This article compares the emerging role of professional groups in two areas of welfare policy in the Netherlands. The focus is on the role of medical professionals in Dutch disability programs and of social workers in the area of public assistance. The study shows that medical professionals have come to replace the labor and capital interests formerly engaged in disability policy-making. In the area of social work, professional social work agencies have superceded religious charity organizations that found their basis for policy influence in a "pillarized" society. The argument presented is that a policy shift accounts for this change in what formerly were corporatist policy institutions. The policy shift results from a change in the nature of welfare policy debate from fundamental discussions of the rights basis of welfare programs toward technical discussions of how best to make the programs operate. An examination of retrenchment debates in the 1980s shows that professionals remain important actors in the policy process. The implications for corporatist theory are discussed.

AFTER CORPORATISM
A Comparison of the Role of Medical Professionals and Social Workers in the Dutch Welfare State

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Following the flurry in the 1970s of studies that identified corporatism as the dominant policy style in Western Europe has come an equally vocal lobby documenting its demise. What has come to an end is a particular type of corporatism. It is macrocorporatism that presumably is gone; the type of corporatism whereby national policy decisions were made by institutions

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that provided a privileged position of representation to peak organizations of societal interests – in most cases, labor and capital. The demise of corporatism has been observed in countries that experimented with it as part of the "postwar consensus" as well as in countries where corporatism has characterized policy-making throughout most of this century.

In this article, I examine the development of disability and public assistance programs in the Netherlands as case studies of the decline of corporatism. The Netherlands is a useful case for such a study because it has been considered a country with a long history of corporatism, and one where corporatism has operated in a number of policy areas. It is therefore, an important case for examining the decline of corporatism. Disability and public assistance are important policy areas to investigate because both have experienced an increase in the role of professionals in policy-making, especially medical professionals and social workers. These professional associations have come to supplant the types of organizations that once characterized Dutch corporatism. To be sure, the increasing role of professional associations in the modern welfare state is not unique to the Netherlands.[1] But their entrance into the policy process raises important questions about the continuing salience of older corporatist institutions in the welfare state.

In examining the development of the programs, I focus on the evolution of the policy fields as a factor that accounts for the rise of the professional organizations. By evolution of the policy field, I refer to the shift in discussions over disability and public assistance from fundamental debates over the scope and objectives of policy towards the administrative issues associated with policy implementation. The evolution of the policy field is a factor that has been relatively overlooked in the study of corporatism, but, as I will demonstrate, it is one that answers many basic questions about the decline of corporatism.

The first basic question is, what happened to corporatism? Why did the old institutions wither, if not in existence, then at least in influence? Two explanations can be found in the literature. One explanation is that corporatist institutions have come under attack from other policy actors, such as parliament or the bureaucracy. This explanation seems to fit countries such as Great Britain, where corporatism had a short history and the institutions lacked legitimacy (Brown & King, 1988; Diamant, 1981; Goldthorpe, 1984). The other explanation holds that in countries where corporatism has enjoyed a longer history and has been more firmly entrenched, the institutions retain their legitimacy but increasingly fail to produce the policy agreements they once did. This is because participants in the discussions have become less willing to strike bargains (Akkermans & Nobelen, 1983; Scholten, 1987; Wolinetz, 1989).

These explanations are not mutually exclusive, and both things have occurred in the Netherlands. But they are not the only reasons for the change in Dutch corporatism, nor do they account for the rising influence of professionals. To explain the emergence of professionals as policy actors, this article will demonstrate that the evolution of the policy field is another factor that is equally important in understanding the decline of corporatism.

Social policy in the Netherlands has evolved through two distinct phases. The first phase ended in the 1960s with the establishment of consensus on the fundamental goals and objectives of social policy. Prior to this, peak interest associations that represented broad sectors of society were important in shaping these goals and objectives. After the consensus was reached, continuing policy debates centered around technical issues of policy implementation. It was at this point that professional organizations became more important actors in the policy process because those groups possessed knowledge of how policy was and could be carried out. Although the old institutions of corporatism were not abolished, they became anachronistic to the new policy issues.

The second important question for studying the decline of corporatism is, What form of policy-making has taken its place? Policy is still being made, but how? Attempting to answer this question addresses the debate in the literature over whether the relationship of professionals to the policy process can properly be called corporatist. Claus Offe (1981; see also Lehmbruch, 1982), for example, argued that groups other than capital and labor are "policy takers" rather than "policy makers," meaning that, whereas capital and labor interests are able to influence policy decisions, professional organizations are involved in the policy process after decisions are made and are consequently merely dependent on, rather than participants in, the policy process. On the other hand, there is a wealth of literature that argues that although the relationship between professionals and the state is essentially corporatist, the level of decision making has shifted from the macrolevel to the meso- and microlevels (Cawson, 1985; Harrison, 1984; Valentin, 1978).

The question of whether or not the relationship between professional organizations and policy-making is corporatist depends, in part, on the manner in which one wishes to define corporatism. It is perhaps more useful to view this as an empirical question, recognizing that in some cases, the role assumed by professionals may be corporatist and in other cases it may not. The differences could exist among countries or among policy fields within a country.

The third basic question centers on whether styles of policy-making have changed. Have West European countries entered an era of postcorporatism? Or, as Philippe Schmitter (1989) argued, is macrocorporatism likely to

experience a resurgence in the future? To answer this question, I examine how retrenchment debates in the Netherlands have affected disability and public assistance policy. Retrenchment debates offer the opportunity for a waxing of macrocorporatism if there is another policy shift that brings the nature of entitlements under discussion. In the Netherlands, such a fundamental policy shift may be occurring. If the shift comes, it may produce a corporatist renaissance. But any new form of corporatism in the Netherlands will bear little resemblance to the type of corporatism that existed throughout most of the 20th century.

EARLY CORPORATIST PATTERNS AND THE POLICY SHIFT

The Netherlands shares with other small democracies of Western Europe a history of democratic, or societal, corporatism that originated prior to World War II (Katzenstein, 1985). Construction of the modern Dutch welfare state was significantly influenced by corporatist policy-making. Yet one of the unique characteristics of corporatism in the Netherlands was the manifestation of different constellations of interests in different areas of social policy. Historically in the Netherlands, a distinction was made between social policies that benefited the work force and social policies that benefited the poor. In each of these areas of social policy, the character of corporatist relations differed. Disability and public assistance are examples of each type of social policy, respectively.

Social policy related to workers' issues, or workers' insurance, is a policy area that has exhibited the most common style of corporatism, whereby capital and labor groups have been heavily involved in policy negotiations. Here, there exist a large number of institutions that provide for the representation of labor unions and employer federations. The membership as well as the tasks of the various bodies differed. Table 1 provides an overview of these groups.

Indeed, what is interesting about the history of corporatism in workers' insurance is that there have been so many bodies operating at different levels. The Social-Economic Council and the Social Insurance Council are macrolevel institutions, whereas the others are mesolevel institutions. All, however, were important in the formulation of national policy on workers' insurance. Perhaps the significance of labeling the Netherlands a strongly corporatist country derives from the fact that corporatism has been so pervasive.

For social policy directed at the poor, sectional rather than producer groups have been the important actors. These sectional interests were char-

Table 1
Corporatist Bodies in Dutch Social Insurance

Corporatist body	Task	Membership
Industrial insurance boards	implementation	bipartite (unions and employers)
Foundation of Labor	advice	bipartite
Social Insurance Bank	implementation	tripartite[a] (unions, employers, and the state)
Social Insurance Council	supervision	tripartite[b]
Social-Economic Council	advice	tripartite[b]

Source. de Guasco, R. A., van der Meer, R. H., Huij, J. A., and Baars, D. (1979).
a. State appointees to this body are politically appointed.
b. State appointees to these bodies are independent.

acterized by religious or ideological, rather than economic, cleavages in Dutch society. The types of groups correspond with the "pillarization" of Dutch society that has been noticed by many observers of Dutch social organization (Couwenberg, 1953; Kramer, 1981). The participation of these sectional interests in policy-making was institutionalized in what Dutch scholars refer to as "consociational corporatism" (Baakman, Made, & Muir-Veerman, 1989; Scholten, 1987). Manifestations of consociational corporatism were especially evident in education, health care, and poor relief (the forerunner of public assistance). In the area of poor relief, private interests represented in corporatist institutions were voluntary, primarily religious, charity organizations that influenced the content of public policy and were responsible for administering the bulk of the programs.

One of the singular aspects of the history of the Dutch welfare state is its slow growth, and the existence of corporatist institutions is one factor that accounts for the slow development of welfare programs. From the latter part of the 19th century until the 1960s, corporatist institutions were the arena in which fundamental discussions over social policy were carried out. Throughout this period, participants in the negotiations disagreed about whether the provision of social benefits should be a public or private task. To a large extent, the reason for the disagreement stemmed from the original design of the corporatist institutions.

Incorporation of private interests in the policy process was originally intended as a means to limit the expanding capacity of the state at a time when industrialization and modernization were placing increasing demands for a stronger role of the state in society. This general concern with limiting the scope of the state was manifest in different ways in the two policy areas.

In the area of workers' insurance, corporatism was intended as a mechanism to respond to the pressures for more benefits for workers and thereby stave off the potential for leftist radicalization of the work force (Esveld, 1956; Stuurman, 1983). The form this mechanism took was the construction of industrial insurance boards—organizations composed of labor unions and employer federations that were charged with the tasks of collecting insurance premiums from workers and disbursing benefits. Intended as a Dutch version of the German *Berufsgenossenschaften*, the industrial insurance boards were conceived of as a way to encourage the spontaneous organization of economic interests that would respond to workers' social needs without state intervention. The state thus was responsible merely for recognizing the public status of these organizations and for laying down general policy guidelines for benefit programs that would be administered by the insurance boards (Mannoury, 1972; Visser, 1970).

Poor relief was an area that had a longer history of corporatist activity, dating back to the enactment of the first Poor Law in 1854. Under the Poor Law, assistance for indigents was defined as a public concern, but one best handled by private charity organizations rather than the state. In following this general principle, successive governments introduced the practice of awarding subsidies to the charity agencies for providing financial assistance to the poor (Valk, 1986). The charities were left a large amount of discretion in determining the criteria of eligibility for assistance (Hoeven, 1964).

The corporatization of social policy provided the charities with a substantial amount of power in determining successive policy developments. Following World War II, one of the government's major policy objectives was the introduction of universal welfare entitlements. The goal was to transform social policy from a dualistic system composed, on one hand, of the insurance-based workers' benefit programs, and, on the other hand, of a system of discretionary charity relief, into a universal, state-run system. When postwar governments introduced plans for revising the entire system of social policy, the role these private agencies had assumed placed them in a powerful position not only to influence the debates but to delay the realization of government objectives.

Within the institutions of industrial corporatism, capital and labor groups were united in their resistance to expanding the workers' insurance programs into universal entitlement schemes for two reasons. First, they feared that larger contributions would be demanded of them to fund the expansion of entitlements to nonworking sectors of the population. Second, they feared that expansion of the programs would give the state a greater role in program implementation and that this would challenge the prerogative of the insurance boards.[2]

As it affected the disability program, the issue centered on whether disability should continue to be defined as a worker's compensation program or whether it was also to become an entitlement of individuals whose disabilities acquired in youth or at birth had rendered them unable to ever seek employment. The latter was the position taken by the government, in accordance with its goal of universalizing entitlements. A temporary resolution of the issue resulted in the enactment of a disability program in 1966 that had a severe, although unintended, consequence on the influence of the industrial groups in the further direction of the policy.

As in discussions of disability policy reform, in the area of public assistance, the policy debates also pitted a reform-minded government against private charity organizations concerned with preserving the status quo. In 1946, the government established a commission to investigate the possibilities of scrapping the old Poor Law and replacing it with a program of means-tested public assistance. Charity agencies objected to the proposal and were able to frustrate the work of the commission, which did not issue a report until 1954, and only after the proposal had been watered down to the point where the recommendations centered on improving the efficiency of the existing system, rather than creating a state-operated public assistance program (Staatscommissie Vervanging Armenwet, 1954).

This stalemate over social policy issues prevented the government from enacting universal social welfare programs. In the 1960s, however, participants in the corporatist negotiations relaxed their resistance to social welfare reform. The new consensus generated in the 1960s shifted policy discussions away from debates over goals and objectives towards issues of implementation. At this point, professional organizations established themselves as important actors in the policy process. The character of professionalization in disability was different from that in public assistance, however, and the developments are worth noting.

In the area of disability policy, labor and capital continued to resist the government's desire to universalize the programs. They did, however, reach agreement on the desirability of expanding occupational disability benefits. This agreement led to the passage of the Occupational Disability Act in 1966. Under this new law, the definition of disability was expanded to encompass an incapacity to return to the same job, or perform similar work, rather than simply an incapacity to earn an income. Moreover, in determining the level of the benefit, the law made no distinction between injuries received on or off the job site. Compared with disability programs in other countries, this is the most unique component of the Dutch occupational disability program (Kranenburg, 1986a).

In addition to changes in disability benefit levels, the law also engendered a crucial alteration of the program's administrative structure. The new bill instituted the Joint Medical Service (JMS), a permanent bureaucratic staff of medical professionals responsible for evaluating levels of disability and assessing changes in the status of an individual's disability that would effect the benefit entitlement (Scheyde, 1967). Initially, the JMS did not offer a fundamental challenge to the prerogative of the insurance boards in the administrative system. Its role was merely advisory and was further limited by the fact that many insurance boards opted to retain their own staffs of doctors rather than use JMS services (Fortainier & Veraart, 1975). Enactment of the program, however, ended the era of discussions over the desirability of a new disability program and made the medical corps important actors in the implementation of the policy.

Whereas in the area of disability, medical professionals were granted a special status in the implementation of policy, in the area of public assistance, professionalization of the field preceded legislative action. In fact, the transformation of many of the charity agencies into professional social work agencies made possible the consensus that led to reform of the old Poor Law.

In the mid-1950s, many religious schools began to offer courses of study in social work. For example, the Catholic Vocational School at Tilburg created a separate degree program for social work. Graduates of such programs began to enter salaried positions in the charity agencies, replacing a career path that earlier had consisted of relying on church volunteers (Dam, 1955; Doorn, 1964). These new professionals, although trained at religious schools, had a different perception of their role. Efficiency in service delivery and coordination among agencies were higher priorities among these new recruits than was serving as emissaries of a religious community.

These new professionals, moreover, adopted a new attitude towards the scope of charity activities. As trained social workers, they were primarily concerned with activities that involved hands-on contact geared towards helping individuals resolve problems or cope with difficult situations. In practical terms, these professionals were more concerned with activities such as psychological counseling, community organizing, day care, and so on. They had less patience for the sort of bureaucratic activities associated with income assistance (Institutie voor Toegepaste Sociologie, 1979).

The shifts in the two policy fields not only introduced professional groups into the policy field but also offered a potential challenge to the historical policy role of corporatist interests. This challenge to the historical corporatist institutions, however, was not an intentional development and did not initially challenge the existing corporatist prerogative. In the area of workers'

insurance, acceptance of the need for medical evaluation of disability beneficiaries led to the introduction of the doctors. Although this change could have potentially diminished the exclusive participation of capital and labor groups in policy discussions, the doctors initially occupied only an advisory role. Capital and labor groups continued to challenge the efforts of the government to universalize disability benefits and succeeded in scuttling two attempts to introduce a universal disability bill into parliament in the late 1960s. The transformation of the charity workers into professional social workers represented a different manner of introducing professionals into a policy field, but also was not intended to offer a fundamental challenge to the existing corporatist structures. Indeed, the social work professionals replaced the charities within the same corporatist institutions.

ENTRENCHMENT OF THE NEW PROFESSIONALS

As the new professionals developed an increased profile in their respective policy fields, they did so at the expense of the older arrangements. In general, the new professionals took on a larger role in policy discussions. They took positions that favored or at least supported the government's proposals for universalization of entitlements. Because of this, the government began consulting more directly with the professionals, and thus served to render dysfunctional the earlier corporatist institutions.

The first manifestation of professional influence accompanied a shift in the nature of debates that surrounded enactment of a public assistance program. At the end of the 1950s, the new social workers' concerns with nonfinancial rather than financial assistance led to an increase in demands placed on the state as they began to refer indigents to municipal social agencies for direct financial aid (Peper, 1972). The subsidies, still enjoyed by the charity agencies, were reallocated to the new activities they were performing. Recognition of this shift in charity activities prompted then Minister of Social Work, Marga Klompé, to recirculate a proposal for a state-operated public assistance program. In a series of meetings between the Ministry and various charity agencies, Klompé found the charities receptive to her proposals, and the agreement led to swift drafting of the Public Assistance Act, which passed quickly through Parliament in 1963 (Cox, 1990).

Under the Public Assistance Act, complete responsibility for financial assistance to the poor has become a state concern carried out by municipal agencies. This did not, however, lead to the dismantling of the policy role of

charity agencies. The law left open the possibility for continued charity influence by granting municipalities the authority to establish advisory committees in which charity agencies could be represented. Plus, many charities discovered new tasks they could perform, such as promoting awareness of eligibility among the poor, providing assistance in filling out forms, and acting as intermediaries in negotiations between applicants and municipal agencies (*De Magistratuur*, 1963). They continued to enjoy a corporatist relationship with both the national ministry and municipal councils. What had disappeared by the time the law was enacted was the religious component of the charity activities.

The growing influence of professional social workers can also be seen in the development of the Public Disability Act. The way the legislation developed also illustrates the increase in the role of the medical professionals. Combined, the impact of these professional groups eroded the participation of capital and labor interests in the legislation.

The doctors seized on an opportunity to expand their policy role when, in 1968, a government still committed to the idea of universalizing disability benefits began consulting the Joint Medical Service. The Ministry of Social Affairs requested advice from the JMS on the technical feasibility of expanding the scope of the entitlements. In its response, however, the JMS trumpeted its own interest by suggesting that its role in the administration of the new program be expanded. According to the JMS, universalization of the program would require that the Service attain a more independent role because, under existing legislation, the JMS was merely an advisory body for the industrial insurance boards. Expanding the program to encompass handicapped individuals who were not eligible for insurance board membership would require establishment of an independent agency to deal with this group, and to guarantee universalization of benefits, the assessments of JMS doctors would have to be binding on the insurance boards in their allocation of benefits.

From the doctors' standpoint, although these were legal and medical concerns, the advice had a larger significance. The government interpreted the advice as more than a statement of the feasibility of a universalized program. The advice was used, despite the reservations of the insurance boards, to provide a justification for the enactment of universal entitlements. Moreover, as the universal disability bill was redrafted, the administrative suggestions that would grant the JMS greater autonomy over the insurance boards were incorporated into the bill.

The control of the occupational disability program was a contentious issue for the industrial insurance boards. Rumors that the ministry was asking for the advice of the medical corps angered leaders of the industrial insurance

boards, who saw that as a challenge to their prerogative for first consultation with the ministry on policy issues. Confident that its new bill was both technically sound and that it received the endorsement of the JMS, however, the government ignored the complaints of the insurance boards (Winter, 1972). This second stage in the development of Dutch disability programs illustrates how the new role of medical professionals in the policy field subsequently eroded the policy influence of those bodies representing labor and capital interests.

Another factor that further eroded resistance to universal disability legislation was a lobby campaign conducted by various social work agencies. Although most of the social work agencies were care and service providers, some also developed advocacy strategies and began to lobby on behalf of their constituents. The latter groups had a substantial impact on the passage of the Public Disability Act. Lobby groups representing the blind, mentally retarded, physically impaired, and housewives approached parliamentary officials to express their support of the pending disability bill. The lobby tactics of these groups aided in generating support for the bill from parties on both the left and right (Cox, 1988). When the Public Disability Act was passed in 1977, it not only established a universal disability program, it fundamentally altered the influence of capital and labor groups.

By the mid-1970s, corporatist relations in the Netherlands had undergone a dramatic transformation. Although the old institutions of corporatism continued to exist, the character of their activities changed, and the influence they were able to exert over the policy process declined. Changes in the policy field account for the introduction of professionals as policy actors, but this transformation was an unintentional product of evolution of the policy field. By the 1970s, what one observed in the Netherlands was a more complex network of policy-making. In the area of disability policy, older institutions still had formal status, but less influence. Professional organizations had a formal status, but an informal role that greatly exceeded this status. In addition, a number of lobby organizations arose that attempted to open pluralistic channels of policy influence with Parliament.

PROFESSIONALS AND RETRENCHMENT IN THE NETHERLANDS

Coincident with the inclusion and later expansion of the role of professionals in the Dutch welfare state has come the expansion of the scope of welfare policy in the Netherlands. This growth of the welfare state has been

accompanied by a dramatic increase in the costs associated with maintaining the level of social welfare services. The costs of the welfare state were not a primary consideration during the period of economic growth in the 1960s and early 1970s (Sporre, 1984), but since the oil crisis and world recession of the mid-1970s, the open and vulnerable Dutch economy has been confronted with a fiscal crunch.

Dealing with the problems of welfare retrenchment can only be effective when the state is capable of exercising a strong degree of autonomy in the policy process. By definition, the historical prominence of corporatism in the Netherlands has left the Dutch state with a limited degree of autonomy.[3] In fact, corporatist actors have contributed to the present fiscal crisis. Occupational disability is the fastest growing of all Dutch welfare programs. Blame for this is placed on employers and unions, who have used the program to avoid laying off workers, and on doctors, who are blamed for providing lenient assessments to claimants. In the area of public assistance, the charity agencies had little concern with exercising budgetary restraint under a program of state subsidization, and to some extent the subsidy system acted as an encouragement for the charities to broaden their activities with a subsequent increase in demand on state revenues.

In responding to the fiscal problems, two courses of action confronted the Dutch state in the 1980s. The first option, and the one not taken, was to redefine the scope and objectives of the lucrative entitlement programs. This constituted a policy shift and would likely lead to a revival in the level of participation of the broad societal interests that were characteristic of macrocorporatism before and just after World War II.

Such fundamental challenges, however, have not developed. From the very beginning of retrenchment discussions, there has been neither public nor political support for following a path that would alter a social welfare system that has become a source of national pride (Coughlin, 1980). Even as late as March 1988, a government proposal to reduce benefits came under challenge from the parliamentary faction of the Christian Democratic party, the largest party in Parliament and the senior governing partner. Moreover, even the Liberal party, the right-of-center junior coalition partner, came out in favor of higher social security premiums rather than further benefit cutbacks (*NRC Handelsblad*, 1988). Instead, the government's retrenchment plans focused on revamping the organization of the social security system; streamlining the administrative apparatus, tightening administrative supervision of the programs, and systematizing the basis of entitlements. Implemented in 1987, these objectives were intended to produce savings of 4.2 billion guilders.

The bulk of the anticipated savings, 3 billion guilders of total, was expected to come from the disability program. This goal was to be achieved primarily by imposing more stringent evaluation criteria on disability beneficiaries in an effort to plug loopholes in the program. This would prevent beneficiaries who had only minor physical afflictions from receiving benefits. Often, beneficiaries were not only able to work, but in many cases continued to work jobs where they were paid under the table. The mechanism for achieving this goal was to make the doctors of the JMS responsible for lenient assessments of disabilities.

These changes were effected in three ways.[4] First, in the new law, a distinction was drawn between not having a job because of a disability, and not having a job due to conditions in the labor market. This has been an important issue because, unlike unemployment beneficiaries, disability beneficiaries who might otherwise be capable of working had no obligation to seek substitute employment. The program is now designed to encourage reemployment of the partially disabled by requiring them to look for work or to enter retraining programs and it requires doctors to identify patients who are capable of seeking work.

A second reform requires a reevaluation of all disability applicants according to routinized benefit criteria. Until the recent budget crisis, little attention was devoted to the possibility of improvement in a patient's condition, and the determination of disability was entirely at the doctors' discretion. If a person had a permanent disability, the assessment went unchallenged. Now all patients are being reexamined for improvements in their situation and awards are based on standardized criteria.

A third reform consists of across-the-board reductions in benefit levels. These benefit cuts, introduced in 1985, were dramatic. Now, persons deemed fully disabled receive 70%, rather than 100%, of the last earned wage. These cuts, however, have not resulted in substantial immediate savings. In part, this is because, for low-income earners, cuts in benefits have merely led to an increased burden on the public assistance roles. Also, the new percentages apply only to new beneficiaries. Those that entered the program under the old system have been grandfathered in according to the benefit entitlements in existence at the time they acquired their disability.

The burden of implementing such cutbacks has fallen on the medical professionals, and doctors complain that the reforms have severely circumscribed their autonomy. Doctors are now expected to assess whether beneficiaries are capable of working any job, instead of determining to what extent they are impaired from returning to their previous job. This is a requirement objected to by the doctors, who argue that rather than saving money, the changes only shift the costs of providing for the disabled to either the public

assistance or unemployment roles, but, in the process, burden doctors with the thankless task of denying patient claims. Doctors further complain that the reforms limit their capacity to act in the interests of their patients by turning them into policing agents (Kranenburg, 1986b; Tex & Verhey, 1987).

In contrast to retrenchment efforts in disability, cutbacks in policy areas in which social workers are active have been even more difficult to oversee, much less effect. As in disability, and social security in general, retrenchment efforts during the first phase did not fundamentally challenge the character of programs. Rather, they were intended to foster better organization among social work agencies and reduce the potential for fraud in the allocation of public assistance benefits.

The concern with improving the administrative organization of social work activities actually preceded the debate over retrenchment. Under the old system of charity-based poor relief, there was never a clear hierarchy of organizations nor state control of their activities. Unlike disability policy, where control of the doctors is relatively easy because the JMS is a monopolistic organization, the field of social work has been characterized by a proliferation of organizations that have different tasks and that have been remarkably absent of coordination. Organizational efficiency has never been primary in this field. Since the early part of this century there existed an umbrella organization for coordinating the tasks of the private charities, the Dutch Association of Social Work, but this umbrella organization neither spoke with a unified voice nor was able to exercise control over its member groups (Blom-Jorna & Blom, 1978; Idenburg, 1977; Linder, 1975).

In 1974, a government memorandum identified bottlenecks in the field of social work that prevented the state from exercising autonomy over the policy process (Peper, 1978). With the proliferation of specialized social work agencies, each has developed an entrenched institutional position, and they all have continued to resist state efforts that are perceived as challenges to their autonomy, especially challenges to their receipt of subsidies.

Where retrenchment in social work activities has been effected, it has focused on public assistance benefits, particularly combating fraudulent use of the means-tested benefits. Battling fraud has led to a change in the assessment of need that allows public assistance agents to make a more comprehensive assessment of an individual's resources and needs by, for example, considering the income of a beneficiary's living partner as part of a household income (*NRC Handelsblad*, 1986a).

In addition, penalties for the fraudulent or inappropriate receipt of benefits have been increased, and more resources have been committed to sending staffers into the field to verify the status of public assistance beneficiaries. Although the preliminary report is that these "toothbrush inspectors" (so

dubbed because counting toothbrushes in the bathroom is a means of determining how many individuals are part of a household) have succeeded in weeding out more fraud than it costs to fund their positions, the net savings have not been dramatic. Moreover, although such scrutiny of life-style choices is common in the United States, where there is a prevailing belief that public assistance beneficiaries are lazy or fraudulent (Leibfried, 1978), in the Netherlands, much criticism has been levied against the desirability of state officials acting on the assumption that people are cheating (*NRC Handelsblad*, 1986b).

In sum, during the first phase of retrenchment debates, efforts to cut costs failed to meet goals. In part, this happened because the state was incapable of getting those who implement policies to carry out reforms. In 1989, the government inaugurated a new phase in retrenchment discussions. Designed to increase the state's control of the policy process, the new discussions centered on increasing state supervision of professional activity.

The challenge to the medical professionals came in September 1989, when the government asked the Social-Economic Council (SER) for advice on a proposal to reorganize the implementation structure of social insurance programs. The major reform suggested in the government's proposal was to create a Joint Administrative Office. The Joint Medical Service would be integrated into this office, which would be directly supervised by the Ministry of Social Affairs. In its response, the SER applauded the government's desire to increase control of the medical corps but argued that it would be better to do so by making the doctors accountable directly to the industrial insurance boards, rather than create a new state agency.[5] As of this writing, the issue has not been resolved. What the debate indicates is an effort on the part of the government to increase and centralize control, whereas the response from the SER indicates a desire on the part of unions and employer federations to reestablish their role in policy implementation.

In the area of social work, the government has attempted to create a formal organization of social work agencies at the national level. Now, all subsidized social work agencies must be members of the Association of Subsidized Enterprises (ASE). Creation of the association was designed to provide the Ministry of Welfare, Health and Culture direct contact with a peak organization of social work agencies. ASE was created for the purpose of increasing state control by simplifying the ministry's channels of contact with social work agencies.

The establishment of a peak organization in the area of social work appears to constitute a return to macrocorporatism in the area of social work. However, this corporatist trend bears two striking contrasts to the older institutions of corporatism. First, the organizations are of a fundamentally

different character. The older pattern of corporatism was characterized by the participation of ideological groups, primarily religious charities. The new groups are professional organizations that lack the same connections with broad-based social groups. The second difference is that the purpose behind the return to corporatism is different from its original establishment. Originally, religious charities were concerned with limiting the intrusion of the state. Now, the state is concerned with controlling the autonomy of the social workers. It remains to be seen what the second phase in retrenchment efforts will finally produce. The initial conclusion to be reached is that a waxing of corporatism remains a viable possibility.

CONCLUSIONS

The argument presented in this article is that the increased role of professional organizations in the Netherlands has engendered a fundamental transformation in the character of welfare policy-making. This has become manifest in a transformation from an earlier style of corporatism characterized by the representation of broad societal interests towards a more complicated system in which professional organizations play a significant role. The study of changes in disability and public assistance policy-making in the Netherlands provides insight on three major questions about corporatism.

The first question is, What happened to corporatism? Observers of the Dutch case have argued that the inability of unions and employers to reach closure on issues caused the decline of corporatism (see, for example, Wolinetz, 1989). This assessment is true, but incomplete because it does not account for the rise of professionals as policy actors. One important point is that the original introduction of the professional organizations into the policy process was not intended to introduce a fundamental challenge to the traditional corporatist modes of decision-making. Rather, it was a result of other choices that unintentionally made professionals more important, specifically a shift in concerns from broad debates over policy scope towards narrow concerns with technical and administrative problems. Professionals became important as the groups that had specific knowledge of how programs operated. Because it needed such information, ministry officials began consulting more heavily with the professionals. Also, the professional groups were less critical of the government's policy objectives. Consequently, the ministries strengthened their ties with the professional organizations.

The nature of the shift suggests that evolution of the policy field involves a disjuncture in the types of groups relevant to the policy field at different phases. But the implications of this shift are indicative of continuity at a

broader level. Scholars who have studied corporatism argue that rationalization of the policy process is one of the fundamental concerns for the genesis and evolution of corporatism. Corporatism rationalizes policy-making by including in policy discussions groups that are central to, and that otherwise might be able to frustrate, policy implementation. As the logic of Dutch social policy has shifted from fundamental discussions over the basis of entitlements toward technical concerns with the realization of entitlements, there has been a coincident shift in the nature of groups appropriate to the performance of the new tasks. At the same time, this shift renders dysfunctional those groups involved in the early stages of defining the policy field. The transformation of corporatism in the Netherlands is a result of earlier corporatist institutions becoming dysfunctional and being replaced by more functionally appropriate institutions.

The second important questions is, What has happened to policy-making? In general, policy-making in the Netherlands appears to be characterized by more discrete and complicated networks of relationships than previously. The professional organizations occupy a role in the policy process that can properly be called corporatist. They have an institutionalized and legitimate status as the agents of policy implementation. And although it is a form of corporatism that operates at meso- and microlevels, the influence that professionals have over national policy decisions exceeds this status.

In the area of disability policy, the medical professionals have a formal position in the implementation of policy, but only an informal one in the policy-making. Still, in policy-making they have assumed a position alongside labor and capital. This has produced conflict and competition among the various groups. Each is blaming the others for the high costs of the disability programs, and each is arguing for a greater role in reforming the programs. The doctors, however, are in a particularly vulnerable position. Because they do not represent a clientele in society, their concerns are often perceived as self-interested.

The social work agencies, by contrast, can make legitimate claims to representing sectors of society. They began as charity agencies operating within a privatized system of poor relief that represented religious blocs. Now they have evolved into professional social workers and claim to embody the interests of the clientele they serve. Although they have given the state the responsibility for providing financial assistance to the poor, as subsidized agencies they continue to enjoy a corporatist relationship with public officials. In addition, social workers have begun to develop other methods of influencing policy. For example, in serving their clientele, social work agencies have begun to engage in lobby activities. In doing so, they have sought to strike greater ties with members of Parliament. In general, these

differences in the nature of state-society relations in the two policy fields support a claim made long ago by Theodore Lowi (1972) that policy styles vary not only from country to country but among policy fields within a country.

The third question this study addresses is whether there is a chance for a revival of older styles of corporatism in the future. I suggested that such a change could come about if there was a policy shift; that is, if the nature of disability and public assistance entitlements came under question. No such policy shift has occurred, despite strong concerns with welfare retrenchment in the Netherlands. Even if there were to be such a policy shift, industrial corporatism would be the only candidate for revival. The religious pillars are gone—victims of secularization in society and professionalization of their social work activities. Labor and capital organizations still exist, as do their institutions of representation, such as the Social-Economic Council. Indeed, within the Social-Economic Council there has been a renewed discussion of corporatism that raises an important issue for the study of corporatism in an era of retrenchment.

Under corporatism, the state is one participant in the policy process, engaged in negotiations with groups that represent various societal interests. The autonomous capacity of the state to act on policy goals is consequently constrained by this need to negotiate. It is difficult to carry out retrenchment objectives, however, when the state lacks autonomy. Presently, the Dutch government is attempting to increase state autonomy by placing more control of professionals in the hands of ministries. But its mechanism of doing so consists of streamlining and formalizing informal networks of corporatist negotiation rather than unincorporating those groups. Nonetheless, professionals cry foul at the reforms but are powerless to resist. The Social-Economic Council has agreed with the government that more supervision of the doctors is necessary. Their claim, however, is that the industrial insurance boards, rather than the government, should do so. Unions and employer federations have taken advantage of the opportunity to demand that they resume their former status in corporatist policy-making.

These are important developments. It appears that the specific history of corporatism in the Netherlands structures the way policy discussions are framed. Efforts to enact difficult decisions, such as welfare retrenchment, are conducted through painstaking corporatist discussions. In addition, since the early part of this century, the Dutch style of corporatism was intended as a means of restricting the role of the state. It seems that in the Netherlands, although the policy networks may become more complex, there is still a great deal of resistance to granting the state more autonomy.

NOTES

1. On the role of medical professionals, see Stone (1984). On the role of social workers, see Winkler (1981) and Dejong (1984).

2. Catholic and Protestant unions tended to join with employer federations in opposing universalization of social welfare programs. Socialist unions sided with the government as major proponents of universalization, but were outvoted by opposing forces (*Rapport—Inzake de Herziening van de Sociale Verzekering*, 1948).

3. For a discussion of the limited autonomy of the corporatist state, see Birnbaum (1982).

4. The following discussion of retrenchment in disability programs draws heavily from Tex and Verhey (1987).

5. For a complete text of the government's proposal, as well the SER's response, see Sociaal-Economische Raad (1990).

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