

**Social policy and Social interventions:
The role of professionals under new governance**

Trudie Knijn

Centre for Comparative Welfare Studies
Working Paper
Editor: Per H. Jensen and Jørgen Goul Andersen
E-mail: perh@socsci.aau.dk and goul@socsci.aau.dk

www.ccws.dk

Working papers may be ordered by:
Inge Merete Ejsing-Duun
Fibigerstræde 1
9220 Aalborg Ø

E-mail: ime@socsci.aau.dk

Tlf: (+45) 96 35 82 18
Fax: (+45) 98 15 53 46

Layout: Inge Merete Ejsing-Duun

Print: Uni-Print, AAU
Aalborg 2006

ISBN 87-90789-86-5

ISSN 1398-3024-2006-42

**Social policy and Social interventions:
The role of professionals under new governance¹**

Trudie Knijn

Professor of Interdisciplinary Social Science
Utrecht University
Heidelberglaan 2
3584 CS Utrecht
phone: #31 #30 2531861
E-mail: T.Knijin@fss.uu.nl

Presented at the Centre for Comparative Welfare Studies, Aalborg University, March 15, 2006

¹ This working paper is based on Knijn, Trudie & Peter Selten 'The Rise of Contractualisation in Public Services', and 'Introduction' in Jan Willem Duyvendak, Trudie Knijn and Monique Kremer (eds) (2006) Policy, People, and the New Professional: De-professionalisation and Re-professionalisation in Care and Welfare, Amsterdam: Amsterdam University Press.

Many scholars will agree that the role of professionals has been changed – or reduced – as a consequence of transformations in welfare states. New modes of governance have intentionally challenged the discretionary autonomy of professionals. Since clients have claimed and gained both voice (by client participation and means of legal appeals) and exit options (by cash-benefits and vouchers), professionals have to work transparently to offer clients an informed choice. Additionally, accountability forces professionals to live up to managerial and bureaucratic standards. These new forms of governance have influenced the way professionals work, their motivation, workload and the content of their job (Clarke & Newman 1997; Exworthy & Halford 1999). They are now led by a new kind of consciousness, ‘a dispersed managerial consciousness’, as Clarke and Newman formulate it.

Even a leading critic of professional power, Eliot Freidson (2001) now defends professionals. In his book, *Professionalism: A Third Logic*, he distinguishes two dominant logics are overruling the logic of professionalism: bureaucracy and consumerism. Freidson is worried about the fact that professionals are no longer supposed to be the moral protectors of expertise. Professional knowledge and the discretion to apply it are the foundations of professionalism. If managers and bureaucrats are intervening in this aspect of professionalism, 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. (Freidson 2001: 222).

Contractual governance, a term introduced by Yeatman (1994), is one of the mechanisms by which professional work is transformed. Governance implies a new way of directing and controlling the provision of services; the well-known expression ‘steering, not rowing’ means that governments are withdrawing from the direct responsibility of providing services themselves or from directly subsidising on an input basis non-profit organisations that are responsible for providing such services:

Complexity, dynamics and diversity has led to a shrinking external autonomy of the nation state combined with a shrinking internal dominance vis-à-vis social subsystems... Governing in modern society is predominantly a process of coordination and influencing social, political and administrative interactions, meaning that new forms of interactive management are necessary. Governing in an interactive perspective is directed at the balancing of social interests and creating the possibilities and limits of social actors and systems to organise themselves. (Kooiman & Van Vliet 1993: 64)

In many western countries governments are nowadays governing services by splitting up purchasers and providers, by providing vouchers, by output financing and by outsourcing services. In doing so, they need new control mechanisms that guarantee public means to be used efficiently, effectively, and according to the policy objectives that are set by the administration. This can be done via contractualisation. The assumption behind contractualisation is threefold: reducing bureaucracy, improving quality and efficiency, and increasing flexibility and diversity. If bureaucratic hierarchical systems of control can't be used any longer because of new organisational relations, contracts have to guarantee that the partners who get the responsibility of providing services of general interest will actually do what they are supposed to do. This tendency takes a different shape depending on the welfare state, on very specific fabrics of service systems, relations between governments, and the degree of corporatism in the provision of services. Path dependency is important here, as well as the political assumptions of the successive administrations.

In this paper I firstly explore the changed position of professionals and the discussion about their current status. Then I will describe theoretical assumptions as well as the consequences of this trend towards contractual governance. I will use evidence from several domains of public services as well as the role of and effects on professionals in the Netherlands.² What are the consequences on the way these domains function on behalf of common interests, what does it mean for their identification with the public targets, and to what extent does it influence their daily work practices?³ I explore whether a balance between an efficient use of collective means and high-quality services can be reached via contracts. The question is whether contracting partners – be it between the government and voluntary, non-profit or for-profit organisations, or between social services and their clients – can replace former bureaucratic hierarchies, input financing and professional discretion. The implications for the balance between quality of services and cost efficiency also have to be considered.

Finally – and this is the aim of the paper – I will elaborate on what this new governance means for professionals working in organisations that have a contract in which performance indicators register outputs and outcomes. What are the implications for the

² Although we realise that most social services employees are semi-professionals, according to the Freidson (2001) and Hutschemaekers (2001) standards for professionalism, for the sake of simplicity, we will categorise them as professionals and pay attention to the vertical hierarchy of professionalism at the end of this article.

³ The chapter is based on theoretical and empirical material that we collected during several years in which we taught a course on 'Social policies and care arrangements' within a program of the Interdisciplinary Social Science Department of Utrecht University. Students participating in this course submitted papers on the working of contractualisation in several social areas and public services in which they describe the mechanisms of contractualisation, such as the introduction of performance indicators and the way organisations and their professionals deal with new governance. For the empirical part of the chapter, we have selected some of these student papers, realising that they only represent a small selection of the experiences regarding the issue at stake.

quality of the professional work and autonomy of professionals, does it support professionalisation and the visibility of professional work?

Catching Many Birds with One Stone

Contractual governance has many fathers; it would be too simple to explain the tendency towards contractualisation in the domain of public services by pointing to the growing influence of a neo-liberal ideology alone. It is also a reaction to claims of patient and client movements for better services, of demanding a greater say and a better choice, originating in distrust of professional paternalism and bureaucratic (semi-)state service providing. Together these comments on the public services have resulted in the policymakers' recognition of the claims of service customers and transformed these into promoting self-help, shrink public services, and administer care and welfare more efficiently. Firstly, moral arguments arose that pointed to the paternalistic attitude of professionals towards their clients and to the increasing power of professionals in the public domain. By using terms like 'expertocracy' (Van Doorn & Schuyt 1978), 'bio-politics or the disciplinary power of professionals' (Foucault 1975) and 'disabling professions' (Illich 1977), social scientists and philosophers⁴ set the tone for a decade-long debate about the power of professionals and their tendency to privilege their own interests above the common good, display elitist behaviour by using professional jargon, disrespect their clients, and deny their clients' knowledge and needs. These comments indeed hit professional specialists in the public domain – medical specialists, lawyers, and psychiatrists as well as teachers and social workers — in their Achilles heel. Their professional ethics and expertise was being contested in the name of the liberation and emancipation of clients.

Many authors (Clarke & Newman 1997; Knijn 1999; Exworthy & Halford 1999; Freidson 2001) signalled that the comments on the paternalistic, inefficient, and expensive welfare state have cleared the way for the introduction of market-based principles in public provisions and for what Pierson (1994) calls 'programmatic retrenchment'. According to Pierson, retrenchment is governments' exercise in blame-avoidance rather than in credit claiming. Clarke and Newman (1997) and also Newman (2001) show that managerialism and new governance accompany the process of retrenchment, finding expression in a new rhetoric. Words like efficiency, consumer's choice, business-like behaviour, client-oriented attitude, and competition became part of the vocabulary of politicians from almost all of the parties, as well as civil servants and public-service managers. In addition, managerialism did appear to be more than just rhetoric; by introducing competition,

⁴ In the Netherlands, the philosopher Hans Achterhuis (1979) played an important role in this debate; his book *The market of welfare and happiness* accused social workers of creating illusions about what social work could do for individuals and communities in order to keep their business going. According to him, clients ended up even unhappier than before they were 'supported' by social workers. This book undermined the self-confidence of a whole generation of social workers in the Netherlands.

auditing, monitoring, and benchmarking professionalism as well as the staffing and governing of professional care institutions changed profoundly:

It is charged that professions have monopolies which they use primarily to advance their selfish economic interests while failing to insure benefit to consumers, that they are inefficient, their work unreliable and unnecessarily costly. Strip away their protective licenses and credentials, urge some, and let there be truly free competition. Open the market to all who wish to offer their services. Consumers will separate the wheat from the chaff in such a market so that the best services and products will emerge at the lowest cost (Freidson 2001: 3).

The critique of the bureaucratic-professional system of the welfare state thus came from both sides, the right and the left. Whereas the socio-economic comments on the welfare state were firmly formulated by the (neo-)liberals, the socio-cultural comments have to be situated on the left wing of the political spectrum. The anti-psychiatric movement (in particular in the Netherlands and Italy), autonomous feminist healthcare centres, and students protesting against university professors, all are expressions of the declining trust in and respect for the way professionals serve public interests and, even more, professionalism itself.

Contesting Professionalism

Many sociologists – starting with Emile Durkheim (essays collected in 1957) have been concerned about the content, power and meaning of professionalism. By the early 20th century, Durkheim was already 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. Scholars like Freidson (1986) concluded that professional dominance was power at another’s expense.

More recently, Freidson (2001) has turned to defend professionalism by setting a standard for professionalism. This standard is based on five criteria; 1) a body of knowledge and skills that is officially recognised as based on abstract concepts and theories, and requiring the exercise of considerable discretion, 2) an occupationally controlled division of labour, 3) an occupationally controlled labour market requiring training credentials for entry and career mobility, 4) an occupationally controlled training

program associated with higher learning, providing opportunity for the development of new knowledge, and 5) an institution-based secular calling or vocation. In setting these criteria, Freidson, like the classic approaches to professionalism implicitly devaluates professionals working in the care and welfare sectors; they do not live up to these criteria of professionalism. The ideal types of professionals are doctors and lawyers. Their knowledge can be clearly distinguished, and they have strong organisations as well as inclusion and exclusion rules. Social workers as well as home care workers and nurses are often called semi-professionals. They have different positions on the professionalisation scale, which differs from country to country; professional child care workers in Denmark appear to have a much higher professional level than their Dutch colleagues, and the same goes for home care workers.

Nevertheless, 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 in social work and caring professions. Expertise and knowledge are not always acknowledged in these semi-professions and hence care and welfare professionals struggle with the lack of recognition, which may be a reason for their vulnerability to new governance. An assumption is that this lack of recognition is caused by the close relationship of care and social work to a fourth logic. In addition to the bureaucratic, the market and the professional logic, a family logic is operating that gaining importance in the transformation of welfare states. This family logic is based on kinship, reciprocity, normative claims and bonding. Additionally, this family logic of care is 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 and of women performing poorly or even unpaid care work.

In spite of their semi-professional status, authors like Schön (1983), and Celia Davies (2006), show that we can describe specific skills and knowledge in the social and care professions, even though they do not fit into Freidson's 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 that actually represents the 'social cement of society'. Since the 1970s, social professionals have to cope with their ambivalent position; on the one hand they have to struggle with the attack on their intentions and its effects, on the other hand they are aware that they are the ones that try to keep society together by connecting people and by providing means for self-development. The critiques mainly focused on the fact that clients and professionals were both aiming for their own self-interests. Professional workers just wanted to maintain their

professional status or were 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. Clients were assumed to take profit from this attitude by presenting themselves as 'victims' that need pampering by professionals. Surprisingly, many professionals agreed with this criticism on their position in society, supported clients' liberation from professional supervision and even felt guilty about having guided clients in finding their way to adjust to a proper life, or to become a decent citizen.

Even hard-core professionals didn't escape from the new governance, though their reposition is mainly inspired by arguments of cost-efficiency and an increasing split between cure and care. Vogd (2006) shows how the medical profession is under siege. In a study of German hospitals, Vogd comes to the conclusion that medical specialists feel that they are losing their grip on the quality of their work, are losing contact with their patients, and experience a loss of discretionary power. Medical specialists, working in hospitals complain that due to managerial reorganisations, cutbacks and new work processes, professional autonomy is declining. The medical specialists state that the main losers are the patients. They are often unaware of the backstage problems doctors are facing, and the doctors feel guilty and dissatisfied because they lose grip on what they feel their main concern; the entire guidance of the patient. Interestingly, Celia Davies (2006) doesn't agree with Vogd. She argues that de-professionalisation of doctors is not the main issue. In the cure area, doctors are still 'Heroes of Healthcare', co-operating intensely with management in an attempt to control treatment. When it concerns medical issues and the promise of better health, doctors are still put 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. This contradiction between Vogd and Davies challenges several assumptions; should we compare the current position of 'acknowledged professionals' with their former status, is the hierarchical relationship between 'acknowledged professionals' and 'semi-professionals' at stake, or should we focus on the redefined relationship between various types of professionals under the new governance regimes; is it true that the male dominated 'acknowledged professions' are able to set their own criteria while the professions that are more related to the gendered and familialized care and social work areas are more vulnerable to new governance?

Clearly, the debate is about professionalisation and de-professionalisation. However, also re-professionalisation should be considered an option. Gradener and Spierts (2006), for instance, argue that social work 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 (2006) 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 as well as of managers of social services is not necessarily a zero-sum game. Some managerial styles may increase the professionalisation of all professionals in care and welfare. But let's start with looking at what contractual governance implies.

Three Levels of Contractualisation

Pleas for individual autonomy, community-based self-help, and clients' free choice and responsibility – that is, new-communitarianism and its belief in substitution to the lowest level of communities – mixed up with neo-liberalism and its market beliefs has been a historical irony since the 1980s. Together they led to a restructuring of the welfare state's public services by introducing market principles in these services⁵ (Duyvendak 1999; Knijn 1999, 2000). This was manifested in contractualisation, a new way of governance that organises state control on social services through monitoring, auditing, performance indicators, evaluation and benchmarking (Clarke & Newman 1997).

Contractualisation takes different shapes, it remains crucial to distinguish three types of contracts: Between the government and providers of services that are in the general interest, between chain partners who co-operate in fulfilling a general interest, and between organisations that provide public goods and their individual clients (see also Sol & Westerveld (2005) for contractualisation of employment services).

Governments Contracting Service Organisations

National and local governments are increasingly outsourcing services to private companies and changing their relationship with non-profit organisations. This involves hardcore organisations such as public transport and electricity companies, as well as soft services of general interest such as employment services, the police, schools, hospitals and homes for refugees. Such services remain funded by tax money and governments remain responsible for their accessibility and quality. So, they bind service providers by contracts to deliver services of general interests. Contractual governance replaces the bureaucratic top-down hierarchy in which politicians are democratically responsible for reaching policy targets and in direct control of public services. The expectation is that by contracting non-state

⁵ For contractualisation of gender relations, see Gerhard, Knijn and Lewis (2002).

organisations, expenses can be controlled, competition increased and services innovated, diversified and improved (Smith & Lipsky 1994).

The literature mentions three side effects. First one must beware of the risk of a *democratic deficit*, implying that the responsibility for public services falls between two stools. In a recent report on investing in government, Kohnstamm (2004) signals that politics is losing its grip on *zelfstandige bestuursorganen* (ZBOs/quangos: Quasi-Autonomous Non-governmental Organisations) that became independent providers of public services in fields such as immigration, refugee services, student grants and social security. Other studies point at the obscure results of privatised employment services (Sol & Westerveld 2005). Given the common interest of these services and because of citizens' rights to primary goods, Kohnstamm explicitly pleads for the return of responsibilities to the political level – the government and its departments. The debate continues; some agree that governments are accountable for public services, others argue that we are facing an experiment that needs to fine-tune the contracts between governments and the quangos and other contracted partners.

A second side effect is that by splitting up purchasing and providing, state institutions lose their grip on the *process of delivery*. Nuis (2004) has pointed out this risk. In the splitting up of purchasing and provision responsibilities, contracts often include output criteria only and therefore free ministers and civil servants from the accountability of the delivery process. Nuis found, for instance, that courts and judges were too easily accepting evidence collected by private security organisations without checks and balances on the processes of evidence collecting. Moreover, judges and the courts seldom check the private interests of those paying for the information. Not only the protection of citizenship rights, also the constitutional state itself is at stake here. Another field in which the process of delivering is under discussion, is immigration policy. Democratic representatives feel that, although they agree on the immigration policy assumptions, the process of judging individual cases has been escaping from democratic control since it was outsourced to the quango, the Immigration and Naturalisation Service (IND). Time by time courts have to make corrections on the IND's decisions concerning asylum seekers and the national ombudsman has held the minister of immigration (and integration (sic!)) responsible for the IND's refusal to make juridical decisions in about 1100 individual cases.

Sennett (1998) puts the lack of responsibility for the delivery process in a wider perspective by stressing that current ways of governing, through both large corporations or state bureaucracies, are characterised by a neglect of the complicated process of implementation and performance. Though he may have too romantic an image of 'good old leadership', it cannot be denied that in the past governments in the end took responsibility for the process of reaching the targets they set. At present, policymakers are more focused on outcomes, leaving the complexities of implementation to the service providers.

The third side effect, as De Bruijn (2001), Gilbert (2002) and Dahrendorf (2004) note, is that contracts only have meaning if they are made operational by way of performance indicators. Contracts can have a perverse effect if they are either too detailed or too open. If they are too detailed managerial bureaucracy will increase, undermine professional discretion and bind professional knowledge to the application of routines; if they are too open, the purchasing state is unable to control the relationship between price, quality, and outcomes of the services. There is also the risk of fixing indicators in such a way that they can always be reached. We will turn to this point later.

Given these comments, it remains uncertain whether programmatic retrenchment by way of outsourcing public services to commercial and non-profit organisations with contracts and leaving control of the implementation of social policy to such quangos will indeed result in more efficient, cheaper, customer-oriented and tailor-made services. Blame avoidance that results in a democratic deficit, and detailed performance indicators that result in managerial bureaucracy, in strict control on professional work or, in contrast, to uncontrollable work processes do not exactly guarantee high-quality public services.

Contracts between Chain Partners

When the central direction of public services declines and substitution by private partners becomes a political target, (local) partnership in service delivery has to increase to avoid fragmentation. At present, partnerships are developed among chain partners, for instance, in (health) care for the elderly between intramural, extramural and voluntary organisations (transmuralisation). In addition, partnerships develop among varied organisations that share a common interest, such as local housing corporations, social work and home care organisations that develop services together, or by way of multidisciplinary case management teams of social workers, youth workers, the police, and schoolteachers that offer guidance to pupils at risk.

Such networks and partnerships have grown in importance since the late 1980s. The intentions and motives often are to improve the quality of public services, to avoid fragmentation and overlap, to work more efficiently, and to stimulate innovation. Contracts can contribute to the co-operation of partners because they help clarify common targets, visibility and accountability of the joint efforts. However, they will have the opposite effect when they are too focused on outcomes and do not take into account the complicated process of attaining trust, becoming familiar with each other's work culture and adjusting work practices. Moreover, in contract cultures there is always the risk that each of the co-operating organisations prioritises its own targets above those of the partnership. Hence professionals participating in the partnership may be confronted with contradictory performance indicators. According to Newman (2001), the contractualisation of partnerships demands *accountability*, in particular by creating proper structures and

transparency, focusing on clear objectives, *flexibility* by adapting quickly to changing conditions, *pragmatism* in meeting targets and delivering visible results, and *sustainability* by fostering participation and building consensus. Newman signals that the different imperatives for partnerships are not necessarily reconcilable. Flexibility and pragmatism may obstruct accountability, and the need to reach short-term targets may frustrate the long-term process of sustainability.

Aside from these conditions, professional work in the context of the contractualisation of partnerships is rather complex if ultimate responsibilities remain fluid. Recent ‘accidents’ in the youth care sector in the Netherlands, where children were killed by their parents while about ten different youth care organisations were involved with the family, show again that blame avoidance is a great risk if no one has the ultimate responsibility. This is how the suggestion of introducing ‘case managers’ evolved, implying another risk – that of creating a new class of professionals, the managing professional who instead of helping clients directly is mainly showing them their way through the diffuse labyrinth of chain partners.

Contracts between Public Service Organisations and Individual Clients

Former paternalistic or authoritarian relationships between doctors and patients, teachers and pupils, or social workers and clients no longer meet the demands of emancipated clients, nor are they a guarantee for efficient support for those clients who are unwilling to make good use of the services they need to become participating citizens. Hierarchical relationships between professionals and clients are increasingly substituted by formal contracts. These contracts are used in youth care, for instance, where delinquent boys are required to sign a contract that they promise to take part in re-socialising projects in exchange for less punishment. Secondary schools have introduced so-called *pestcontracten* (harassment contracts) to reduce harassment. Of course, interventions on behalf of clients, pupils, or patients can only reach their objectives if these subjects are motivated to follow the rules of the game and participate in lessons and treatments that do not always appear to be in ‘their best interest’. Since public services cannot permit too many dropouts, do not have time or fail to persuade clients, and have to account for their results in terms of ‘production’, they can either refuse treatment to de-motivated persons or bind them to contracts. Both strategies are applied. Hence, many youngsters left school (64,000 in the Netherlands in 2004) without having any other options while psychiatric patients with numerous problems are left in the middle. In these cases, contracts seem to offer a better perspective though their meaning is mainly symbolic. Problematic pupils, welfare clients, psychiatric patients and drug addicts are often impressed by the signing of a formal document in which their rights and obligations are detailed, and will be more aware of the goals and implications of the project they are participating in. Nevertheless, effectuation of

the contracts remains difficult and sanctions often consist only of exclusion. It is problematic that these contracts suggest equality between the supplier and user of services even though they are mostly one-sided; given the circumstances, the user is basically compelled to sign the contract and sanctions for a service organisation that does not fulfil its part of the agreement are seldom included. In addition, professionals often consider the contract as either inadequate or too rigid. The contracts are mostly framed by a specific category of professionals, the indicators, who are not the ones involved in providing the service. Since social work, youth care, and therapy are interactive processes, professionals working with clients experience a dilemma when their expertise tells them to deviate from the original contract. Should they stick to the formal contract or quietly do what they think is appropriate in that specific case?

Contractualisation, Performance Indicators and Professionalism

Contractualisation implies a shift in trust. It expresses that professionals in the public sector can no longer be trusted simply because of their training, expertise and professional ethics. These ‘street level bureaucrats’ (Lipsky 1986) will have to prove loyalty to the public good as well as the effective and efficient delivery of services. The trust in providers of services is in need of a new foundation. Newman (2001) has noted a shift from a society in which trust was based on (status-based) identity towards a society that is characterised as a calculus-based trust. Tonkens (2003), as well as the Dutch Advisory Council on Government Policy (*Wetenschappelijke Raad voor het Regeringsbeleid/WRR*, 2004), have even spoken of an ‘organised distrust’ of social work professionals. An identity-trust-based society assumes that those organisations and professionals who have a task in the delivery of public services identify with the common interest to such an extent that they do their very best to devote themselves to realise their public tasks and obligations. Shame and scandal because someone has neglected one’s public duty are the sanctions. Professional honour and ethics at one time worked as positive stimuli to fulfil one’s task properly. Social controls by the public and fellow professionals were considered to be enough to maintain professional ethics and commitment to the public good. A calculus-based trust assumes that honour, shame and scandal have become less important. Professionals, like all other human beings, are motivated mainly by economics-based rational motives and can only be compelled to fulfil their responsibilities by way of the old stick-and-carrot method. This means that it is wise to draw up a contract in which all of the tasks, goods, and services are described, calculated, and settled.

What are the implications for professionals of vertical contractualisation between the government and services on behalf of the common interest, and between service organisations and clients on the one hand, and horizontal contractualisation between partners co-operating on behalf of the general interest on the other? We have already

observed that contractualisation is founded on the premise of calculus-based trust, assuming that professionals are only motivated by rational motives and can only be compelled to fulfil their responsibilities through a fear-and-reward mechanism. Although performance contracts are formally drawn up between organisations or between organisations and their clients – not between the government and individual professionals – they have repercussions on the relationship between the management of organisations and the professionals working in these organisations.

Given that the organisation has to meet the requirements of the contract, it will also have to deliver an overview of its ‘products’. Reporting on one’s performances, results and outcomes implies collecting indicators from the organisation’s employees, so that professional workers will be confronted with performance indicators and this will result in managerial bureaucratisation. Performance contracts often contain detailed agreements about the services (‘products’) to be delivered. These agreements also include figures of the number of clients, a detailed description of treatments, price or costs, and the time needed to provide such services or treatments. A covenant between the Home Secretary and the Police District of Zuid-Holland-Zuid, for instance, has demanded an increase of 1000 reports over four years. The Dutch Federation of Hospitals has contractually agreed to a 2.3% increase in ‘production’ between 2004 and 2007 (*Groei door doelmatigheid* [Growth by Efficiency] 2004). Client managers (Personal Advisers) at social offices have to deliver an x-number of welfare recipients to the contracted for-profit employment integration company per week, and, in the future, general practitioners will have to present the DBCs (*Diagnose Behandel Combinatie*/Diagnosis-Treatment Combination) for each individual treatment to insurance companies (see also Vogd (2006).

The principle of the registration of results, performance and outcomes is becoming a daily practice in many public service organisations. In addition to the employment contract, professionals often have supplementary agreements on the exact ‘products’ the individual employee needs to deliver. Home care workers, guardians, client managers, university teachers, general practitioners and psychotherapists also have a caseload or a standard number of clients they have to help within a fixed span of time. Police officers and academic researchers have to meet ‘targets’, such as certain number of tickets issued annually or articles published in refereed journals. Their functioning is evaluated based on measurable output. For managers as well as clients, and maybe even for professionals themselves, this has the advantage of transparency; all participants know what to expect. It also creates equality among professionals; the standard is well known and often clearly communicated within an organisation, and professionals have to perform according to these standards. Two comments can be made here. First, since these professionals work with people who do not always fit the standards – in particular those who need special attention – they often experience increases in work pressure. Second, due to managerial bureaucratisation, professionals often complain about how much more time

they spend on paperwork at the expense of the time they can spend on their clients. Performance contracts not only set standards for outcomes, they also concentrate on the process and procedures of delivering products:

Demands have also increased for programmatic accountability. As a condition of maintaining funding, public agencies and other sponsors insist that contract agencies develop and keep track of indicators of program success. (Smith & Lipsky 1994: 81)

The aforementioned police contract thus contains detailed agreements on better accessibility of police stations (in person and by phone). Hospitals and home care organisations guarantee a reduction of waiting lists, universities promise a minimum of contact hours between teachers and students, and child welfare organisations have developed protocols on the steps that have to be taken from admission to diagnosis and therapy. At the level of the professional, this means that procedures are standardised and appointments and results have to be recorded meticulously. This produces no end of figures and other data that are not only used as the accumulated results of the organisation as a whole, but can also show the average performance per capita.

The question is what influence such procedures have on the work ethic of the individual professional. A rehabilitation employee said that the transition from input to output financing was the most important change in working conditions during the last years:

Today we speak of delivering products instead of helping people.... The introduction of the CVS (a computerised protocol in which all appointments and data about one particular client are registered) has brought about a more uniform way of working. You have to follow all the steps in the system and there is less freedom to make your own decisions.

This on-going standardisation of processes and procedures has a disciplining effect on the work of professionals. Whether it reduces their discretionary space remains to be seen. A police administrator and a school policymaker both note that there is still enough room for individual decision-making within the framework contradict the view of the rehabilitation employee. Despite strict procedures there were also large differences between probation officers regarding decisions that concern when and how to formally end supervision when clients failed to comply with the agreements.

The proponents suggest that contractual relations between organisations result in better products as well as more, quicker and cheaper output. In almost all sectors of social work and public services, performance indicators contain detailed prescriptions on how to

act in given situations. Hence these performance instruments contain regulations on the professional work itself as well as quantitative prescriptions concerning managerial tools for the delivery of services, such as the caseload or accessibility. The Child Protection Agencies have developed the BARO (*Basis Raadsonderzoek in Strafzaken*/Basic Court Research in Penalty Cases), a standard questionnaire that has to be used by all staff members to make a diagnosis and to create a database for future treatments. This instrument was explicitly introduced to prohibit interpretation differences between staff members. Risk-taxation instruments are prescribed in mental hospitals where criminals are treated. Several measuring instruments and protocols according to which patients have to be examined are being developed for the medical profession in particular. This includes the DBCs (*Diagnose Behandel Combinatie*/Diagnosis-Treatment Combination) and the *Basisset Prestatie Indicatoren Ziekenhuizen* (Basic Inventory of Performance Targets for Hospitals). The development and use of such qualitative performance indicators is often part of the performance contracts organisations have with the government.

It is clear that these detailed prescriptions of how to deal with clients' questions and problems do impose restraints on the autonomy of professionals. They not only have to comply with standard procedures, there is also interference with their professional habits. Some professionals, like psychiatrists, consider the regulation of having to indicate the specific diagnostic instruments they have chosen as a violation of their professional and even personal integrity. This does not mean that they are not willing to discuss these methods with colleagues, but they resist prescription. On the other hand, this development is also outlined as an improvement of the conditions of employment of professionals and even as a way of reinforcing their professional standards. Two lines of argument are being followed here. One argues that a detailed procedure or protocol can be very helpful in providing a diagnosis or deciding on the proper care. Alternatively, a standardised procedure is defended with the argument that it protects the professional against unjust allegations. After all, the records can now show when and by whom a mistake was made, and who is responsible. We should therefore be careful with the claim that performance targets simply undermine the professional's autonomy.

Interestingly, performance contracts not only take into account the product and the way it is made, but also its reception among clients. Market economy concepts and procedures have even found their way into the area of client satisfaction, which has become an important indicator of a service organisation's quality. For this reason, almost all performance contracts include commitments to measure the client's opinion (nowadays defined as 'consumer') on the services delivered. The aforementioned Police Covenant, for instance, literally stipulates that 'in 2006 the percentage of inhabitants that is "very content" with their contact with the police has be substantially higher than in 2003 (67%)'. Public service organisations are nowadays dealing with external audits that include client

satisfaction. This focuses managers on staff performance. The (quasi-) contractualisation of the relationship between organisations and consumers changes the relationship between professionals and patients/clients. When clients are continuously approached as if they are autonomous consumers in the care market, one should not be surprised if they begin considering the professional as a mere market vendor.

Transparency, Performance Indicators and Professional Discretion

Obviously, performance indicators play a crucial role in the improvement of responsibility and accountability in public services (De Bruijn 2001). They improve the transparency of service organisations as well as of the individual professionals working in these organisations. Organisations can also make use of performance indicators to start a process of continuous learning. Performance indicators can contribute the overall valuation of the quality of the organisation, its work processes and the quality of the employees, and can subsequently be used to reward or penalise good or poor performance. Among the organisations co-operating in partnerships, these indicators can form an additional basis for a process of comparing tasks, activities and results (benchmarking), and selecting 'best values'. Finally, performance indicators can contribute to a client's informed free choice. If parents receive information about average school results, this can guide them in the selection of a school for their children; when patients have transparent information about the quality of hospitals, they can make an informed choice of where to go for treatment.

Performance indicators may also have an adverse or even perverse effect, as De Bruijn (2001) argues. This goes for performance indicators measuring results as well as for those that measure processes. Measuring and rewarding output can encourage strategic behaviour, such as letting as many students as possible pass their exams or refusing clients with a low expectancy of treatment success. It can also slow down innovation and discourage professional habits, because the exploration of new subjects and methods takes time and does not produce immediate results. This danger also exists if only the procedures are measured, for instance, when a peer review is required as part of any course of action. According to De Bruijn, professionals are mutually dependent and therefore inclined to argue in favour of the familiar. Avoiding professional resistance demands combining output and process measurement as well as professional involvement in the construction of the performance indicators and in carrying out the evaluation process.

Gilbert (2002) on the one hand, makes it clear that performance indicators will have to be very detailed to reach the maximum transparency that the government and consumers expect. If the components of services offered and the quality of the products are not tightly framed and not well-described, providers will demand the highest price for a diminished quality of service (still under the condition of calculus-based trust). On the other hand,

[i]f the administrators are able to break down each component into its smallest segment, rationalizing services and leaving providers less room to manoeuvre... They also leave less room for professional discretion. Under this system, social care that heretofore involved in a holistic process informed by professional values and expertise is transformed into a series of discrete procedures bridled by pressures to contain costs... (Gilbert 2002: 122)

How, then, does one improve the transparency of public services while still respecting professional knowledge, skills and discretion? One condition for this — and Hutschemaekers (2001) stresses that it is a crucial one — is that professionals envision directives, guidelines, and protocols that include performance indicators as part of their tools and instruments. Professionals own these instruments, and they should only use them to improve the quality of their work, for instance by using evaluations and scores in inter-professional discussions on how and why tasks are performed and how to improve their quality. This condition is, however, hard for all of the professions to fulfil, and contrasts with the goal of reaching the highest quality for the lowest price, which is an explicit aim of contractualisation. Our limited empirical evidence suggests differences between interlocutors. Members of the managerial staff envision indicators as managerial instruments more than as instruments to empower professionals and improve professional quality, so they tend to be more enthusiastic than members of the professional staff about this process. We also have the impression that higher-educated professionals such as medical doctors and university teachers are better equipped to influence the content of the performance indicators than semi-professionals such as police agents, elementary school teachers and child welfare workers are.

Another condition formulated by De Bruin (2001), based on the way some companies in the United States use the instrument, is that a ‘culture of fear’ should be avoided when implementing performance indicators. As long as fairness, justice, and protection are incorporated into the relationship between managers and professionals, performance indicators can result in an active evaluation of the work processes. The evaluation processes should not only include the work of the professionals but also commit managers to obligations and responsibilities. Reciprocity and trust are crucial aspects of the process.

Conclusion

Back in 1994, Smith and Lipsky (1994: 110-111) wrote:

Over time, contracting may reward agencies that offer low costs when quality of service remain difficult to judge. European countries with extensive government funding of nonprofit agencies, ... such as Holland and Germany, do not really have a contracting system. Instead, nonprofit agencies have almost monopoly status within their service jurisdiction.... As a result, agencies in these countries do not experience the bidding and contract competition character of the United States, which places downward pressure on agency costs and creates incentives for deprofessionalization.

In this chapter, we have shown that times have changed; contractualisation has become a serious feature of the relationship between managers and professionals and between governments and non-profit organisations in the Netherlands as well. The tendency can be found in education, social work, health care, youth care, home care and police work. We have stated that this tendency has many fathers and we have explored some of its merits and concerns. Blame avoidance by programmatic retrenchment is not only a cause but can also be the result of contractualisation if the ultimate responsibilities of the contractual partners are not strictly defined. This risk is already visible in the democratic deficit of the quangos and in the malfunctioning of chain partners, for instance in youth care, so an option would be to develop better contracts when a hierarchical bureaucracy is set aside. On the other hand, contractualisation obviously has consequences for the character of professional work: Transparency as well as perversity may increase, and excessively strict performance indicators damage professional discretion and increase paperwork, undermining professional standards for good services. Caught between the demands of client movements' for free choice and a greater say on the one hand and governmental demand for reduced expenditures, professionals in public services face a prisoner's dilemma – an exit option is not available. Raising their voice through self-confident re-professionalisation may help reclaim professional discretion on behalf of those clients who need their support.

Student papers

Bartray, Annemarie, 'Kwaliteitszorg in het hoger onderwijs'.

Bolscher, Marieke, 'De professional binnen de raad voor de Kinderbescherming'.

Burg, Jessica van der, 'BPO en verschillende logica's'.

Jansen, Floor, 'Van helder naar transparant. Een onderzoek naar de effecten van beleidsverandering bij de reclassering in Groningen'.

Ketelaar, Nicole, 'Protocollen: controlemiddel of aantasting van de discretionaire ruimte van de professional?'

Konings, Tonnie, 'UWV Gak: Aanbesteding in reïntegratie'.

Prickaerts, Judith, 'Interventies voor ernstig delinquente jongeren'.

Renema, Lida, 'Vastleggen of vrijlaten? Een case-study naar de implementatie van vraaggericht werken en accountability in de jeugdhulpverlening'.

Sijl, Liselore, 'Verzakelijking in de welzijnssector'.

Terpstra, Oscar, 'Politie en prestatie'.

References

- Achterhuis, H. (1979). *De markt van welzijn en geluk*. Baarn: Ambo.
- Bruijn, H. de (2001). *Prestatiemeting in de publieke sector. Tussen professie en verantwoording*. Utrecht: Lemma.
- Clarke, J. and J. Newman (1997). *The Managerial State*. London: Sage.
- Dahrendorf, R. (2004). 'Succes van diensten niet meetbaar'. *Volkskrant*, 19 januari 2004: 7
- Davies, C. (2006). 'Heroes of Healthcare? Replacing the Medical Profession in the Policy Process in the UK'. 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.
- Doorn, J.A.A. and C.J.M. Schuyt (ed.) (1978). *De stagnerende verzorgingsstaat*. Meppel: Boom.
- Durkheim, E. (1957). *Professional Ethics and Civic Morals*. London: Routledge and Kegan Paul.
- Duyvendak, J.W. (1999). *De planning van de ontplooiing: wetenschap, politiek en de maakbare samenleving*. Den Haag: Sdu.
- Exworthy, M. and Halford, S. (eds.) (1999). *Professionals and the New Managerialism in the Public Sector*. Buckingham: Open University Press.
- Foucault, M. (1978). *The History of Sexuality*. New York: Pantheon.
- Freidson, E. (1986). *Professional Powers: A Study of the Institutionalization of Formal Knowledge*. Chicago: University of Chicago Press.
- Freidson, E. (2001). *Professionalism: The Third Logic*. Cambridge: Polity Press.
- Gerhard, U., T. Knijn and J. Lewis (2002). 'Contractualization'. In B. Hobson, J. Lewis and B. Siim (eds). *Contested Concepts in Gender and Social Politics*. Cheltenham: Edward Elgar, pp. 105-140.

Gilbert, N. (2002). *The Transformation of the Welfare State*. Oxford: Oxford University Press.

Gradener, J. and M. Spierts, (2006). 'Empowerment of Social Service Professionals: Strategies for Professionalisation and Knowledge Development'. 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.

Hutschemaekers, G. (2001). *Onder professionals*. Nijmegen: Sun.

Illich, I.D. (1977). *Disabling Professions*. London: Boyars.

Jervis, P. and S. Richards, (1997). 'Public Management: Raising our Game'. *Public Money and Management* 17 (2). 9-16.

Knijn, T. (1999). 'Strijdende zorglogica's in de kinderopvang en de thuiszorg: marktprincipes in de sociale zorg'. In C. Brinkgreve and P. van Lieshout, *Geregelde gevoelens. Collectieve arrangementen en de intieme leefwereld*, Maarssen: Elsevier/De Tijdstroom, pp. 93-110.

Knijn, T. (2000). 'Marketization and the Struggling Logics of (Home) Care in the Netherlands'. In M. Harrington Meyer (ed.) *Care Work*. New York: Routledge Press, pp. 232-248.

Kohnstamm, J. (2004). *Een herkenbare staat: investeren in de overheid. Rapport van de werkgroep verzelfstandigde overheidsorganisaties*. Den Haag: Ministerie van Binnenlandse Zaken en Koninkrijkszaken.

Kooiman, J. and M. van Vliet (1993). 'Governance and public management'. In K.A. Eliassen and J. Kooiman (eds). *Managing Public Organisations: Lessons from Contemporary European Experiences*. London: Sage.

Laan, G. Van der (2003) 'De professional als expert in practice-based evidence' *Sociale Interventie* 12 (4), 5-16.

Lipsky, (1986). *Street-level Bureaucracy: Dilemmas of the Individual in Public Services*. New York: Russell Sage Foundation.

Newman, J. (2001). *Modernising Governance: New Labour, Policy and Society*. London: Sage.

Noordergraaf, M. (2006). 'Professional Management of Professionals: Hybrid Organisations and Professional Management in Care and Welfare'. 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.

Nuis, J.D.L., [C.W.M. Dessens](#); [W.G. van Hassel](#); [A.B. Hoogenboom](#), (2004). *Particulier spoorwerk verplicht*. Den Haag: Koninklijke Vermande (Forensische Studies, deel 13).

Pierson, P. (1994). *Dismantling the Welfare State? Reagan, Thatcher and the Politics of Retrenchment*. Cambridge: Cambridge University Press.

Schön, D. (1983) *The Reflective Practitioner. How Professionals Think in Action*. New York: Basic Books

Sennett, R. (1998). *The Corrosion of Character*. New York: Norton.

Smith, S.R. and M. Lipsky (1994). *Nonprofits for Hire: The Welfare State in an Age of Contracting*. Cambridge: Harvard University Press.

Sol, E. & M. Westerveld (2005) *Contractualisation in Employment Services*, Kluwer.

Tonkens, E. (2003).). *Mondige burgers, getemde professionals*. Utrecht: NIZW.

Vogd, W. (2006). 'Tensions in Medical Work between Patients' Interests and Administrative and Organisational Constraints'. 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.

Yeatman, A. (1994). *Postmodern Revisioning of the Political*. New York and London: Routledge.

CCWS Working papers

<i>No.</i>	<i>Author</i>	<i>Title</i>
1-1998	Peter Taylor-Gooby	Risk and Welfare
2-1998	Peter Taylor-Gooby	Markets and Motives: Implications for Welfare
3-1998	Wim van Oorschot	The reconstruction of the Dutch Social Security System 1980-2000: Retrenchment and Modernization
4-1998	Jrrrgen Goul Andersen, Knut Halvorsen, Per H. Jensen, Asbjrnm Johannessen, Olli Kangas, Gunnar Olofsson and Einar qverbye	Unemployment, Early Retirement and Citizenship: Marginalisation and Integration in the Nordic Countries
5-1998	Jochen Clasen	Unemployment Insurance and Varieties of Capitalism
6-1998	Peter Taylor-Gooby	When is an Innovation? Recent Pension Reform in France, Germany, Italy and the UK
7-1999	Per H. Jensen	Activation of the unemployed in Denmark since the early 1990s. Welfare of Workfare?
8-1999	Knut Halvorsen	Unemployment in disguise: The case of Norway
9-1999	Knut Halvorsen	Labour force status of married/-cohabiting couples in Norway: Associations and explanations of (un)employment homogamy
10-2000	Pernille DrewsgDd Srrrensen & Jan Bendix Jensen	VFsentligste Fndringer i ret og pligt til aktivering i 90'erne. Ikke-forsikrede kontanthjF lpsmodtagere
11-2000	Sanne Lund Clement	Dansk forskning om frrtidspensionister og medborgerskab
12-2000	Per H. Jensen	Velfrdenes variationer, dynamikker og effekter
13-2000	Jrrrgen Goul Andersen	Velfrdenes veje i komparativt perspektiv
14-2000	Jrrrgen Goul Andersen	Change without Challenge?
16-2000	Jrrrgen Goul Andersen	Borgerne og sygehusene
17-2000	Martin D. Munk	Social Inequality in the Welfare State
18-2000	Asbjrnm Johannesen	Velferd uten begrensinger? Velferdsreformer i Norge pD1990-2000
19-2000	Per H. Jensen	The Danish Leave-of-absence schemes - Origins, functioning and effets from a gender perspective
20-2001	Olli E. Kangas	Why are some welfare states more robust than other? Potentiality for changes
21-2001	Einar Overbye	Political equilibria, near substitutes, and the provision of income security in old age

22-2002	Jrrgen Goul Andersen with Jan Bendix Jensen	Different Routes to Improved Employment in Europe
23-2002	Jrrgen Goul Andersen	Coping with Long-Term Unemployment: Economic security, labour Market Integration and Well-being. Results from a Danish Panel Study, 1994-1999
24-2002	Christian Albrekt Larsen	Challenging the Hegemonic Discourse of Structural Unemployment. <i>- An Analysis of Barriers on the Labour Market based on a Danish Panel Study.</i>
25-2002	Jrrgen Goul Andersen	Ambivalent values: The value foundations of the universal welfare state, citizens', and potentials for change
26-2002	Christoffer Green-Pedersen	The Dependent Variable Problem within the Study of Welfare State Retrenchment: Defining the problem and looking for solutions
27-2002	Jrrgen Goul Andersen & Christian Albrekt Larsen	Pension politics and policy in Denmark and Sweden: Path Dependencies, Policy Style, and Policy Outcome
28-2002	Christian Albrekt Larsen	Forskellige ledige og forskellige problemer: En eksplorativ korrespondanceanalyse
29-2002	Hans Ole Stoltenborg	HjemmehjFlp i Danmark En forskningsoversigt med fokus pDlovgivning, omfang, organisering og kvalitet
30-2002	Christian Albrekt Larsen	Magt, politik og beslutning i dansk pensionspolitik
31-2003	Christoffer Green-Pedersen	Still there but for how long?: The counter-intuitiveness of the universal welfare model and the development of the universal welfare state in Denmark
32-2004	Knut Halvorsen	How to combat unemployment?
33-2004	Christian Albrekt Larsen	Blessing or Blame? Public attitude to Nordic 'workfare' in the 1990s
34-2005	Wim van Oorschot	Immigrants, Welfare and Deservingness Opinions in European Welfare States
35-2005	Wim van Oorschot	On the cultural analysis of social policy
36-2005	Wim van Oorschot	A European Deservingness Culture? Public deservingness perceptions in European welfare states
37-2006	Trond Beldo Klausen	Humankapital. Hvad betyder dimittendalder for indkomsten?
38-2006	Christian Albrekt Larsen	Social Capital and Welfare regimes. The impact of institution dependent living conditions and perceptions of poor and unemployed
39-2006	Christian Albrekt Larsen	How welfare regimes influence judgement of deservingness and public support for welfare policy

40-2006	Christian Albrekt Larsen	The political logic of labour market reforms. The importance of popular images of target groups
41-2006	Wim van Oorschot	The Dutch Welfare State. From collective solidarity towards individual responsibility
42-2006	Trudie Knijn	Social policy and Social interventions: The role of professionals under new governance