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Practice-oriented research in the Dutch social care field – an urgent challenge

Praxisforschung im sozialen Bereich in den Niederlanden – eine dringliche Herausforderung

Substantial structural changes have recently taken place in the Dutch social work terrain. Now the local governments have autonomous responsibility for the self-sufficiency and social inclusion of the elderly and the disabled people. This 'transformation' requires remodelling social services and hence investigation of its effects: practice-oriented research. Due to the binary character of the Dutch higher education system this kind of research almost exclusively takes place at universities of applied sciences whose research tradition only goes about a decade back. In order to preserve the values of the Dutch care system, that always sought to protect the vulnerable citizens, it is important that the practice-oriented research into the social domain is well-executed and that its results are directly translated in the curricula of the professional education. This calls for a targeted impulse to expanse the research activities at the universities of applied sciences, a closer cooperation with the research universities and direct connections with (local) care providers.

Keywords: Social Work, The Netherlands, community, social inclusion, the elderly and disabled, research practice, cooperation between University and local organizations

Die soziale Arbeit in den Niederlanden hat in den letzten Jahren wesentliche strukturelle Änderungen erfahren. So sind in stärkerem Maße die Gemeinden verantwortlich für die Autonomie und soziale Inklusion älterer und behinderter Menschen. Diese Transformation erfordert grundsätzliche Änderungen der Sozialberatung. Zur Begleitung dieser Veränderungsprozesse nimmt Praxisforschung eine wichtige Rolle ein. Der Beitrag wirft einen Blick auf die zehnjährige Forschungstradition in diesem Bereich und die dahinter stehenden Werte. Er thematisiert insbesondere die Rolle der Hochschulen und verdeutlicht die Notwendigkeit der Intensivierung von Praxisforschung, die sich durch eine möglichst enge Zusammenarbeit zwischen Hochschule und lokaler Organisationen sozialer Arbeit auszeichnet.

Stichworte: Soziale Arbeit, Niederlande, Gemeinde, soziale Inklusion, ältere und behinderte Menschen, Praxisforschung, Kooperation Hochschule und lokale Organisationen

In most countries on the European continent, care and support for vulnerable citizens (i.e. the elderly, people with a disability, people at an economic disadvantage) has gone from being an act of charity undertaken by the Church to being the responsibility of the government (De Swaan 1988). There are

considerable differences between how the various European countries have structured their 'welfare state', relating to, among other things, different ways of funding, differing opinions about the division of responsibility between government and citizens, and the connection (or intended connection) with other domains that also fall within the government's responsibility. This means that the range of care and welfare facilities offered by the governments in the Scandinavian countries is very different, for example, from that in the Mediterranean countries, Eastern Europe or the UK (Esping-Andersen 1990). While one of the goals of European integration is to achieve greater consistency across the various Member States of the European Union, there continue to be differences even within the Union (e.g. Huber et al 2009; Verbeek-Oudijk et al 2014). This means that the scope and extent of the welfare state – and, more specifically, the range of care and welfare facilities coordinated by the government – is different in each country.

The consequence of this is that the job descriptions and responsibilities of care and welfare professionals funded by governments are also different in each country. Of course, there is a common foundation grounded in scientific and experiential knowledge, but the way that this is implemented in practice can vary from one country to another. These differences also mean that the training programmes for professionals in the social care sector differ in the various European countries, due also to the differences in the relevant laws and regulations. Research into the effectiveness of any given professional approach or intervention must therefore always be placed within the context of the country in which this approach is being used.

Based on an outline of developments in the Dutch social care sector, this article will look at the implications of these developments for the validity and significance of the practice-oriented research being undertaken in the social care field in the Netherlands. Therefore we both describe the characteristics of the social domain in the Netherlands and those of the tradition of practice-oriented research in our country. After that we will set out the implications of the structure of the Dutch welfare state, and of the position of practice-oriented research in the academic world, for the undertaking of practice-oriented research in the Dutch social care field.

1. New legislation in the Netherlands

Earlier we stated that research into the effectiveness of an intervention must always be placed within the national context. To understand the roles, tasks and actual challenges for the practice-oriented research into the Dutch social domain it is therefore necessary to know more of the recent changes in legislation that have taken place in the Netherlands. Therefore an overview of this changes and their consequences will be given in this and the next subsection.

The Dutch welfare state, come about and expanded between the '50s and '70s' (Schuyt 2013) could, according to Esping-Andersen's categorisation (1990), be described as a hybrid of a corporatist and a social democratic character. Adjustments in the '90s and the early years of the 21st century resulted in giving the Netherlands characteristics of a liberal welfare state. Some public-sector institutions have become more demand-driven and have been opened up to market forces (Schuyt 2013). Where social services are concerned, these changes have gone hand in hand with a shift of responsibility from central to municipal governments: decentralisation (Kwekkeboom 1999).

This decentralisation elapsed gradually, but was speeded up during the first decade of 2000 and culminated in three new laws in 2015. The first step in this was the introduction of the Social Support Act ('Wet maatschappelijke ondersteuning', Wmo) in 2007. This act had three so-called 'social goals': promoting citizens' self-sufficiency; increasing their social participation; and improving social cohesion. By the line of reasoning on which the Social Support Act appears to be based, the legislator assumes that greater self-sufficiency will result in greater social participation, which in turn will foster greater social cohesion. In this line of reasoning, a high level of mutual involvement and engagement among citizens is the ultimate goal (Timmermans/Kwekkeboom 2012). Under this Act the municipalities were granted the authority to tender out the facilities required for this purpose at market rates. This meant that municipalities had to negotiate with the providers of services as, till example home help for the elderly, with which local governments had not previously interacted and which are largely organised at a regional or even national level.

On 1 January 2015 a new, entirely revised act, the Social Support Act 2015, came into effect. This new Social Support Act follows the line of its predecessor: promoting self-sufficiency and social participation for people with a disability and increasing the level of support provided by non-professional carers in the community. The scope of the Act was increased: local governments are now also responsible for accommodation and daytime activities for people with mental health problems and intellectual disabilities. This means that local governments have to negotiate with (more) care providers with whom they have not had to interact before, in this case the regional institutions for mental health care and disability care. The responsibility for implementation and oversight remains with local government which is given greater freedom to determine who can make use of services funded by local government, and under what circumstances.

The already mentioned transfer of responsibility for daytime activities and accommodation was not the only change in the legislation relating to long-term care in the Netherlands. In the 2015 also the Long-Term Care Act ('Wet langdurige zorg', Wlz) came into effect. This law which was meant to ensure that only people with intensive or complex care needs are given access to inpatient care. The explanatory memorandum to this Act, too, argues that peo-

ple's self-sufficiency should be maintained as long as is possible, and calls for a greater reliance on informal care by family members, friends, neighbours and volunteers (vs 'Health care and support in the Netherlands').

Along with the Social Support Act 2015 and the Long-Term Care Act, the third Act to come into effect in January 2015 was the so-called Participation Act ('Participatiewet'). This Act promotes the idea that people 'at a large distance from the labour market', including those with mental health problems or intellectual disabilities, should do regular work to the extent that their abilities allow this. In order to facilitate this, employers have been obliged to provide job opportunities for people with an occupational disability. It is the responsibility of local government to ensure that this is actually adhered to, and, if not, to provide income support for the people concerned. Given the size of the budget allocated to local governments to implement this Act, by far the most attractive option for them is to help as many people as possible to find work. The Participation Act, too, is expected to contribute to a maximum level of participation in society by people with a disability and increase their self-sufficiency.

In combination these three acts mean that local governments get autonomous responsibility for the social care and support for an extended group of people with any form of impairment in order to decrease their dependency and promote their integration. The municipalities' autonomy in this also means that they can opt for market driven solutions, rather than invoke traditional welfare organisations. Therefore this threefold amendment is also called 'the Transition'.

2. New relationships, new responsibilities

In implementing the Social Support Act in 2007, the Dutch government appears to have been strongly inspired by the ideas of Etzioni, whose 'communitarianism' is also based on the notion that self-sufficiency and participation will lead to social cohesion (Etzioni 1996). He takes it one step further by proceeding to assume that greater social cohesion will ultimately result in fewer people turning to public (or private) support services. After all, people will already be helping each other; i.e. the need for support will be met by society itself. It is commonly known in the Netherlands that the Prime Minister under whose responsibility the Social Support Act was introduced, Jan Peter Balkenende, is a fervent supporter of Etzioni's beliefs. It should therefore come as no surprise that the Social Support Act implemented in 2007 should be based on these ideas.

With its emphasis on the role of citizens – and, in particular, members of the social networks of people with a disability – in providing support, the Social Support Act marked a paradigm shift from previous legislation in the field of social services (Kwekkeboom/De Jager-Vreugdenhil 2009). These acts

placed responsibility for support and assistance into the hands of government authorities (including local government authorities), who put this into practice by funding organisations providing professional care. This meant that support in achieving self-sufficiency and social participation, as well as the promotion of social cohesion (also referred to as 'activation'), was the responsibility of professionals, i.e. trained health care workers. In line with Etzioni's theory, the arrival of the Social Support Act meant, first of all, a reduction in the reliance on professional help. Secondly, it meant that professionals needed to focus not only on those with care needs themselves, but also on the members of their social network. The most important factor here is that they work together with these members in providing the required support. In addition, the professionals need to ensure that informal caregivers (which will primarily be the care recipient's loved ones) are not under too much pressure as a result of their efforts. All in all this means the Act results in significant changes in the relationships between people with a need for support and their informal and formal caregivers. In fact, the skills required of professionals under the Social Support Act are so different that, shortly after the implementation of the Act, various manuals were published for professionals (Projectgroep Professionaliteit Verankerd 2010).

With the legislation implemented in 2015 (the Social Support Act 2015, the Long-Term Care Act and the Participation Act), the Dutch government is continuing along the same path, as these Acts are all based on the notion of placing more responsibility with citizens themselves. They become responsible for maintaining and strengthening their own self-sufficiency, and for providing support to others who are dealing with reduced self-sufficiency. Public provision – whether this be in the form of care, nursing, housing or income support – is only available to those who are demonstrably unable to care for themselves, even with support from others.

The new king, Willem-Alexander, prepared Dutch citizens for this expansion of the policy by using the term 'participation society' in his first address in 2013. The participation society, he said, would replace the 'classic welfare state'. This made clear, on the one hand, that the Netherlands would remain a welfare state, while also communicating that it would be of a different kind to the one that citizens and health care professionals had – at least in their perception – become accustomed to. For social care professionals, this meant that, unlike what they may have been used to, they were no longer the 'hub' in the system of people with a need for care or support. Instead of focusing only on their client, they would become part of a network, in which both the client and their informal caregivers each contribute their own tasks, responsibilities and expertise. The role of the professionals within that network is first and foremost that of a 'facilitator', which is also implied in the jargon phrase 'ensuring that, instead of caring for'. Secondly, the nature of their tasks and responsibilities will be first and foremost determined by the policy of the local governments. Like most Western welfare states, the Netherlands, too, is seeking to effect change through the implementation of a new administrative

structure, with both liberalisation and decentralisation of the remaining government services (cf. Lopez-Santana 2015).

For professionals, this means that their day-to-day practice is informed by both their knowledge, based on theory and experience, and the policy set by the municipality in which they are employed. Professionals therefore need to be, and remain, up-to-date on findings from relevant scientific research and understand how this informs their practice; they must simultaneously be aware of the way in which their practice is impacted by the choices that have been made in their municipality. This requires them to be involved in both the design and undertaking of practice-oriented research, which in the Netherlands is mainly carried out by universities of applied sciences.

3. Practice-oriented research in the Netherlands

In order to have a good understanding of the position of practice-oriented research in the Netherlands, it is important to know how higher education in our country is structured. Unlike in most other countries in Europe, higher education in the Netherlands has a so-called binary system, which distinguishes between higher professional education on the one hand, and research-oriented education, which is more academically focused, on the other. These two types of higher education each have their own separate institutions – universities of applied sciences and research universities, respectively – which, with a few exceptions, also have their own separate administrative structures. While universities of applied sciences and research universities that are based in the same city sometimes work together, the two worlds of higher professional education and university education in the Netherlands are strictly separate on the whole. This separation is underlined by the tendency of Dutch universities to teach in English and prefer to publish in English. At the higher professional education level too, efforts are being made towards internationalisation, but this process is progressing far less rapidly than at the universities. Because the majority of professional practice is not internationally orientated, it would also be detrimental to its connection with professional practice to make the complete switch to English.

Traditionally, research was not among the responsibilities of institutions for higher professional education; the training offered by the 'universities of applied sciences' was highly practice-oriented. To facilitate student exchanges, the European Union began the so-called Bologna process, which is meant to bring about increased uniformity among the systems of higher education in the various European countries. For the Netherlands, this meant that, as of the 2002 – 2003 academic year, three types of qualification could be obtained in Dutch higher education: a Bachelor's degree, a Master's degree and a PhD (Nuffic 2016). This change required, among other things, that the learning outcomes for higher professional education at the Bachelor's level be brought in line with

the requirements for Bachelor's degrees obtained at universities. One of the conditions for this was that students in higher professional education, too, had to be trained in designing and undertaking research, so that they, too, would meet the 'Dublin descriptors', which set out the learning outcomes required at the European level for each higher-education qualification (vs 'Ecapedia'). In 2001, in order to be able to achieve this, research groups (so called 'lectoraten'), made up of a professor ('lector') and lecturers/researchers, were established within the Dutch universities of applied sciences with the responsibility of carrying out practice-oriented research. Practice-oriented research is different from the research undertaken by research universities – which, for the most part, falls under fundamental research – in that it is designed and carried out at the request of, and in cooperation with, practice-based organisations. The research findings contribute not only to the further development of scientific knowledge, but also to that of professional practice. This difference may also mean that the requirements relating to validity and utility are different than for fundamental research. Some feel this means that practice-oriented research must, by definition, have a different methodology, but opinions are still very much divided on this matter (Blijenbergh/Korzilius/Verschuren 2010; Butter/Verhagen 2014). What can definitely be said to be typical of practice-oriented research, or at least reports pertaining to it, is that professionals have to be able to have access to it. Practice-oriented researchers therefore need to look for other avenues than those commonly used in the academic world for the dissemination of their research findings. This means that the findings of practice-oriented research must be reported not just in articles for English-language journals, but should also be published in the industry magazines that are read by professionals in the field. Other forms of communication, such as films, demonstrations, online modules, etc., should be used as well.

4. The social care field as the object of research

Responsibility for practice-oriented research in the Netherlands lies with research groups at universities of applied sciences. Together with the professional field itself and the various degree programmes, it is their responsibility to undertake research, the findings of which contribute both to the development of knowledge (i.e. science) and to the development of professional practice and training programmes. The latter can be both initial education at the secondary and higher-education level and post-initial education. It only makes sense that research in the social care field is being undertaken by research groups associated with training programmes for social work, which in the Netherlands often form part of larger faculties that also run programmes on applied psychology, legal services or health care.

It is precisely these research groups' links with social work training programmes that gives rise to a number of dilemmas relating to this research. In the Netherlands, too, the social work field has traditionally been critical of the

societal status quo, as a result of which many professionals in the sector are sceptical of the positivist research paradigm. They feel this paradigm ignores people's individual values and preferences, and fails to do justice to people's unique stories and experiences. In light of this, they prefer more emancipatory, action-oriented research approaches, which also give a voice to more vulnerable groups in society (cf. Morgan 2007; Lub 2014). These approaches set aside the requirements about validity and reliability formulated by the positivist traditions. This is why some academics dismiss them as non-scientific, which in turn makes social workers want to keep their distance from 'science', or 'cold research' as it is also referred to. Taken to the extreme, this can result in 'practice-oriented research' in the social care field, especially research into the 'evidence based' effectiveness of certain practices or interventions, being considered to be a contradiction in terms. It would be impossible by definition, and could even be an impediment to the beneficial effect social work aims to achieve. By the same token, the type of research that the majority of social workers *do* consider valuable, i.e. action or participatory research, is considered to be non-scientific by the advocates of the positivist paradigm, as they feel it is not objective, transferable or repeatable.

The controversy that has been going on within the academic community of the behavioural and social sciences for quite some time seems to become even more polarised in the discussion between the spheres of academic and practice-oriented social scientific research. The fact that, as a result of policy development in the social care sector, the findings and impact of practice-oriented research are very much determined by the local context, does not help in achieving a reconciliation between the different positions. After all, the requirements of transferability and repeatability become even trickier to fulfil if the practical approach to be investigated, evaluated or implemented has highly place-specific qualities. In addition, the need to make the findings accessible and usable for the primary stakeholders – i. e. local authorities, social workers and citizens – can further increase the distance from the academic world. After all, an English-language publication is not the most obvious way to disseminate knowledge for this audience.

In addition, the findings of the research must also be incorporated into the curriculum of the professionals in training. This means that lecturers on degree programmes must also have access to them in order to be able to include them. The alterations to the role of professionals in the social care field resulting from changes in the laws and regulations were already described earlier in this document. Quite apart from the introduction of research responsibilities in higher professional education, these changes already require that training programmes for professionals in the social care field undergo a dramatic shift (Netherlands Association of Universities of Applied Sciences 2014). The transformation of the welfare state is met with resistance, as it is experienced as an austerity measure which mainly puts vulnerable citizens at a disadvantage (Grootegoed/van Barneveld/Duyvendak 2014; vs 'Social Issues') – and this resistance is also present among those who train future social workers. They often perceive the

changes to degree programmes that they are required to implement to constitute a fundamental lack of understanding and appreciation for the work that social workers do, to the detriment of those people social workers have always sought to support. In this context, the information yielded by practice-oriented research is not always seen as a welcome addition to the curriculum.

Therefore, trying to conduct influential practice-oriented research in the social care field presents researchers in the Netherlands with a multifaceted challenge. First of all, the research must be designed in such a way that the findings address the question which the practical situation throws up. This may have implications for the research paradigm to be used, and, by extension, for the support (or resistance) of professionals in the field, and that of the lecturers and students who are to be involved in the research (Morgan 2007; Butter/Verhagen 2014; Lub 2014). In addition, the research must be designed and carried out from the start all the way through to the reporting stage in such a way that it meets the requirements of validity, reliability, transparency and integrity for scientific research in general and practice-oriented research in particular (Andriessen 2014). Throughout the research, a distinction must be made between the locally-specific factors and the generally-applicable aspects of the practical reality which may impact upon the research findings. In order to distinguish between the two, the researcher(s), like the professionals, must be aware of the local context. Finally, the findings must be reported in a way that both gives local stakeholders the information that is important to them and updates the research and scientific community as to the relevant factors which transcend the local context. This usually means that they must be reported in different ways, including in one or several English-language publications.

All in all, it seems that undertaking practice-oriented research in the Dutch social care field is a more complicated task than undertaking ‘regular’ fundamental research in the behavioural and social sciences. However, if the basic values of the Dutch care system are to be safeguarded, practice-oriented research which is both well-executed and well-reported is indispensable. After all, the changes taking place in this system call for well-informed and well-equipped professionals, which means it is essential that the training programmes on offer are up-to-date.

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