

Interdisciplinary professionalism presupposes both social professionalism and health professionalism



In an article in the Norwegian newspaper Aften on 7 January 2009, Anita Røysum of Oslo University College claims that the word «social» has become obsolete. She points out that the term is disappearing from administrative language. At the same time, she asks whether the skills of social professionalism are becoming less visible.

This is an important question. Even though the word social is no longer in the name of the central institutions in the welfare state, the need for the skills of social professionalism are probably more relevant than ever before. In our work with supervision, we see that if the interaction between health and social services is inadequate, this can have dramatic consequences for provision of services for people who are in particularly vulnerable situations, such as people with alcohol and drug problems. The media coverage of social services and social conditions has increased by about 30 per cent since 2005. Even if the social concept is disappearing from administrative language, the social phenomenon is without doubt just as relevant as before.

It is worth looking a little closer at the development and content of the social concept. The concept was originally widely used in general terms about conditions that had to do with society and the interplay between people. Gradually, the concept has become narrower, in the direction of characterizing services and measures for people in specially vulnerable situations. Other words such as welfare, care, integration and inclusion have taken over some of the content of the social concept.

At first sight it may seem that this development is unproblematic. But in our view, this needs careful consideration. The knowledge base and the practice of social professionalism have traditionally reflected a holistic view of people's life situation. In many ways, this broad approach has provided a positive challenge to the somewhat narrower approach to people's life situation that health professionalism has reflected. If we can interpret the development of the social concept as an expression of fragmentation of social professionalism, then we believe that there is reason to pause and reassess.

In our view, sound professionalism is a prerequisite for adequate interdisciplinary cooperation. Sound knowledge and skills within the health disciplines, and emphasis on the conditions of individuals, are essential cornerstones for this cooperation. Other essential cornerstones are interaction, network and community skills, which are central aspects of social professionalism. These skills must be promoted and developed for their own worth, and not just as additional skills related to other specialized fields. Social workers carry this tradition forward. This is one of the reasons why the Norwegian Board of Health Supervision in 2008 proposed that social personnel should have an authorization arrangement, such as the arrangement for health care personnel.

It is not the case that we only need social services when we are in specially vulnerable situations in our lives, or that they only benefit some of us, while everyone needs health and care services. The knowledge base for social services, just as for health and care services, is necessary for the development of the welfare state for all of us. The connection between different types of professionalism presents a broad challenge for us as a supervision authority when we carry out our tasks in the borderland between different sectors and service providers. In order to ensure that clients receive essential and adequate services, we as supervision body and others as service providers must succeed in this interdisciplinary work.

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