extinct in the way that other occupations have disappeared, because of digitalization and industrialization (Brynjolfsson & McAfee, 2014; Ford, 2015). Think of the coal merchant, or the carriage driver tending the horses. Coal has been replaced by oil and gas, or renewable energy; carriages have been replaced by cars, buses and trains; there is no need for the horseman minding our carriage, or the merchant delivering coal. No similar development is taking place with regard to social work. There will always be vulnerable people who cannot cope with the vicissitudes of life, temporarily or indefinitely. People will always struggle with psychiatric conditions, financial problems, unemployment, marital problems, family issues, loss and bereavement and so on (Frey & Osborne, 2013).

However, it is entirely feasible that, in the near future, vulnerable people will be taken care of by unpaid helpers, be they family members, neighbours and friends, volunteers or even unemployed

social workers. Social work will not disappear, but social work as a paid profession certainly might. Three characteristics of social work may accelerate this process.

- Social work is a *female profession*, which fosters a feeling among employers and employees that work might be performed without proper pay.
- Social work is a *modest profession*. Social workers are inclined to dismiss their own performance and to emphasize their clients' strength, stressing that they did it on their own. While this probably fosters clients' self-confidence, it belittles social workers' contribution and may create a less impressive public image. Once a process of basic de-professionalization sets off, it seems plausible that relatively easy clients with minor problems are deferred to their social network or volunteers, leaving the most difficult clients and their multifaceted, major problems for paid professionals. Since these clients often will not really improve, the public perception of social workers' contribution may deteriorate further.
- Social work has become, as Souflée (1977) once tellingly phrased it, 'an *acquiescent profession*'. The era of political activism or radical social work was dominated by an anti-professional attitude (cf. e.g. Bamford, 2015). Engaging in political activism to *strengthen* the profession does not tie in with tradition.

Those of us who care about social work as a profession might take their research agenda and their strategies towards basic de-professionalization from these three characteristics. With regard to the first (a feminine profession), it seems worthwhile to reconsider the transition from charity work to paid profession round the beginning of the twentieth century. How did clients perceive charity work and family help? Was the transition to paid professional help a change for the better and why? Would these arguments still hold? In addition, it would make sense to consider the de-professionalization of social work as a broader feminist issue. While female social workers stand to lose their job, unpaid women have to take over their work. After all, family care, neighbourhood care and volunteering are also often female activities. After years of struggle for an equal position in society this would take women decades back in time.

With regard to the second characteristic (a modest profession), it seems wise to seek spokespersons among welfare state scholars who can speak on behalf of social work. For many lay people, social workers seem to fraternize with society's rejects, failing to take a firm stand on delinquency, addiction and welfare dependency (Bamford, 2015). Welfare state scholars could help us understand the hidden function of social work. The welfare state is not just a safety net for the vulnerable (the deserving and the non-deserving poor). The welfare state is a shield for non-vulnerable citizens too. They do not have to worry about beggars, fragile elderly, psychiatric patients or people with learning disabilities wandering their streets in seek of help (de Swaan, 1988). In a decent welfare state, vulnerable people are taken care of, by social workers amongst others. This hidden function of the welfare state needs much more emphasis. Social workers may not always perform miracles with their clients, but their work silently protects other citizens from hassles. The alternative to paid social workers might be many more paid prison wardens.

With regard to the last characteristic (an acquiescent profession): we need to build and maintain professional fora where social workers can voice their concerns about their clients and about themselves without having to fear for their job. As Healy and Meagher (2004) and Dominelli (1996) pointed out: one of the dangers of de-professionalization is that social workers can no longer critically evaluate the goings on at their workplace. As is stated in the International Code of Ethics: 'Social workers have a duty to bring to the attention of their employers, policy makers, politicians and the general public situations (...) where distribution of resources, policies and practices are oppressive, unfair or harmful'. Taking this assignment seriously requires training, practice and opportunities.

Basic de-professionalization is a dubious, if not a dangerous development. Let us hope we can avert it on time.

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No potential conflict of interest was reported by the authors.

Notes on contributors

Margo Trappenburg is associate professor at the Utrecht School of Governance (Utrecht University). She holds an endowed chair in the Foundations of Social Work at the University of Humanistic Studies (Utrecht). Her research interests include professionals and professionalism, the welfare state, health care policy and modern political philosophy. Information and publications can be found at her website www.margotrappenburg.nl.

Gercoline van Beek is researcher at the Research Centre for Social Innovation of Utrecht University of Applied Sciences. Her research mainly focuses on professionalization of social workers, especially in the domains of working with mandated clients and debt counselling. In addition, she is lecturer at the Institute for Social Work, where she supervises students on their internships and (graduation) research and teaches them both methodic and research skills.

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