

Social work¹ in socially sensitive times

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In the social domain you cannot take refuge in your own inaccessible field of expertise, as doctors, lawyers and engineers can do. You are accountable to your peers and your superiors. It remains to be seen whether the social worker knows better than the client. The legitimation of social work is highly dependent on the recognition and acknowledgment by client, financier and society. I would like to take you along on a quest for the essence of the social domain and social work, and within it, case work. I will argue that these are socially sensitive times, difficult for the socially inept, and that social work's core is not combatting social deprivation or remedying disorders, but supporting people in their social functioning.

From a progress state to a state of complexity

25% of the Dutch population is facing severe problems in daily functioning. Approximately one million of them apply to secondary mental health care. Another million turn to their general practitioner, social work and primary mental health services (GGZ 2009). 14% of our young people is referred to some form of assessment care or special education (Hermanns 2009). Most users of these provisions have socio-psychological problems. This large appeal to psycho-social care we cannot simply attribute to an aggressive market of wellbeing and happiness or to pampering vulnerable citizens. I will argue that we are dealing with the transition from a progress state to a state of complexity, resulting in increasing social sensitivity and vulnerability.

Until approximately the seventies of the last century the western welfare state could be described as a state of progress. Even two world wars did not deflect western man from the notion that the future would bring a better world. This belief was based on the effects of modern science and technological innovation. The progress state wanted to combat poverty, illiteracy and barbarism. The state built its systems of education, health care, public housing, labour market and social security (Beveridge 1942). A healthy economy and a strong (care and)***welfare state would produce prosperity, wellbeing and cohesion, precisely in that order. The underlying idea was: once the state is well organized, social cohesion and social wellbeing will follow naturally. When I began as extraordinary professor in Tartu, I realized that in the Soviet Union, to which Estonia belonged until 1991, there was no social work because in the communist state social problems simply could not exist. Social work, developed in the twenties, was abolished after the annexation by the Soviet Union in 1945 and not reintroduced until the nineties (Kiik 2006). But also the European Union repeatedly stated that social cohesion will be a result of a competitive knowledge economy and as such does not require a lot of attention (EC 2004, 2010). However, this assumption is an illusion. Highly developed society in particular requires the utmost of people in order to maintain themselves socially.

¹ I use 'social work' as the umbrella of the different social work professions. Referring to specific social work 'social case work' is used.

The old social quest of poverty, illiteracy and barbarism that resulted in the civilization offensive is changing into the post-modern social issue of people's (dys)functioning in an increasingly complex context. Looking back, I feel the sixties and seventies to be an era in which we tried to enforce radical progress, while we were actually on a stepping stone already. In retrospect, these years were ringing out the progress state.

Ever since, we have been managing complexity.

One of the greatest complexity philosophers of our day is Edgar Morin. Morin links new knowledge and insight from natural science, biology and the social sciences. His proposition is that modern science is attempting to unfold complexity by reduction, a search for one single cause, one law that applies to everything, to the functioning of parts instead of the whole. Nowadays, this rational, empirical approach runs the risk of getting stuck or even ending in catastrophe because we have lost our grip on the whole and the cohesion. We have tried to explain man and the universe in parts, studying them separately, and we have gained a lot but it provided little insight into man as a self-organising being, or, in the words of Morin, an eco-organising being. By this he means that man produces himself in interaction with his surroundings. This self-organising and producing being, that we are, as human beings, is an extremely complex phenomenon. In our brains alone six billion cells work together to keep things going. We resemble complex machines, like computers, but we are living machines that develop themselves. Morin almost regrets that our brains are located inside a skull and can communicate by means of merely five senses. Only if we recognize and attempt to understand the complexity of the universe, man and his world can we prevent that reductionism becomes overpowering and devastating. So far, Morin (Morin 2008).

Thinking and acting on the basis of complexity seems to me a fruitful approach in the social domain. Our social world with its exponential growth of knowledge and economy has become much more complex in a short span of time. More knowledge and prosperity result in more differentiation in occupations, in institutions, in information, in opportunities. We are able to do more, we know more, we are allowed more, we are obliged to do more as we definitely want to decide for ourselves. At the same time we do this in a world with an open horizon (Taylor 1989). The progress state had a certain direction, a road to follow. It might be communist, fascist, corporatist or social-democratic, but everyone had a sense of direction linked to great values such as equality or freedom. The battle was about the right direction, not about the question if there was one. At school I was taught that as a Christian two ways were open to you: the broad road with a Macdonald's on every corner and the narrow road with health food shops. In my village we were very much in favour of the narrow road but we mainly walked the broad one. In our days, roads turn every which way, somewhere and nowhere, towards a Something and Nothing. Our days have no marked paths, no longer know where progress is. From a progress faith, we ended up in a world of complexity in which the management of this complexity takes up all our attention. Instead of a battle between major value systems and a struggle for the right direction, we must cooperate in a world with multiple values and more uncertainties. Instead of the former "either, or" we ended up in the days of "and, and" and the popular "win, win" (Seligman 2003). Not only do we lack direction, we are also at risk of losing a common context, within which to position ourselves. World religions and political ideologies in all their diversity had many similar structures and a mutually

recognisable language. In the state of complexity there is a Babylonian confusion, a multitude of perspectives, constructions and realities, in which it is difficult to identify recognisable structures. Finally, our social embedment too is being eroded. Man has freed himself from the clear, familiar multifunctional living communities such as the village and smaller town, the classes and the guilds. We have become residents of 'communities' each with their own composition, purpose or function. The individual himself must make the connection and adapt continuously to these different and changing relations. We divorce, we move house, we change our jobs and if we do not change our jobs, the jobs themselves will change. Citizens, politicians, business and science have their hands full managing complexity. It is opportunism rather than mission, however grand the mission statements of governments, universities and business corporations may be. Complexity has entered our social worlds, is in our living rooms, classrooms, on the job, united and divided. Keeping together a family, a department, class at school or group of friends requires a great deal of expertise. The increasing complexity of post-modern society is also reflected in our hesitant and searching inner selves. Hence my argument that the old social issue of combating poverty has been moved aside by the social issue of finding direction and getting a grip on social complexity. We responded to the old social issue by building robust national systems with equal opportunities and equal treatment for everybody. The new social issue cannot be solved by systems or equality principles. On the contrary, maintaining yourself socially and being able to handle complexity is situational and context-bound. It is tailor-made instead of ready to wear or in the words of my predecessor Geert van der Laan: we must know how to act in concrete and unique cases (2006). Everyday complexity requires of post-modern man great skills to provide a profile for himself and find a position in society. This is mainly a social skill, the art of dealing with yourself and your environment in such a way that you are seen, recognized and acknowledged. Decisive for your own future and position is the ability to relate to others correctly and the opportunism to avail yourself of your options and opportunities in society. Social skills, so highly valued these days, have thereby become a ground for exclusion at the same time. This excluding effect can be illustrated painfully by the position of people with an autistic disorder. National research shows that of this group only 10% has a regular job (Health Council 2009). The Health council believes that potentially many more people with autism should be able to have regular jobs. Then the Council states: 'the most often mentioned impediment to a successful job was the inability to meet the social requirements of the job'(2009). By the way, they might have concluded that the job was insufficiently capable of adapting to the employees' idiosyncrasies. Therefore inadequate social functional is the main ground for exclusion for this group. Presumably autistic people had fewer problems in the past because in many jobs professional skills were rated higher than social skills. Furthermore, social ineptitude of people in higher positions was simply taken in one's stride. Another example is the increase of problem behaviour among young people with learning disabilities (CBZ 2004). This increase is everything to do with a society that does no longer attribute to people unambiguously and within a familiar community their positions and roles, as used to be the case with a mentally handicapped person in a village. In addition, the village had clear social control and social correction. In the state of complexity, a person has to reassign a role and position to himself over and over again. Lacking to some extent the social skills of self-representation is a ground for

exclusion more than ever. In the early history of our society man's position and prospects were mainly determined by birth. You became what your father had been, you did what your mother did and you lived where your parents lived, you were buried at the same cemetery as your relatives. In early industrial society financial capital was the leverage that dethroned the aristocracy of old and put Marx and Adam Smith on it. Education became the main determinant for social success. In our post-modern days social capital counts heavily (Putnam 1993, 2000). Every job profile and education profile puts communicative and social skills first, whether your aim is to be a surgeon, plumber, lawyer or nurse. Almost 70% of the Dutch population works in a team every day (Kyzlinková et al. 2007) and contemporary education is taught in small groups. We expect our employees, children and friends to be flexible, enjoy nothing more than social activities and behave in a socially acceptable manner. Perhaps there may be a latent resistance against this social dominance, resulting in a kind of social hypochondria (Schinkel 2007) and right-wing populism. So far my argument on the shift from progress philosophy to being able to handle complexity. It is not the perspective of a better world that drives us but the struggle to be able to handle complexity. I will now move on to part two of my argument on the persistent striving for disconnection and its effects on social work.

The persistent striving for disconnection

Let me begin by presenting some figures to you once more. During the past decade mental health care, youth care, schools for children with severe behavioural problems, the income regulation for disabled young people and care for young people with learning disabilities have increased by 10% on average in the Netherlands, meaning they have doubled in ten years time (Kwartel 2010, FCB 2009 a,b, CBS 2010, UWV 2010). It is also remarkable that the Netherlands are pre-eminently an institution nation. In Europe we are in the top ten of the charts of hospital beds in mental health care (WHO 2010) and children in special education (CBS 2010). In the Netherlands more mentally handicapped people have been placed in an institution than in the UK and Scandinavia together (RMO 2003). With regard to the prison system the Netherlands were at the bottom in Western Europe in the seventies; by now we are in second position (Eurostat 2010a,b). The number of people in detention has even been multiplied tenfold in this same span of time. We are seeing a dramatic increase in expensive specialized care that can be attributed entirely to those unable to behave or maintain themselves socially (Hermanns 2009, CPB 2007). During that same period the deployment of street level social workers remained more or less stable or decreased even slightly and this in an age of localisation and the Act Social Support (FCB 2009c). Policy and fact are rather far apart. How can this increase in expensive specialized care be explained and interpreted? Let me take you along on my second argument on the persistent inclination to disconnect.

The success of the progress state was partly due to the ability of the knowledge industry to divide labour processes into separate actions and to specialize these separate actions further and make them more effective (Schön 1983, Morin 2008, Polyani 2009). Thus numerous subdisciplines were created in which the specialists knew a great deal about very

little and precisely these extremely learned men received the most respect. The general practitioner bowed to the specialist, the internist to the specialist in one particular body part, the body part specialist to the specialist in a part of the body part and they all bowed to those who know everything about cells and genes (freely rendered from Schön). Social work, too, has been affected by this disconnection. A fine fabric of provisions, professions and legislature had been developed. We have torn asunder practice, diagnosis and management and in the past few decades social work and mental health care have been extensively subdivided into products and projects that can be paid for and planned per item. However, it very much remains to be seen if social work is suited to being subdivided and if disconnection increases the quality of the job. Elsewhere I have termed this inclination towards subdivision and disconnection in tasks and time units 'organized discontinuity' (Van Ewijk 2007). I will present to you two dominant processes of reductionism or disconnection, i.e. thinking on the basis of deprivation and thinking on the basis of disorders. These disconnections have greatly influenced social work position.

The deprivation approach is linked to the combat against poverty, illiteracy and barbarism of the 19th and 20th century. The national systems of education, health care, public housing, labour market and social security were tested for their accessibility and their contribution to a productive and egalitarian society. This resulted in a disconnection of general policy towards a specific target group policy for each time some or other group would be disadvantaged. It started with the working classes and women, but was soon followed by the non-working classes, children, the disabled, young people, older people, people with mental problems, new migrants, original migrants, returners to the job market, homosexuals, former delinquents and numerous further specializations. Only the highly educated heterosexual white male between 27 and 55 years of age was never a target group and so was best off. All these groups were deprived in some respect and were given their own policy and preferably their own ministerial department, laws and provisions. The target groups also organized themselves and formed liberation movements. The public and the private sector thus largely organized themselves along lines of target groups or deprived groups. Social work provided material and immaterial support and allied itself with the fight against deprivation, particularly to the various liberation movements. By raising awareness and promoting self-organization the systems and society were confronted. This movement in our line of work we can identify under such appealing names as 'critical social work' and 'anti-oppressive practice' (Dominelli 2002) and the effort for social justice. A difficult task and beyond social work's strength, needlessly throwing it into the political arena. Combatting social disadvantages and social inequality, will have to be done by education and employment mainly and in the political arena. Social workers had better stay out of it, I hold.

The disorder approach, on the other hand, is driven by the inclination to identify disorders, diseases and handicaps in people, diagnose them and treat them, preferably through evidence-based protocols. The diagnosed disorder is leading in the conceptualization of what the problem is and what must be done about it. Often, those that are diagnosed take over the label and unite in organizations of the chronically ill, patients and disabled persons in all their many-hued variations. And so here too we see the creation of a configuration of interest groups, managerial departments and specific legislation that

magnify the original handicaps and disorders to their own policy areas, client organizations and door to door collections. The remedy focuses on the treatment of the severe disorders and results in overconcentrating on the disorder itself and through this in reduction. We might even call this a triple reduction or disconnection. We remove the individual from his immediate surroundings into the surgery or institution, within the individual we isolate the disorder and we tackle the disorder with a protocol treatment in which tight methods determine the interaction between individual and professional. In the sixties and seventies this social-medical perspective became predominant in social work (casework)^{***} that developed into a more therapeutic approach and tried to settle itself among the para-medical professions, for example by intended registration in the BIG act (van der Laan 1999). In this 'cure'-oriented approach social work has not much to gain or find either. Where disease, disability and disorder treatments as such are at stake, physicians and psychologists are the indicated professionals.ⁱ

The strength and essence of social workⁱⁱ, I feel, does not lie in combating deprivation or curing disorders, but in focusing on the social functioning of people or the promotion of social independence. It is modern man's task to function in everyday life and in relation to others in such a way that life stays reasonably manageable. We know that mobility, participation and social contacts diminish the appeal to medical care, make it easier to find jobs, provide fewer conflicts and even stimulate progress (Putnam 1983, 2000). In the social functioning of individuals and their relations lies the silent strength of a strong society and it is in this very domain that social work's strength is situated. Thus social work is in the middle of the state of complexity. A competent social worker recognizes both the complexity as a whole and its separate components without disconnecting these components from the complexity. In many diagnoses we observe the assessment of how the person is doing in various areas of life and in which areas help is needed. There are participation ladders by means of which we measure to what extent people are active. There are instruments to check the resilience, coping strength, burden and of course social case workers and other social workers must have insight into and knowledge of disorders, disadvantages, cultural backgrounds and their impact on the individual and his surroundings. However, it is characteristic that in social functioning we look at reality from different perspectives and unravel the problem without disconnecting. Social work is based on the individual as a self-organising and self-producing being. Every person, in spite of disorders or disadvantages, mainly forms himself in continuous interaction with his surroundings or –in post-modern terms- surroundings. It all happens inside the individual skull but all these skulls combined must somehow manage together. Until now I have primarily described social functioning as the ability to position oneself with regard to others and to relate in a way that manages complexity. More substantially and intrinsically we can link social functioning to social or active citizenship. The European Union and its separate member states are aiming for citizens that are personally responsible and co-responsible (Chanan 1997). In its simplicity this is a strong foundation for post-modern society. Personal responsibility is not the same as sheer individualism or looking out for number one (Kunneman 2009). It emphasizes taking responsibility for one's own personal life, employment and behaviour. The individual as personally responsible citizen is a counterbid against the individual who is after personal gain only. Co-responsibility

presupposes that the citizen is responsible for his immediate environment, family, colleagues, network of friends, but also for his physical and economical environment. Here we can observe a counterbid against highly collectivistic systems in which the state takes over any co-responsibility. I will make three comments on this notion of citizenship –one that appeals to me. The first is that citizenship presupposes a decent care and welfare state *** with accessible systems. The second comment is that personal and co-responsibility should always be accompanied by the particular individual's ability. This we call relative citizenship, beyond the standard individual (Lister 2007). My third comment is that citizenship also comprises relational citizenship (Lawy and Biesta 2006). Citizenship is not merely a personal task but will only work if and when society and government put in an effort on behalf of their citizens (van Ewijk 2010).

Let me, at the end of my second argument, present to you in another way people who have difficulties in our society, sometimes to such an extent that stepping in or supporting them becomes inevitable.

The wanderer. In almost every family or circle of friends there are people who have trouble meeting the demands of daily life. They seem to be without direction, drive, motivation and appear to let life take its course. Perhaps they are neither able or willing to take on the pressure of everyday complexity and continuous expectations. For family and friends, often nerve-wrecking.

The one who got stuck. It can happen to just about anybody that they get stuck in a pattern they are unable to get out of. We all recognize this in our mutual relationships as partners or parent and child. Somehow or other the relationship is in a rut and you might want to change things but it is very painful to do so. Sometimes set patterns can be overpowering and oppressive even. This may be the case for a young person in a crime gang, a couple permanently at war, a parent and child between whom relations are paralyzed, a neighbourhood that holds its residents in an iron grip, an addiction or severe debts problems.

The ignored one . In the demand-oriented approach the client can choose if and how to participate but many vulnerable people are afraid to get out of their lodgings or homes because they are ashamed or feel shame in the presence of other residents. Older people get lonely in nursing homes. We know that many people with a mental handicap or disorder may have relatives and sometimes see professionals but are without friends.

The abused one. Every day the fear of being bullied, beaten, abused at home, on the job or in the streets. We know that abuse is often kept silent about, by victim and offender alike. Social work often deals with people seeking protection against abuse.

The derailed one. Opposite the abused is the one who 'abuses', someone who is addicted to criminal behaviour, as it were. People of whom we cannot understand that they seem so totally without conscience, so hard on others and themselves. Social work encounters such persons, too, and must play its part with regard to them.

These five examples are not intended to create more categories. I show these types to illustrate that a great many questions on human functioning are not primarily about deprivation policy or treating disorders, although these may play a part. If you talk to a case worker or general practitioner, very soon you will encounter a broad range of people

and problems that are not about mobility and disorders but about people who get stuck. Temporarily or permanently, the problem is in social dysfunctioning.

In this very social dysfunctioning lies the problem of our times. It is a fact that more and more people are increasingly having trouble maintaining themselves socially. The question is, how do we respond to this, what support are we providing? Who is going to do what, why, when and how? When do we decide that it is the individual's own business and when do we feel that the family should solve things and when does the situation become untenable, requiring professionals? A question that we seem to be unable to cope with in our society, resulting in widespread failure through impotence, ignorance and divided structures. So much so in fact that the complexity in which the client finds himself is increased by the very complexity of the support system.

Up to now I have argued that we find ourselves in a state of complexity and in socially sensitive times that have shifted the social issue to people's social functioning in everyday environment. Then I demonstrated that the tendency of reduction or disconnection had quite devastating results in the social domain. I would advocate that we take complexity as point of departure and focus on connection as opposed to disconnection. Time to move on to my third and final argument, social work's role and position.

The positioning of social work

Where does social work stand right now? The latest elaborate Dutch professional profile describes the mission as 'promoting that people are given their due, as human beings and as citizens' and further on that 'people can develop to the best of their ability in interaction with their social environment' (NVMW 2006). In this respect the profile is very ambitious, too ambitious. Development and giving people their due I would sooner define as government goals. The previous profile from 1987 had the more modest formulation: 'goal is to improve social functioning between individuals and their social environment' (NVMW 1987). This is closer to the core of my argument. If possible, I would like to be even more modest and observe that often social workers are mainly trying to make sure that things are not getting out of hand, that some degree of stabilization takes place, complexity is managed to a certain extent and that worse things can be prevented. I already described social functioning in the general sense, high time to become a little more precise and see what social workers are aiming for and have to offer, in that respect. I like to use the key words 'activating' and 'embedding'. Activating is the effort to help people get back to work, back to school, back to being there for their families, their friends and their surroundings, and also for themselves. When people are active, they make less of an appeal to expensive provisions, find jobs sooner, feel better. With regard to activation we might also say that the social worker helps people to find their bearings, to break through set patterns, to solve material and immaterial problems, helps to bring people together, to protect them and to set them right. Activation, by any definition, is a frequently recurring concept in the history of social work and very popular in contemporary politics. However, I would also like to call attention to embedding as an essential condition to keep up activation. Embedment attempts to get the immediate

environment to function in such a way that it becomes easier for a person to function socially, for example, adapting the workplace, the family, the classroom, the nursing home, the neighbourhood to an individual's characteristics. Embedding can be supported by a professional social infrastructure in the vicinity. I would like to call attention to three basic skills in the profession. The first is that of assessing what is the matter, or the art of 'problem setting' (Schön 1983). If you define the problem incorrectly, the approach is not going to work either. This may seem obvious, but it actually is one of the most difficult things in professions in which complexity is the main issue. Where in this complexity, that I am facing as a professional, are the difficulties and opportunities situated? Which areas of life are hardest to handle? To what extent are disorders, handicaps, disadvantages, cultural backgrounds an issue? How much resilience and coping strength does the person have and what is the burden of his immediate surroundings, the family, colleagues, teachers? Is the problem a lack of direction and motivation, set patterns, being abandoned, drastic violations of personal existence or in being derailed? What would be the best starting point at present and is the time ripe for a breakthrough or would it be best not to force anything just now? The next question is, in the apt terms of Regenmortel, adequate response (2008). A I phrase it: how can I get things to run as best as possible with a minimum of professional time? The question is, whose turn is it to do what at this moment and why? Therefore adequate response must be followed by adequate mobilization. How can I as a professional mobilize others to activate and to embed? For professionals are nothing more than extensions and tools. It is time for me to introduce my law, I will call it Van Ewijk's law, for want of a better term. It is a variation of Baumol's law. This law states that professions that benefit less from mechanization and technology are getting more expensive proportionately. Labour productivity per hour in social professions seems to increase at a much smaller rate than in the nearly fully automated car industry or banking. It is my hypothesis, by way of correction and variation on this law, that in social work labour productivity increases considerably when and where the professional activates the client and the surroundings. Let me expand on this. In specialized care, from mental health care to youth care, from the prison system to institutionalized care for the disabled, for every client two to three professionals are employed and only a limited use is made of volunteers, relatives and friends. On the other hand, a social worker usually cooperates with dozens of volunteers and he makes an effort to mobilize family, friends and colleagues. If we disconnect less and connect more, this will have a positive net result, both in the economic sense and in the human relations sense. Investing in primary care social workers and de-investing in specialized care is – in my view- a cost-effective and socially rewarding operation. The most difficult thing is the funding system of the social sector. Specialized care is partly realized through insurances and partly through the national or provincial authorities. Primary care social work –welfare work, social care, case work- is the municipalities' concern. A municipality that invests in social functioning may be less of a burden to the national system but does not benefit itself, rather, this will cost the municipality considerably more money. A second obstacle is the diffuse image of the local social worker because of the great variety of shapes and sizes. In addition to this, the main need is for experienced and well trained generalists and few local social workers meet this profile. A third obstacle is that numerous provisions, institutions and professionals are kept up by other laws and funds, largely due to the disconnection I mentioned earlier. In that

sense it is time to really turn things round and to reassess, define and place at the centre the basic social professional. This professional can be compared to the old-fashioned general practitioner, vicar and headmaster who knew the people in their village or town, visited them at regular intervals and were always approachable. However, these professionals have retreated to the health centre, the comprehensive school system or restrict themselves to their ever decreasing flock. Much can be said for having at the very least one basic professional in the social domain who knows the neighbourhood and its people and is known himself. Recent Swedish research showed the need of clients for what they called 'a professional friend' (Berggren 2010). A combination of someone familiar and trusted as well as knowledgeable. Someone who can help manage the complexity, who helps to get whatever is necessary out of the systems and specialized institutions. The British government created the 'lead professional' as a professional who –with the client involved- makes sure that things are moving, that help needed is given, who prevents overlap and positions himself as a reliable and faithful partner next to the client in need (DfES 2005). Both cases are not primarily concerned with a professional who provides care and support individually, but with a professional who mainly tries to make the surroundings and the offer run well. In care, we use the term quartermaster, public health care recently advocated life supervisors an advice taken over by the Health Council (Health Council 2009). The essence is always that complexity is not being reduced to one single cause or disorder, that the solution is not looked for in one single method or professional, but that justice is done to complexity by mobilizing matters and binding them, activating and embedding them at the same time. I could rephrase that: because of the degree of complexity, people –who for whatever reasons have severe difficulties in social functioning- need a reliable partner to tackle this complexity. Sometimes this partnership is needed but briefly, sometimes it has to last a lifetime. Often the partner is someone from the environment, sometimes a trained volunteer and sometimes an expert professional. By the way, my plea does not imply that we won't need specialists and treatment experts in secondary care anymore. It does however imply that we are now in a state of imbalance because the frontline has been neglected and fragmented too much and that is where the strength of reinforcing and preventing is situated.

I have now reached the conclusion of my third argument and that is the confession that I have alternately spoken of social case workers, social workers and even at times of social professionals. This is a delicate matter in the branch. There is confusion of concepts and there are clear points of view on the wider or smaller range of professions. In this inaugural lecture I kept well away from this controversy but I hope that my plea will appeal to both the social case worker and the social worker alike and that they will recognize themselves in my outline. My argument is mainly that these different social professionals recognize themselves in a similar framework and language and movement and put in a general effort on behalf of social functioning in complex situations. Most of them are needed in the frontline, but we cannot do without the expertise of specialist and treatment experts.

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