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Article

Article

Social Workers as Local Human Rights Actors? Their Response to Barriers in Access to Care and Support in the Netherlands

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Abstract

The realization of human rights standards depends in part on the commitment of local actors. It can be argued that local public service professionals such as social workers can also be regarded as key players. The possible role of social workers becomes imperative if these professionals are working in a policy context that is not congruent with human rights. If existing laws or policies cause or maintain disrespect for human rights, social workers are in a position to observe that this is having an adverse impact on clients. When social workers are regarded as human rights actors, the question arises how they can or should respond to law and policy that impedes them in carrying out their work with respect for human rights. This article adds to existing theories on social workers as human rights actors by examining the practices of social professionals working in such a challenging policy context. The research took place among professionals in social district teams in the city of Utrecht, the Netherlands. Following a series of decentralizations and austerity measures the social care landscape in the Netherlands has changed drastically over the last few years. As a result, social workers may find themselves on the one hand trying to realize the best possible care for their clients while on the other hand dealing with new laws and policy expectations focused on self-reliance and diminished access to specialist care. The article explores how social professionals' responses to barriers in access to care affect human rights requirements. In doing so, this sociolegal study provides insight into the ways in which everyday social work relates to the realization of human rights at the local level.

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1. Introduction

Counselling and determining entitlement to more intensive or more specialized care services go hand in hand in [the city of] Utrecht. This makes new demands on social workers, who have traditionally been care providers and not gatekeepers. (Vermeulen et al. 2015: 56)

We are the point of access for care. You always have to deal with us. (Social worker (8) in Utrecht)

There is a growing understanding that human rights realization is a joint effort that cannot solely rely on legal enforcement by the state. An increasing number of actors have been brought forward that are also said to play a role. These include corporations (UN Human Rights Council 2008), cities (Oomen et al. 2016), social institutions (Fraser 2019), and universities (Brems et al. 2019). In addition there is more attention to how these and other actors influence human rights realization at the local level (Goodale and Merry 2007; De Feyter et al. 2010; Destrooper 2016). If the actual implementation of human rights standards depends in part on the commitment of local actors, it can be argued that public service professionals such as social workers can also be regarded as key players.

With the proliferation of 'human rights actors' the question arises what practical roles these various actors play in the realization of human rights. With respect to social workers much has been written on what social workers could or should do in order to contribute to the protection and promotion of human rights (Dibbets and Eijkman 2018: 216–18). Social workers can advocate for their clients' rights (Reichert 2011: 195), help define what human rights mean in local settings (Ife 2012: 205), and integrate human rights into everyday work (Berthold 2015: 5). Although these roles show how social workers can potentially contribute to human rights, this does not clarify the ways in which practising social workers impact human rights realization through their daily work. The possible influence of social workers on human rights realization becomes more pressing if they are working in a policy context that is not congruent with human rights principles. This article adds to existing theories on social workers as human rights actors by examining the practices of social professionals working in such a challenging policy context. The research took place among social professionals in social district teams in the city of Utrecht, the Netherlands.

Similar to social services in other European countries, the social care landscape in the Netherlands has changed drastically over the last few years (Martinelli et al. 2017; O'Cinneide 2014; Claessen et al. 2019). Following a series of decentralizations and austerity measures, social workers in the Netherlands may now find themselves on the one hand trying to realize the best possible care for their clients while on the other hand dealing with new laws and policy expectations focused on self-reliance and diminished access to specialist care. This presents challenges for the realization of human rights, as access to social care can be regarded as an important element of the criteria that public services must fulfil in accordance with socioeconomic rights. The article studies how social workers' responses to barriers in access to care affect these human rights requirements. In doing so, this socio-legal study provides insight into the ways in which everyday social work relates to the realization of human rights at the local level.

The article first provides an overview of local human rights actors and how social workers may be viewed as human rights actors themselves. This section also explains how access to social care can be assessed as a human rights issue. In order to contextualize the research outcome the article outlines the organization of social care in the Netherlands. It then describes the research method used for the qualitative study among social district teams in Utrecht. The data of this study are reflected upon in the subsequent section, which describes how social workers and team leaders deal with barriers impeding access to care and support. In the final section the social professionals' response to the barriers is analysed from a human rights perspective.

2. Local human rights actors

The relevance of local actors for human rights is often linked to the gap between international human rights norms and implementation at national level. This section looks at how this is reflected in existing scholarship and argues that public service professionals, specifically social workers, warrant a place among the ranks of local human rights actors. Since this article studies the human rights impact of practising social workers, this section also establishes which human rights requirements can be used to assess social work in practice.

2.1 Local actors bridging the compliance gap

From the perspective of international law, the responsibility for the realization of human rights lies primarily with the state. Nevertheless, studies of states' fulfilment of this responsibility have repeatedly exposed a 'compliance gap' between legal norms and practice (Hathaway 2002; Hafner-Burton 2013; Risse et al. 2013). At the same time the implementation of human rights by states is not a goal in itself, but a means of protecting human dignity (Forsythe 2009: 74). When studying the realization of human rights, it is therefore important to examine not only the ways in which government bodies interpret and enforce these standards, but also the mechanisms that enable or impede their realization on the ground. One way of getting a more complete picture of the mechanisms underlying the local realization of human rights is by exploring the roles of the various actors who may be involved.

Studies addressing the human rights compliance gap at the local level point to a diverse array of potentially influential actors. One approach is to zoom in on the various state actors that make up a national human rights system such as government agencies, law enforcement, courts, and national human rights institutions (Lagoutte 2019). Another possibility is to look towards local authorities and cities as important players (Marx et al. 2015; Oomen et al. 2016). Literature on human rights localization reveals that many more actors play a relevant role (Goodale 2007: 24). These include rights claimants, community leaders, grass-roots organizations and the media (Merry 2006: 39–40; De Feyter 2010: 15–25; Desmet 2014: 129–31). In addition, a growing variety of non-state actors are being introduced as human rights actors. As such, social institutions can be found to stimulate culturally appropriate human rights implementation (Fraser 2019). And libraries may serve as intermediaries between citizens and national human rights institutions (Glusac 2019).

It is safe to say that human rights realization is regarded more and more as a joint effort. This is also reflected in the attention to the ways in which different human rights actors may work together. Either through a systems approach which regards the national human rights infrastructure as consisting of normative frameworks, the corresponding actors and their formalized interactions (Lagoutte 2019). Or through the orchestration theory, by

which national human rights institutions are regarded as intermediaries between international human rights agencies and states (Pegram 2015).

Despite the increasing attention to different human rights actors and the ways in which they may cooperate to bridge the compliance gap, public service professionals are rarely included in the mix. If they are, it is either to determine how their employers may be held accountable for possible abuses (Lane 2017), or to garner them as recipients of human rights education (UN Human Rights Council 2010, 2015). Since public service professionals are involved in implementing domestic law and policy it can be argued that they could play a part in advancing human rights realization. Especially if the law and policy they are required to work with does not fully align with human rights.

This article proposes that the possible influence of public service professionals on human rights realization deserves a closer look. Social workers are singled out in this case, since their work is very much linked to social law and policy and their profession has been hit hard by austerity measures over the last decade (Martinelli et al. 2017). These austerity measures have created new social care systems that are controversial in terms of human rights (O'Cinneide 2014). The remainder of this section will therefore explain how social workers may be viewed as human rights actors and introduce a framework for assessing their daily work in terms of human rights.

2.2 Social workers as human rights actors

Once the realization of human rights standards is seen as a process that is influenced by a wide range of local actors, social workers can be identified as potentially important actors in this process (Androff 2016: 150; Dibbets and Eijkman 2018: 217–18). As public service professionals, social workers provide social care and support to individuals and communities. Their work is therefore informed by social law and policy. If existing laws and policies cause or maintain disrespect for human rights, social workers are in a position to observe that this is having an adverse impact on clients. This may take place whether or not social workers are aware of the human rights dimension of their work.

When social workers are regarded as human rights actors, the question arises how they can or should respond to law and policy that impedes them in carrying out their work with respect for human rights. Do social workers simply apply social policy despite its potential problematic nature, uncritically following policies that counter human rights (Reichert 2007: 3; Stamm 2017: 31)? Or can social workers be considered 'front-line economic, social and cultural rights workers' who implement social policy in ways that protect and fulfil human rights (Androff 2016: 153)?

Social work scholars propose that human rights provide social workers with the opportunity to address challenges on a systemic level (Reichert 2011: 199–212; Ife 2012: 248–9). As such, social workers could employ human rights to signal structural causes of issues experienced by clients, create stronger arguments against authorities and stand up for their clients' rights (Dibbets and Eijkman 2018: 223–4).

Considering that the average social worker may be unaware of human rights aspects of their work, it remains to be seen how social work practice relates to aspirations of social workers as human rights actors. Therefore, instead of determining how social workers informed about human rights might support the realization of these rights, this article looks at how practising social workers unaware of their role affect human rights realization through the ways in which they interact with social policy.

2.3 Human rights requirements for social care

Studying the impact of practising social workers on human rights realization while they do not see themselves in these terms requires a specific approach. This article therefore looks at the actions of social workers through the lens of human rights requirements related to social care.

Even though international human rights conventions do not make distinct reference to a 'right to social care and support' or a 'right to social services' these rights can be inferred from the right to health, to social security, and to an adequate standard of living, which are enshrined inter alia in the International Covenant on Economic, Social and Cultural Rights. In order to assess social care from a human rights perspective it is helpful to take a closer look at the requirements that the UN Committee on Economic, Social and Cultural Rights (CESCR) imposes on public services. Although initially deriving from requirements that the Committee imposes on health services, these are today applied more widely to essential public services in general (Hesselman et al. 2017: 300). For the realization of socioeconomic human rights, public services must be available in sufficient quantity, accessible to everyone, acceptable, and of good quality (UN CESCR 2000).

The availability of public services refers to their literal availability (UN CESCR 2000: para. 12). This means that the relevant organizations and institutions must not just be present, but that they must be adequately staffed, and that there must not be a shortage of goods that are essential to the provision of the services concerned. In addition, public services must be accessible to all. Besides physical access, this includes financial access (affordability), access without discrimination, and access to information about these services. The third condition is that public services must be acceptable. This means that the services must take account of the needs of different groups such as people of different age groups, those with a different cultural background or those with a disability. Finally, the goods and services must be of good quality. This means, for instance, that the personnel have been equipped with the appropriate knowledge and skills, that the buildings of organizations are properly maintained, and that the essential goods fulfil professional standards.

These human rights requirements for public services are used in this article to assess the human rights impact of the ways in which social workers deal with barriers impeding access to care and support. Accessibility is one of the requirements, but since all the requirements are interrelated, the availability and acceptability of services, for instance, may also affect access to services.

3. The context of the Netherlands

This section explains the organization of social care in the Netherlands following decentralizations and austerity measures. It then looks at how these changes may affect human rights.

3.1 The organization of social care

Following decentralizations in 2015 social care in the Netherlands is organized at the municipal level. This means municipalities are responsible for different types of social services, from psychosocial support to home care. Municipalities can decide whether they provide these services themselves or outsource them to private welfare organizations. In most cities in the Netherlands social care has been organized through social district teams, the so-called 'neighbourhood' teams (Arum and Van den Enden 2018). Although these

neighbourhood teams consist of professionals working for welfare organizations, national law and municipal policy influence both the setup and the responsibilities of these teams.

This study was conducted among social district teams in the city of Utrecht, the Netherlands. This city has 18 teams set up by a company acting on commission for the municipal authority. Each team consists of a team leader and a number of social workers. The primary task of the social district teams is to determine, in response to requests for help from local residents, what type of care is called for. Residents can apply to the neighbourhood team for help in a wide range of problems, from loneliness to debt, from domestic violence to psychological distress.

A social worker in a neighbourhood team is expected to first examine whether the person's own network, volunteers, or other basic services may provide sufficient relief. If not, the neighbourhood team can provide basic social care, and if this too is insufficient, the social worker arranges access to specialist care services. It is important to recognize here that the assessment of clients' care needs is a new task for which these professionals with a social work background have not been specifically trained.

3.2 The impact on human rights

The recent decentralization processes have affected the realization of human rights at local level in various ways. First, municipal authorities now bear responsibility for a range of services that impact social and economic human rights. Second, decentralization has gone hand in hand with austerity measures and a shift to the so-called 'participation society' which places emphasis on individual self-reliance and assistance by volunteers instead of professional care.

The resulting situation presents risks for the realization of human rights at the local level. Where austerity measures lead to the erosion of social services, this impacts on the rights of people who use these services (Vonk 2016: 136). Furthermore, the rights of people in a vulnerable position may be undermined if the principle of self-reliance is applied rigorously (Netherlands Institute for Human Rights 2017). Both the austerity measures and the emphasis on self-reliance impact on access to care and support in social services. This access is an important element of the human rights requirements for public services. Since social workers in neighbourhood teams play a key role in access to care, they also help to determine how these requirements are safeguarded.

In the context of this research it is relevant to note that practising social workers in the Netherlands are largely unaware of the human rights dimension of their work. Although the social work community has become interested in human rights in recent years, social work schools in the Netherlands still omit human rights from the general curriculum and social workers do not relate their daily work to human rights (Reynaert et al. 2019; Dibbets and Eijkman 2018; Hartman et al. 2016). Similarly, even though Utrecht presents itself as a 'human rights city' this initiative has not led to social worker awareness of human rights in relation to their daily practice (HRCN 2020).

4. Research method

The qualitative study is based on interviews with social workers and team leaders of social district teams in Utrecht, the Netherlands. The choice was made to interview both the social workers and their team leaders in order to gain a more complete picture of the inner workings of the teams.

The respondents were selected using LinkedIn in October and November 2017 and contacted by email. Respondents were identified on the basis of the following criteria: an educational background in social work or youth welfare and at least five years' employment in social services. Of the eight team leaders contacted, four agreed to an interview (team leaders 1–4). Seventeen social workers were contacted, twelve of whom were interviewed (social workers 1–12).

Semi-structured interviews were held with the respondents from November 2017 to January 2018. Due to the fact that social workers in the Netherlands are mostly unaware of human rights, the choice was made not to frame the interview questions in rights terms but to focus on gaining insight into an area of their work that could be controversial from a human rights perspective: barriers in access to care. The interviews were recorded with the respondents' permission and transcripts were made of the recordings.

The data analysis was carried out using the principles of 'grounded theory' (Charmaz 2006), with the transcribed interviews providing the initial material for the analysis. First, an inventory was made of the barriers to access to care and support that had been identified by the respondents. The researchers then examined how the social workers and team leaders dealt with each of these barriers in turn. They looked at the action taken in relation to each of these barriers, the solutions that the respondents suggested to these barriers, the respondents' opinions regarding the barriers, and any interaction they may have had with the municipal authority in this connection. Finally, the researchers assessed how the ways in which the barriers were dealt with may affect the realization of the relevant human rights on the basis of the human rights requirements that apply to public services.

This study has certain limitations which means the outcome cannot be automatically generalized. First, the study was conducted exclusively among social district teams in Utrecht, the Netherlands. The organizational structure, law and policy for social services vary from one country to the next, which means that barriers impeding access to care and the role of social workers are different elsewhere. In addition, the study can only be seen from the perspective of the interviewed social workers and team leaders. Possible approaches adopted by the company which set up the teams, the municipal authority, and specialist care organizations fall outside the scope of this research. Moreover, this study does not include members of the public at large, such as clients, volunteers, and caregivers, who may take a different view of barriers impeding access to care and the role of social district teams. This can be substance for future research.

5. Social workers dealing with barriers to care

This section discusses the results of the qualitative study among neighbourhood teams in Utrecht. The interviewed social workers and team leaders noted several barriers impeding access to care and support through the neighbourhood teams. First, partly because of budget cuts, these teams must exercise restraint in making referrals to specialist care services and have acquired responsibility for certain services that formerly came under the heading of specialist care. Second, an emphasis on self-reliance may impede access to care and support if a person's capacity for self-reliance is overestimated. Third, differences in expertise, skills and experience among the team's social workers may impede access to care because of the way in which care needs are recognized and assessed.

These barriers restricting access to care and support in themselves pose risks to the realization of relevant socioeconomic rights when applying the human rights requirements for

the provision of public services (UN CESCR 2000: para. 12). The following requirements may be compromised: access without discrimination, the quality of services in the form of professionals' expertise, and the acceptability of services, in the sense of taking the needs of different groups into account. The ways in which social workers and team leaders deal with the barriers may influence these risks. This section therefore describes the various ways in which social workers and team leaders deal with barriers impeding access to social care and support. The following section assesses the human rights implications of these responses.

5.1 Dealing with restricted access to specialist care

Partly because of the budget cuts in social services, access to specialist care has been restricted by transferring care hitherto provided by specialist organizations to neighbourhood teams and by having neighbourhood teams act as gatekeepers to specialist care (Municipality of Utrecht 2014: 9; 2016: 4). Social workers describe three ways in which they deal with this. First, they appear to accept the consequences of the budget cuts as the new reality to which they have to adapt. Second, they have developed their own strategies for dealing with them, both in their communication with clients and in arranging clients' care. Finally, social workers and team leaders alike mention ways of raising these issues with the municipal authority.

Seven social workers (1, 3, 4, 7, 8, 10, 12) appeared to accept the barriers restricting access to specialist care as the new status quo. They deal with the changes by highlighting their advantages or by not classifying them as problematic. 'You do notice them [the budget cuts], but I'm fine about it' (social worker 4).

> It's true that one of the factors we have to consider [when arranging care] is finding the cheapest adequate solution. But I don't see any contradiction there. It doesn't have to be a problem at all. (Social worker 1)

Social workers point to the easy accessibility of the neighbourhood teams, and their flexibility relative to specialist care, as definite advantages:

> The advantage of the neighbourhood team is that we don't have waiting lists. We're expected to be able to act straight away. That's partly because you don't need a referral for us: we can help anyone who comes in with a problem. (Social worker 4)

One social worker noted that neighbourhood teams are well equipped to fill the gaps in care and support that were created by the budget cuts:

> For instance, [a specialist care facility] used to do home visits once a month. Well, we can do that too. We also do home visits, we do the same things, and we've also got that specialist element because we're a team with a whole range of different backgrounds. So we've got that covered. And that specialist care is not really necessary any more. You can do without it. (Social worker 3)

At the same time, it can be inferred from the remarks made by four social workers (2, 3, 6, 9) that they are still searching for the best way to take account of the restrictions imposed by budget cuts:

> It's true that people no longer get the care they were used to, and sometimes you think—Is that really what people need, or could they manage with less? Is that sufficient, or are we only offering less to save money? There's a constant need to strike a balance. (Social worker 6)

Although social workers appear to be adapting to the new reality to the best of their abilities, they are still faced with clients who want or need specialist care. They deal with this on the one hand by adopting an approach of expectation management with the client, and on the other hand by presenting strong arguments for the need for specialist care within the team.

Clients who approach a neighbourhood team looking for specialist care are not always won over to the idea that this care is not readily available any more and has been largely replaced by basic social care and volunteers. Social workers often have to manage expectations:

> What we have to do is to provide clear information: this is how it works, this is how we see it, and this is how we will discuss the situation together. (Social worker 9)

This calls for a certain attitude on the part of the social worker that four social workers (2, 3, 6, 12) referred to as 'business-like':

> I think we take a slightly more business-like approach. … So we put the ball back in the client's court a bit, say 'It's also your own responsibility' and ask what they need in order to be able to cope with that, and how they think they ought to tackle it. (Social worker 3)

This business-like approach did not seem to be connected to the fact that the social workers are working for a welfare company acting on commission for the municipality. Instead, social workers gave the impression that this behaviour is prompted by expectations based on municipal policy. When discussing the necessity of a business-like approach in order to fulfil his new role as gatekeeper, one social worker remarked: 'I struggled a lot with that in the beginning. Not so much to myself, but towards the municipality. That I thought, who came up with this strange idea?' (social worker 3).

When a social worker decides that someone really does need specialist care, other approaches to the barriers restricting access come into play. Seven social workers (1, 3, 4, 6–8, 10) gave similar accounts of how they deal with this. The social worker must be familiar with the policy and its limits:

> To eventually get the client the best help, it's essential that you are familiar with the rules. Otherwise you could do someone a serious injustice. That's not something I want to happen. (Social worker 1)

Those who are very familiar with the policy rules can deal with them creatively to ensure that someone gets the care they need. 'So if the rules say you can't do it this way, we try it another way, so that we eventually find a solution' (social worker 4). It is also important to present good arguments. 'You have to have really good arguments to back it up, if you think someone has to be referred to supplementary care' (social worker 6). This means that whether someone is granted access to specialist care depends in part on the social worker's familiarity with law and policy, his/her willingness to adopt a creative approach, and how well the social worker can argue the need for a referral.

Another way of dealing with the barriers restricting access to specialist care that was mentioned in the interviews is by contacting the municipal authority. Two social workers (6, 10) said that they had contacted the authority about matters relating to access to specialist care. One social worker (10) said that she was constantly talking to policymakers about the limits of a particular policy. The other (6) said that the authority had been informed, through the team leader, of the necessity of providing specialist care for specific groups

such as people with a non-congenital brain injury, those with mild intellectual disability, and those with severe psychiatric disorders.

Dealing with the budget cuts as part of arranging care for individual clients is not something that team leaders seem to concern themselves with. When team leaders mention the consequences of austerity measures, they mostly refer to their discussions about it with the municipal authority. One team leader (2) referred to the need to notify the municipal authority about the lack of facilities in the neighbourhood. Another team leader (4) said that the neighbourhood team can influence the municipal authority's decision-making regarding which specialist care to purchase: 'The authority decides what to buy, and we influence those decisions. We can say "buy more of this, or don't buy that from that provider any more"' (team leader 4). A different team leader (3) said that arranging good care for people in the neighbourhood was the shared responsibility of the municipal authority, specialist care providers, and neighbourhood teams. This creates the impression that the team leaders tend to take a broader view, looking at the available supply of services and discussing this with the municipal authority.

Taken together, it seems the effect of the restricted access to specialist care for clients is contingent on different actions of the neighbourhood team. Where social workers indicate they have no objection to the new restrictions it appears the barriers to care are firmly guarded by the neighbourhood teams. This is also reflected in the expectation management and business-like approach towards clients. However, social workers do try to secure access to specialist care by finding creative solutions within the set policy rules. In communicating with the municipal authority, social workers—and especially team leaders—negotiate about matters concerning the limits of policy and the need for specialist care. The possible impact on human rights realization of this mixed response is discussed in Section 6.

5.2 Dealing with the principle of self-reliance

A central concept in the 2015 Social Support Act is the principle of 'self-reliance'. Self-reliance in this context means the degree to which a person is able to perform activities of daily living necessary for self-care and to be able to live independently. Social care is expected to promote self-reliance and an individual's degree of self-reliance determines their entitlement to care and support. This emphasis on self-reliance is also part of the policy of the municipality of Utrecht and thus informs the work of the neighbourhood teams. Social workers are expected to increase self-reliance and access to specialist care is determined on the basis of self-reliance (Municipality of Utrecht 2013: 22; Van Cadsand et al. 2013: 28).

Although the principle of self-reliance does not in itself constitute a barrier in the access to care it can become a barrier if people receive reduced (or no) access to care because their self-reliance has been incorrectly assessed. The Utrecht audit office has noted that with regard to people with severe disabilities living independently 'the degree of self-reliance expected from this group sometimes exceeds their capacity' (Rekenkamer Utrecht 2017: 12). Although the social workers did not explicitly mention this risk it nonetheless emerged clearly from the interviews that they exert themselves to find the best way of dealing with the concept of self-reliance.

Self-reliance is a broad concept that can be applied and interpreted in different ways. Seven social workers (1, 3–5, 7, 8, 12) stated that the municipal authority's ideal of self-reliance is not always achievable in practice. The ways in which the social workers deal with this is by applying their own interpretation of self-reliance.

These seven social workers emphasized that it is far more important to look at the particular person and to estimate what this person can do than to start from the premise of self-reliance:

> I've long thought that many people can't manage that. In any case you always assess the self-reliance of each client and whether they can do something or not. And if someone simply can't do it, or can't do it at that moment in time, then that's what I base my decisions on, rather than saying 'Come on, you must be able to do it!' That's just ridiculous. (Social worker 1)

In this connection, the social workers made it clear that self-reliance is a concept that can be interpreted widely when you base yourself on what is feasible for a particular individual. For one client, self-reliance may be as limited as the ability to offer someone a cup of tea (social worker 7), or to get out of the house (social worker 8), or to dare ask the neighbourhood team to help with writing an important letter (social worker 5). In other words, the social workers have arrived at their own interpretation of the concept of self-reliance, as they say themselves:

> In practice, what is self-reliance? . . . It's something we interpret in our own way, and that really depends on the client. You shouldn't think of it in terms of huge things—you have to encourage self-reliance in very small steps. It all depends on how you define it. (Social worker 5)

When self-reliance is approached in this way, the social workers took a positive view of the consequences. When people's self-reliance is increased, and they are encouraged to take on more, they discover that they can do more than they thought, according to a social worker: 'If they do it themselves, it gives them a sense of pride, of achievement. That sense of pride also makes them feel stronger, and helps them to grow' (social worker 4).

The idea of 'increasing self-reliance' was also discussed by team leader 4. This team leader did not mention that each of his team members interpreted 'self-reliance' in their own individual way.

The fact that social workers employ their own view of self-reliance in determining necessity for care can have both positive and negative impact on access to care. On the plus side, social workers give the impression that they stay close to a client's circumstances and needs when assessing self-reliance. This could lead to clients receiving care attuned to their particular situation. However, the possibility that this very much depends on a personal approach to policy points to a risk of randomness in access to care. Section 6 addresses the human rights implications of this risk.

5.3 Dealing with limitations of expertise

The intended composition of the neighbourhood teams is laid down in municipal policy. From the outset the Municipality of Utrecht sought to create neighbourhood teams consisting of 'generalist social workers' that play a key role in 'achieving high-quality, affordable support and care' (Van Cadsand et al. 2013: 7, 10). Generalist social workers are expected to be able to recognize and address any issue that people present to the neighbourhood team. From the interviews it became clear that in practice social workers in neighbourhood teams cannot possibly know every aspect of all the problems of people who come requesting help. Social workers in neighbourhood teams have diverse backgrounds and their areas of expertise vary (Veldhuizen 2016: 19). Variations in expertise may influence the kind of care people receive, since the primary task of social workers in a neighbourhood team is to assess specific care requests. The consequences of having a team of social workers with

different types of experience and knowledge who are expected to function as generalists appears to be an area of concern among the neighbourhood teams. Twelve social workers and two team leaders described different ways in which they deal with this.

Social workers deal with the limitations of their expertise by being aware of it and asking others to help where necessary. Eight social workers (2, 3, 5, 7–10, 12) said that they solve this problem by collaborating with their colleagues in the neighbourhood team:

> Sometimes I might ask a colleague to accompany me on a home visit, and ask if a certain kind of behaviour, that I don't understand, goes with this or that condition. (Social worker 3)

Besides such joint home visits, colleagues also share their expertise at group meetings, where questions can be asked about specific cases. This appears to be the main way in which neighbourhood teams deal with gaps in the expertise and experience of individual social workers, which could otherwise lead to a failure to recognize certain care needs. To address this, it is important to know what types of specialist expertise are present within the team:

> You can never be a real generalist all by yourself. I can't know everything, but I do need to know where to get expertise. My own background is in psychiatry, I have plenty of specialist knowledge in that field. Where problems with the elderly are concerned, I don't have so much expertise, but I do know which of my colleagues can help me. (Social worker 4)

Two team leaders stated that they expect their staff to pool knowledge in this way. 'If you have a case that you find difficult, you ask a colleague who knows more about problems of that kind' (team leader 3). The team leaders appear to have a good picture of the risks attached to a lack of knowledge about specific target groups and the need for collaboration to fill in such gaps as much as possible. One team leader gave an example of the behaviour of someone with an intellectual disability that might be misinterpreted by someone who lacks the necessary expertise:

> Someone may have an intellectual disability but mask it with sharp verbal responses, by dismissing everything you suggest and constantly saying that it's all bullshit. If you've had little experience of this, you might think: this person is very uncooperative. So the social worker may present the case at the meeting, and say, listen, this client calls everything bullshit, he's very uncooperative. You need to have someone there who asks 'What is his intellectual level? Where does that uncooperative attitude come from?' Otherwise you might end up saying: 'This client is uncooperative, we'll close the file'. Those are very important ingredients. Get help, ask others for their opinion. Do home visits and interviews together. (Team leader 2)

Another way of dealing with this problem is by acknowledging that a team composed exclusively of generalist social workers is not the best way of ensuring that you can recognize all the problems that may arise among a very diverse community. Seven social workers (2, 4–6, 9, 10, 12) described various ways that have been devised within neighbourhood teams to retain or create specialist expertise. One solution is to give specific social workers the task of keeping track of developments and expertise in particular fields and sharing their knowledge with the rest of the team:

> In every team we have someone who knows more about each specific subject, a 'dedicated post holder'. We've worked on achieving that, that you are capable in any case of recognizing [a particular problem]. (Social worker 9)

A second approach is to set up thematic working groups within the team that focus on specific problems or types of care and support:

> The ideal of getting everyone to be a specialist in every area has been abandoned, since it's simply not possible. So in our team, for instance, we're already creating small groups again. [Each group consists of] a few people who really focus a lot on one issue and who keep track of all the new insights relating to it. (Social worker 10)

Internal committees that assess referrals to supplementary care were also mentioned by four social workers (2, 4, 7, 8) as a way of compensating for differences in expertise among team members. Within these committees, arguments for and against referral to specialist care are weighed on the basis of the expertise and experience of the neighbourhood team as a whole rather than those of a specific social worker.

One team leader also referred to this approach to differences in expertise:

> So you think to yourself: with my specialist background I could supervise this client, but would my colleague, who comes from a completely different field, also be able to do so? That's what you actually have to be aiming for. To ensure that any member of the team would be able to take over. And if no one can—well at that point, you really need to hire specialist care. (Team leader 3)

These approaches to specialist expertise and experience (or the lack of them) give the impression that neighbourhood teams are slowly abandoning the policy of having a team with 'high-quality generalist social workers'. Social workers and team leaders alike appear to realize this. Most of the solutions that are put forward focus primarily on internal working processes within the neighbourhood teams.

Besides such internal solutions, the neighbourhood teams, together with the municipal authority and care partners, have also devised a system of ad hoc consultations with specialists if a social worker within a neighbourhood team is unsure about the need for specialist care. The social workers and team leaders refer to this as a 'flexible arrangement'. Although the social workers see this 'flexible arrangement' primarily as a way of making it easier to collaborate with specialist care services, two team leaders (2, 3) said that it was also useful as a way of tapping into specialist expertise.

> You're supposed to know a bit about everything. That's a lot. At least you need to know where to begin, and when to ask others for help. You don't want anyone to suffer because you were negligent—or because you enthusiastically did too much. So it's important to ask colleagues for help. There's a flexible arrangement in which we can ask people from specialist health services to provide advice. (Team leader 2)

In addition to differences in knowledge about care requirements, social workers may also differ in their knowledge of law and policy (Claessen et al. 2019). It is clear from the way in which social workers describe how they deal with the limited access to specialist care that it is important to have a sound knowledge of law and policy in order to be able to arrange access to specialist care for clients. Differences in knowledge and expertise—whether concerning the specific problems that clients may have or the relevant policy—may create barriers impeding access to care and support.

The ways in which a neighbourhood team deals with the different levels of expertise among its members can be seen as attempts to make the policy of having neighbourhood teams populated by generalists workable in practice without harming people with care needs. On the one hand, different approaches are being devised that partly deviate from this policy, while on the other hand, the teams and municipal authority are together considering what extra processes might be necessary to ensure that the policy has the desired effect in practice. How these efforts may influence human rights realization is dealt with in the next section.

6. Influencing the realization of rights related to social care and support

Access to social care and support can be regarded as an element of the right to health, to an adequate standard of living, and to social security. Where law and policy create barriers in the access to social care, risks arise for the realization of these human rights. These risks can be assessed using the human rights requirements for public services developed by the UN Committee on Economic, Social and Cultural Rights (UN CESCR 2000: para. 12). According to these requirements, public services must be: available in sufficient quantity, accessible to all, acceptable, and of good quality.

In the Netherlands social workers in neighbourhood teams have become gatekeepers for access to social care. At the same time new law and policy has created barriers to accessing care. Social workers' responses to these barriers may affect access to care and the corresponding human rights requirements in various ways. This section, based on the results of the research among neighbourhood teams in the city of Utrecht, reflects on the implications.

The present study identifies several barriers impeding access to social care. First, access to specialist care has been restricted. Second, the emphasis on self-reliance may create a barrier to access if a client's capacity for self-reliance is overestimated. Third, neighbourhood teams have to contend with differences in knowledge and experience among social workers, as a result of which care needs may be misjudged.

All three barriers may undermine access to care and support without discrimination. This means that there is a risk of people being disadvantaged in their access to care because of characteristics such as language, socioeconomic status, disability, or health status. This risk appears to be inherent to the restrictions in access to specialist care, the emphasis on self-reliance, and the differences in expertise between social workers. How great this risk proves to be in practice may depend on the ways in which staff deal with these barriers.

Barriers in access to specialist care play a large role within the neighbourhood teams. The results suggest that social workers tend to accept these new barriers and adopt a business-like approach to clients when assessing the need for specialist care. This takes the form of expectation management, to make it clear to clients that they can no longer take access to specialist care for granted. If a social worker takes the client's background into account in this connection, there will be less risk of the person being disadvantaged. But if a social worker is insufficiently aware of the effect of factors such as the client's socioeconomic status or disability on his or her ability to communicate care needs, this may create inequalities in access to care. A similar risk may arise when social workers assess a client's self-reliance. The results suggest that social workers take account of differences between clients when arranging care and assessing self-reliance. However, it is insufficiently clear what characteristics are taken into account, and whether such decisions are made structurally within the neighbourhood teams or if they depend on the individual judgment of a social worker. These possible inequalities in access to care may be further reinforced due to the differences in expertise among the social workers.

The human rights requirement that public services must be of good quality is potentially at stake in relation to the professional knowledge and skills of social workers. From the interviews it appears that neighbourhood teams have taken measures to cope with differences in knowledge about, and experience with, the various problems that people may present to a neighbourhood team. These measures are geared towards working together to make

use of each other's expertise. It is unclear if these measures also address possible different levels of knowledge among the social workers about the law and policy governing access to care. Nevertheless, the neighbourhood teams seem very aware of possible detrimental effects of the differences in expertise on the quality of their services and have taken steps to offset these.

The various barriers in access to care may put people with specific care needs at a particular disadvantage. This may mean that the way in which care is arranged is poorly attuned to the circumstances of certain groups, which may in turn impinge on the human rights requirement of the acceptability of public services. The restricted access to specialist care, the emphasis on self-reliance, and the different levels of expertise possessed by social workers all create barriers for people in a vulnerable position. These may be people with several complex problems who require different types of care and support, or people who—precisely because of their challenges—find it more difficult to express their care needs. The risk that the current system of arranging access to care and support may prove disadvantageous for people in a vulnerable position was not noted by the social workers or team leaders. In the light of the ways in which teams deal with the various barriers, several actions can be identified that may impact on this risk.

The measures taken to offset differences in knowledge among social workers also include safeguards for the recognition of specific care needs. The responses also suggest that the municipal authority is informed of the need for specialist care for clients with certain problems. The opinions expressed by the social workers regarding the emphasis on self-reliance give the impression that they have some awareness that this policy may have negative consequences for people in a vulnerable position. Social workers solve this by applying their own workable interpretations of self-reliance, but it is not possible to conclude from the responses that this problem is tackled or discussed in any systematic way. In addition, the responses did not yield any evidence of awareness among social workers or team leaders of the cumulative effects of the various barriers for specific groups. It therefore remains unclear whether this is taken into account in practice, and if so to what extent.

Taken together, this study suggests that social workers may either help to restrict or to widen access to care and support. Looking through the lens of the human rights requirements for public services, the actions of the social workers may impact both positively and negatively on access to care without discrimination, acceptability of care for diverse groups, and quality of care. When barriers impeding access to care and support are caused directly or indirectly by policy, social workers and team leaders in neighbourhood teams exert a certain influence on this access according to whether they follow policy literally, question it, or find ways of adapting policy to suit the circumstances of their clients. In this study the responses to policy seem to focus on making the current policy work while also being considerate of the effects for individual clients, without taking a stance on structural issues such as austerity. As such, the majority of these responses take place within the context of the neighbourhood teams and on a smaller scale through interaction with the municipality.

7. Conclusion

In formulating law and policy governments create frameworks for implementing human rights at the local level. Law and policy which regulates access to social care and support places a stamp on the realization the right to health, to social security, and to an adequate standard of living. How these human rights are then realized in practice depends on several

local actors, including public service professionals such as social workers. It can be cautiously concluded, based on this study, that in the Dutch context social workers appear to both strengthen and weaken the realization of human rights, depending on how they deal with barriers that impede access to care and support at the local level. Where policy that disadvantages clients in their access to care is applied without any elasticity, social workers are essentially helping to curtail their clients' human rights. On the other hand, social workers strengthen human rights realization when adopting a critical position as regards such policies. They may oppose policies that disadvantage their clients by introducing their own measures and by calling the municipal authority to account.

This research data suggests that social workers take on both of these roles. In other words, social workers can be regarded both as the local authority's public service providers who implement adverse aspects of policy in practice, and as protectors of their clients' interests who will do whatever is necessary to ensure that people receive the care they need. It is not possible to conclude on the basis of this study why it is that in some policy areas social workers appear to accord priority to the interests of the municipal authority while in others they accord more priority to their clients' needs. This creates the impression that Dutch social district teams do not follow a coordinated approach in their responses to policy and do not address structural issues such as austerity or inequalities. Consequently, the degree to which a social worker helps to bolster human rights realization at the local level depends primarily on his or her own actions. Once social workers are classified as human rights actors, it becomes essential for them to have a clear awareness of the possible adverse side effects of policy for clients and their scope for challenging this law or policy.

The question that remains is to what extent social workers are able to oppose the implementation of such law and policy within their professional capacity. In the context of the Netherlands the decentralization measures may have influenced social workers' professional scope for action and their ability to adopt a position in respect of the new policies. Although differences exist between municipalities, several studies have shown that municipal authorities have taken a leading role in establishing the composition and working procedures of social services neighbourhood teams (De Waal 2016: 5). In these new arrangements, social workers have been given more responsibilities, but little say over the circumstances in which they are expected to exercise these responsibilities (Tonkens 2016: 65–6). This creates a risk that the social worker may end up being primarily a service provider whose work is about ensuring that the municipal policy has the desired effect in practice, whether or not this is consistent with human rights. At the same time, this article indicates that social workers still find room to apply and adjust policy in ways that benefit their clients even though this may not lead to structural adjustments.

If social workers and similar public service providers are truly to be considered human rights actors it would require them to be aware of the influence of their actions on the realization of their clients' rights and to possess the necessary knowledge and skills to adopt a position in relation to law and policy that has negative effects on the human dignity of their clients. This could be taken into account by including human rights into relevant curricula to make public service providers cognizant of structural issues and provide arguments and avenues to address these. But human rights knowledge and skills alone may not suffice to adopt a stance towards the authorities. Here studies on how different actors in the human rights sphere work together, either via orchestration (Pegram 2015) or as a system (Lagoutte 2019), become relevant. For public service providers, this may mean working through their own professional associations, collaborating with human rights NGOs or

communicating with national human rights institutions. It also means that organizations working in human rights should recognize that social workers and other public service providers may have a role to play and should involve them in efforts to counter detrimental policies. In situations where public service providers find themselves struggling with law and policy that negatively impacts human rights it is valuable to remember that not only do individual actors influence human rights realization, but it is only through concerted efforts of a diverse array of actors that change can be made.

References

Androff, D. 2016. *Practicing Rights: Human Rights-Based Approaches to Social Work Practice*. Routledge.

Arum, S., and T. Van den Enden. 2018. Sociale wijkteams opnieuw uitgelicht [A current overview of social neighbourhood teams]. Utrecht: Movisie.

Berthold, S. M. 2015. *Human Rights-Based Approaches to Clinical Social Work*. Springer.

Brems, E., L. Lavrysen, and L. Verdonck. 2019. Universities as Human Rights Actors. *Journal of Human Rights Practice* 11(1): 229–38.

Charmaz, K. 2006. *Constructing Grounded Theory: A Practical Guide Through Qualitative Analysis*. SAGE Publications.

Claessen, D., Q. Eijkman, and M. Lamkaddem. 2019. Social Support and Access to Justice at the Kitchen Table? An Assessment of the Legal Capabilities of Community Social Care Professionals in the Netherlands. *European Journal of Social Work*. Published online 24 July 2019.

De Feyter, K. 2010. Sites of Rights Resistance. In K. De Feyter, S. Parmentier, C. Timmerman, and G. Ulrich (eds), *The Local Relevance of Human Rights*, pp. 11–39. Cambridge University Press.

De Feyter, K., S. Parmentier, C. Timmerman, and G. Ulrich (eds). 2010. *The Local Relevance of Human Rights*. Cambridge University Press.

Desmet, E. 2014. Analysing Users' Trajectories in Human Rights: A Conceptual Exploration and Research Agenda. *Human Rights and International Legal Discourse* 8(2): 121–41.

Destrooper T. 2016. Uprooting the Curious Grapevine? The Transformative Potential of Reverse Standard-Setting in the Field of Human Rights. *Journal of Human Rights* 16(1): 1–16.

De Waal, V. 2016. Sociale (wijk)teams onderzocht: zicht op ontwikkelingen en knelpunten [Study of neighbourhood teams: views on developments and bottlenecks]. Utrecht: Kenniscentrum Sociale Innovatie, Hogeschool Utrecht.

Dibbets, A., and Q. Eijkman. 2018. Translators, Advocates or Practitioners? Social Workers and Human Rights Localization. *Journal of Human Rights Practice* 10(2): 212–28.

Forsythe, D. P. 2009. Human Rights Studies: On the Dangers of Legalistic Assumptions. In F. Coomans, F. Grünfeld and M. T. Kamminga (eds), *Methods of Human Rights Research*, pp. 59–74. Intersentia.

Fraser, J. 2019. Challenging State-Centricity and Legalism: Promoting the Role of Social Institutions in the Domestic Implementation of International Human Rights Law. *International Journal of Human Rights*. Published online 11 March 2019.

Goodale, M. 2007. Locating Rights, Envisioning Law between the Global and the Local. In M. Goodale and S. E. Merry (eds), *The Practice of Human Rights: Tracking Law between the Global and the Local*, pp. 1–38. Cambridge University Press.

Goodale, M., and S. E. Merry (eds). 2007. *The Practice of Human Rights: Tracking Law between the Global and the Local*. Cambridge University Press.

Glusac, L. 2019. Local Public Libraries as Human Rights Intermediaries. *Netherlands Quarterly of Human Rights* 36(2): 133–51.

Hafner-Burton, E. 2013. *Making Human Rights a Reality*. Princeton University Press.

Hathaway, O. 2002. Do Human Rights Treaties Make a Difference? *Yale Law Journal* 3: 1935–2042.

Hartman, J., J. Knevel, and D. Reynaert. 2016. Manifest: Stel mensenrechten centraal in het sociaal werk [Manifesto: make human rights central to social work]. www.socialevraagstukken.nl/stel-mensenrechten-centraal-in-het-sociaal-werk (referenced 7 February 2020).

Hesselman, M., A. H. De Wolf, and B. Toebes. 2017. International Guideposts for Socio-Economic Human Rights in Essential Public Services Provision. In M. Hesselman, A. H. de Wolf, and B. Toebes (eds), *Socio-Economic Human Rights for Essential Public Services Provision*, pp. 371–401. Routledge.

HRCN (Human Rights Cities Network). 2020. Utrecht Human Rights City. https://humanrightscities.net/humanrightscity/utrecht (referenced 10 August 2020).

Ife, J. 2012. *Human Rights and Social Work: Towards Rights-Based Practice*. Cambridge University Press.

Lagoutte, S. 2019. The Role of State Actors Within the National Human Rights System. *Nordic Journal of Human Rights* 37(3): 177–94.

Lane, L. 2017. Private Providers of Essential Public Services and De Jure Responsibility for Human Rights. In M. Hesselman, A. H. de Wolf, and B. Toebes (eds), *Socio-Economic Human Rights for Essential Public Services Provision*, pp. 181–206. Routledge.

Martinelli, F., A. Anttonen, and M. Mätzke. 2017. *Social Services Disrupted: Changes, Challenges and Policy Implications for Europe in Times of Austerity*. Cheltenham: Edward Elgar Publishing.

Marx, A., N. Hachez, K. Meuwissen, P. Schmitt et al. 2015. Localizing Fundamental Rights in the European Union: What is the Role of Local and Regional Authorities, and How to Strengthen It? *Journal of Human Rights Practice* 7(2): 246–71.

Merry, S. E. 2006. Transnational Human Rights and Local Activism: Mapping the Middle. *American Anthropologist* 108(1): 38–51.

Municipality of Utrecht. 2013. Meedoen naar vermogen—WMO Uitvoeringsplan eerste fase: van kaders stellen naar inrichten, naar uitvoeren [Participation according to capacity—Social Support Act Implementation Plan First Phase: from frameworks to design to execution]. Gemeente Utrecht.

———. 2014. Meedoen naar vermogen—WMO Uitvoeringsplan tweede fase: van inrichten naar uitvoeren [Participation according to capacity—Social Support Act Implementation Plan Second Phase: from design to execution]. Gemeente Utrecht.

———. 2016. Meedoen naar vermogen: Transformatieagenda 2016–2017 Maatschappelijke Ondersteuning [Participation according to capacity: Social Support Transformation Agenda 2016–2017]. Gemeente Utrecht.

Netherlands Institute for Human Rights. 2017. *Annual Status Report: Poverty, Social Exclusion and Human Rights*.

O'Cinneide, C. 2014. Austerity and the Faded Dream of a 'Social Europe'. In A. Nolan (ed.), *Economic and Social Rights after the Global Financial Crisis*, pp. 169–201. Cambridge University Press.

Oomen, B., M. F. Davis, and M. Grigolo. 2016. *Global Urban Justice: The Rise of Human Rights Cities*. Cambridge University Press.

Pegram, T. 2015. Global Human Rights Governance and Orchestration: National Human Rights Institutions as Intermediaries. *European Journal of International Relations* 21(3): 595–620.

Reichert, E. 2007. *Challenges in Human Rights: A Social Work Perspective*. New York: Columbia University Press.

———. 2011. *Social Work and Human Rights: A Foundation for Policy and Practice*. New York: Columbia University Press.

Rekenkamer Utrecht 2017. Langer zelfstandig thuis wonen met ernstige beperkingen: Rekenkameronderzoek in het kader van de Wet Maatschappelijke Ondersteuning 2015 [Living

independently for longer with a severe disability: Investigation by the Utrecht audit office in the context of the Social Support Act].

Reynaert, D., P. Dijkstra, J. Knevel, J. Hartman et al. 2019. Human Rights at the Heart of the Social Work Curriculum. *Social Work Education: The International Journal* 38(1): 21–33.

Risse, T., S. C. Ropp, and K. Sikkink (eds). 2013. *The Persistent Power of Human Rights: From Commitment to Compliance*. Cambridge University Press.

Stamm, I. 2017. The Human Right to Social Security and its Impact on Socio-Political Action in Germany and Finland. *Journal of Human Rights and Social Work* 2(1): 25–33.

Tonkens, E. 2016. Het democratisch tekort van de decentralisaties [The democratic shortage of the decentralizations]. In H. Noten, D. Terpstra, and J. van Veen (eds), *De decentralisaties in het sociaal domein: wie houdt er niet van kakelbont?* pp. 61–75. The Hague: Transitiecommissie Sociaal Domein.

UN CESCR (Committee on Economic, Social and Cultural Rights). 2000. General Comment No. 14: The Right to the Highest Attainable Standard of Health (Article 12). E/C.12/2005/4.

UN Human Rights Council. 2008. Protect, Respect and Remedy: A Framework for Business and Human Rights: Report of the Special Representative of the Secretary-General on the Issue of Human Rights and Transnational Corporations and Other Business Enterprises, John Ruggie. A/HRC/8/5.

———. 2010. Draft Plan of Action for the Second Phase (2010–2014) of the World Programme for Human Rights Education. Note by the UN High Commissioner for Human Rights. A/HRC/15/28.

———. 2015. Plan of Action for the Third Phase (2015–2019) of the World Programme for Human Rights Education. Report of the Office of the UN High Commissioner for Human Rights. A/HRC/27/28.

Van Cadsand, R., A. Vermeulen, M. van der Leer, O. van de Vijver et al. 2013. Wmo kadernota: Meedoen naar vermogen [Social Support Act framework document: Participation according to capacity]. Municipality of Utrecht.

Veldhuizen, T. 2016. Hoe Incluzio de sociale buurtteams in Utrecht inrichtte [How Incluzio arranged the social neighbourhood teams in Utrecht]. *Ruim Baan*, 11January: 18–21.

Vermeulen, A., H. Rijnkels, M. Riemens, and S. Schutte. 2015. Aansluiten bij de kracht van mensen: Utrecht vernieuwt de sociale zorg [Matching peoples' strength: Utrecht renews social care]. Municipality of Utrecht.

Vonk, G. (ed.). 2016. Rechtsstatelijke aspecten van de decentralisaties in het sociale domein [Constitutional aspects of the decentralizations in the social domain]. University of Groningen.