

Frontline professionals in the age of institutional rearrangement: the case of needs assessment for public services

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Abstract:

Over the past decennia the Dutch government has introduced several changes in public administration systems in order to improve implementation of public policy. One of these changes concerns the division between public service provision and assessment of clients' needs. Whereas the first task is still the responsibility of providers, for the latter task independent assessment agencies have been instituted.

Before the separation of tasks, providers used to have significant autonomy in task definition and implementation, leading to a lack of governmental control and intermingling of (provider's) interests. Triggered by problems of inefficiency and supply-led provision, the government decided to rearrange positions in the field aiming at less power for professionals and more participation of government and clients. A division of assessment and provision should lead to more efficiency and tailor-made services. Ergo, this reform policy seems to assume that by changing the institutional environment also the day-to-day practices of needs assessors will change.

Nevertheless, the theoretical relation between the institutional environment and day-to-day practices of frontline professionals is hardly considered. Only authors of street-level and professional literature touch upon the issue by arguing that the assumption of reformers might be too simple as it is very hard to control frontline implementation due to the nature of their work (Lipsky, 1980; Freidson, 2001). This argument is supported by some empirical studies indicating that institutional rearrangements have no or hardly any effect on frontline implementation (Meyers et al, 1998; Meershoek et al, 2001).

This paper examines if and how an institutional arrangement might influence day-to-day practices of frontline professionals. Based on the literature mentioned above, we explore the influence of institutional actors on frontline assessors. We present copingstrategies that might explain the (vain) effect of institutional changes and illustrate the working of these mechanisms with needs assessment practices in Dutch needs assessment agencies (CWIs and RIOs).

1. Introduction

Over the past decennia the Dutch government has introduced several changes in public administration systems in order to improve implementation of public policy. The care-sector, the long-term care for the chronically ill and elderly in particular, and the social security, the allowances for disabled and unemployed employees in particular, have been major policy issues of these reforms. As we will see in the next section, a growing perception of inefficiency and uncontrollability caused an increased need for policymakers to get master of public service delivery. After a period in which savings were the main target, in the 1990's policy makers focused on the practices of service providers. It appeared that service providers had to deal with several intermingling interests. In decisions of why and how to provide services, public interests did not always seem to have priority. In practice the providers' or professional interests appeared to have priority in service provision, leading to overspending and supply-led care. In order to overcome such problems, the government introduced several institutional rearrangements.

Besides the introduction of other management instruments as financial incentives, as has also been the case in several other policy sectors, there was also an administrative intervention that has not been examined thoroughly for its influence on implementation yet. This intervention concerned the lessening of providers' power by rearranging positions in the institutional field. In particular the separation of the needs assessment task from the responsibility for service provision and the institution of independent needs assessment agencies, such as the Regionale Indicatieorganen (RIOs) in the care sector and Centra voor werk en inkomen (CWI's) in the social security sector. These rearrangements will be further discussed in the third section.

The question that pops up is: do rearrangements on the institutional level affect the practices on frontline level and if they do, how? Institutional literature argues that the introduction of needs assessments agencies should ultimately lead to other practices because of changing power and dependency relations between institutional field actors (such as assessors, providers, financers and clients). On the other hand, street-level and professional literature indicates that such (policy) assumption might be too simple. This literature stresses, as will be shown in section 4, that it is very difficult to control frontline workers due to the nature of their work and their (professional) attitude (Lipksy, 1980 and Freidson, 2001). It is emphasized that needs assessors are still working in human service organisations (Hasenfeld, 1983), in which they are still seeing clients, diagnosing them and prescribing services on a professional basis. So the nature of frontline professional work has not changed and therefore it is suggested that it is still difficult to change frontline practices.

Despite these conflicting theoretical expectations, the relation between institutional environment and day-to-day practices is hardly considered. The aim of this paper is to explore this relation. By introducing a bottom-up perspective on the influence of actors in the (changed) environment of needs assessors in section 5, we will examine if and how an institutional (re)arrangement might influence day-to-day practices of frontline professionals. Based on the implementation literature mentioned above, we expect that steering of frontline workers by institutional changes will only lead to desired behaviour under particular conditions. In case these conditions are presented differently, we expect frontline workers to employ certain copingstrategies towards institutional actors, as

introduced in section 6, which will lead to a vain effect of institutional changes. We will illustrate the possible existence of these strategies with needs assessment practices in RIOs and CWIs.

2. Institutional problems at public service provision

The background of institutional rearrangements, such as the introduction of needs assessment agencies and other management instruments, can be represented from Stone's perspective that 'a call to restructure is always a bid to reallocate power' (Stone, 1997: 352). In order to understand the introduction of needs assessment agencies in social security and care sector, one should start from the conception of certain powerlessness of policy makers in concerting frontline workers to carry out established collective purposes within set policy frameworks. This powerlessness is related to the central position of public servants and professionals involved in policy implementation processes at the frontline (De Swaan, 1996; Bosselaar, 2002; Hill and Hupe, 2002). Their expertise in tasks to be carried out and their face-to-face contacts with clients creates a position of relative autonomy; superiors cannot totally comprehend or control delegated tasks (and Hupe, 2002).

Especially professionals, in the Netherlands traditionally involved in fulfilling public tasks while stemming from private initiatives (Hill and Hupe, 2002), would be hard to 'manage'. The corporatist character of policy fields as health care and social security including the central and autonomous position of professionals within policy implementation was long time not questioned (thoroughly). Professionals were perceived as honourable experts (Tonkens, 2003). Their position became perceived problematic since the late seventies, when several problems threatening the affordability and legitimacy of welfare states and authority in general led to questioning policy implementation and the way professionals operated.

One major problem was the increasing provision of public services, which caused a financial burden that was hardly controllable for policy makers, who were faced with economic bidders and a growing demand for services. The use of budgetary savings and tightening rules in the late seventies later on appeared not enough to get a hold on accruing expenditures. Policy makers changed their focus from affordability to controllability of welfare states which included a focus on the behaviour of actors in the institutional field such as frontline professionals and clients, previously being perceived as 'rule-following', in time as 'calculative' (Trommel and Van der Veen, 1999).

Frontline professionals, who claimed to act in the interest of clients, became associated with 'abuse' of monopoly power and expertise, at the expense of public finances. Moreover, they were also accused of other emerging problems, such as unequal treatment and paternalistic view over clients (Tonkens, 2003). In times of growing individualization and emancipation of clients, signals of favoured selection of clients (cherry picking), a lack of consumer choice and deficient innovation in the supply of services, the policy focus turned on practices of frontline professionals. It was thought that professionals did not have enough triggers to serve clients well and at the lowest costs. At the same time clients did not seem to have any incentive for proper use of public services and tended to claim services without or above their actual need (Van der Veen, 1997b; Giddens, 1991: 20, labels this behaviour as institutional reflection). Both are accused of not taking

economics into account with their decisions (Schrijvers, 1995; Trommel and Van der Veen, 1999).

The image of central government and other financiers is not better either; they are perceived by frontline professionals and clients as actors that are ignorant of frontline implementation and over-concentrated on economics, neglecting human aspects of human service delivering (Brignall and Modell, 2000).

So, the general perception of all actors in the institutional field of health care and social security seems serving own interests above taking public responsibility. This image of distrust between actors in the field, with the fear of the use of power by one actor leading to under-representation of the interests of others, sheds a particular light on the institution of needs assessment agencies. It became clear that the allocation of power and the instruments used by actors in the field, especially rules, did not lead to an unproblematic public service provision. In our opinion the diversity of interests and a perception of actors as calculative and interest driven is the crucial cause of the rearrangements in the public service provision.

3. Rearranging needs assessment

In order to overcome problems, as mentioned before, the Dutch government introduced two kinds of reforms. The first change is rearranging positions of actors in the institutional field by redistributing responsibilities and tasks, with market-based provision of public services as the leading coordination mechanism. Public sectors were confronted with privatisation, introduction of quasi-markets and benchmarking. The second change concerned the introduction of business-like management under the heading of 'managerialism', including devolution of financial responsibility to actors at field level, performance management (Pollitt and Bouckaert, 2000), and instruments directed at transparency of internal processes such as 'system level bureaucracy' (Bovens and Zouridis, 2002).

Within these changes special attention is given to the authority to select clients for public services and the assessment of needs. Many interests are served with this task and therefore it is seen as crucial to reallocate the responsibility for this task. Intake and needs assessment serve as an instrument for (equal) entrance for clients, for expressing individual needs, for costs savings, for imputing professional standards and for keeping a track on work burden in service delivery.

The policy intention of market-based provision of public services was an impetus for focusing attention on this important task, which traditionally was the authority of the professional who delivered the assessed services. Because of the intention to tender client demands between (care) providers, it did not seem appropriate anymore to have needs assessment under authority of calculative providers. However, the authority to decide on needs assessment did not seem appropriate for (groups of) clients or financiers as well. Not only would they possibly lack expertise to assess needs, they as well could be self-interest-driven and therefore over-demanding or over-economizing at the expense of other interests.

Therefore in the mid-nineties *independent needs assessment agencies* were introduced. It was expected that these agencies would stimulate responsivity, equality and efficiency without the (over) representation of single group interests. Hence, independency can be

considered as a paradoxical concept (see Stone, 1997 on policy paradoxes): it serves goals or interests by not serving (opposite) interests in particular.

The managerial concepts as financial steering and performance management were not introduced to steer the needs assessment agencies, because the nature of the organization and task bring along the necessity to manage otherwise. Although system-level bureaucracy was implemented to some extent and the agencies have been benchmarked as well, so far their performance is not rewarded or sanctioned with financial incentives either their output is conditioned. The nature of their job brings along a continuous, infinite caseload; a diversity in client requests, dependence on judgment processes rather than easy detectable. Because of that management by output seems difficult. The nature of the organization ('independent') seems to bring along some 'neutral' way of management, in which no financial gain is given for certain (single interests) output. To get the implementation under some control, a control that is not structurally advantaging one group of actors ('independent'), a representation of interested actors has been conferred steering instruments.

Through broad consultation of stakeholders (clients, financiers, suppliers, implementers) in the development of decision-making norms for needs assessors (laid down in 'protocols') and in the governance board of agencies, policy makers hope to stimulate the overall acceptance of assessment decisions since several interests can be served (see TK, 1996-1997, 24608, nr. 3). Although expertise in needs assessment remains salient, the assessors in needs assessment agencies do not have monopoly on norms development any longer and can be given directions from the governance board.

Stakeholders do have their 'own' steering instruments as well, which should enable a 'balanced' or 'multiform' needs assessment. Clients for example possess the possibility to write objections in case they do not agree with the individual decisions made. Financiers (municipals, insurers) may check whether the individual decisions are congruent with the set criteria (Dijkstra, 2001; Jörg, 2003). In future, state inspectors of health may examine the quality of assessments. On the organizational level, management has to justify the needs assessment to the board of governors and the state department of health. On the implementation level, individual needs assessors may have to justify their decisions to peers or doctors of medicine.

4. Rearrangement expectations

The installation of needs assessment agencies, the (increasing) involvement of institutional and organisational actors in needs assessment, and the use of different administrative steering mechanisms; all aspects of rearrangement can be regarded as rearrangement of the institutional environment of frontline professionals within public sectors. In this case, the needs assessors should be instilled with attaching value and social meaning to steering. It should be a taken-for-granted attitude that, in order to obtain legitimacy and access to crucial resources, the needs assessment agencies should conform to ideas and expectations within the institutional environment (Pfeffer and Salancik, 1977; Meyer and Rowan, 1977; DiMaggio and Powell, 1983). The idea behind the institutional rearrangement seems that actions will be modified just as institutionalised roles and patterns of action under influence of refreshed interaction among actors, power dependencies and actors' patterns of commitment (Oliver, 1992).

Thus from an institutional perspective it is supposed that installation of an agency within certain dependency relations with stakeholders, who are able to penetrate into internal decision-making in some way and not merely stick to symbolic influence, the process of decision-making will be according to multiple interests. This assumption about the relation between institutional environment and day-to-day practices has not been elaborated yet. Quite remarkable to us seems the underlying assumption: agency and frontline professional are often simply represented as one actor. It is suggested that repositioning of organizational actors within institutional fields and the introduction of multi-actor and multiple steering arrangements (mainly) on organizational-administrative level will automatically lead to changes in attitudes and behaviours of frontline professionals on street-level.

In our opinion it appears too simple to regard the agency and the professionals as one actor. We also think it is too simple to draw conclusions regarding the relation between steering and effects, before having a clear sight on how and why institutional rearrangements effect daily practices. Up till now in reform research it seems rather unclear if steering instruments are really in effect, do really reach frontline workers and are really taken up by these workers.

In order to gain thorough insight in the relations between institutional rearrangements and effects originating from daily practices, we suggest using a multi-level perspective (Hill and Hupe, 2004). In this perspective frontline professionals are working on street-level, while steering and controlling actors in the agency are on organizational level. Attention is given to the reasoning behind conformity to institutional pressures or to the 'slippage between the institutional template and the exigencies of daily life' (Barley, in: Oliver, 1992: 565).

Street-level researchers for example argue that reforms do not have any effect (Meershoek et al, 2001) since the conditions of work for frontline professionals have not changed. We think institutional rearrangements should be more regarded from a bottom-up perspective in order to get insight in its effects. Hence we will try to explore theoretically in the sections below what effect might be expected from institutional rearrangements and why, from a street-level cq professional perspective.

5. Institutional rearrangement and daily practices

In order to get insight in the relation between institutional influence and day-to-day practices of frontline professionals, we point at the state of art of implementation research (see for an overview: Van der Veen, 1997a; O'Toole, 2000; Schofield, 2001; Hill and Hupe, 2002). It is said that day-to-day practices of frontline workers in human service organizations differ in the way implementation is done in relation to formal policy (Hasenfeld, 1983). Because of difficult conditions of work such as little time and money, ambiguous goals and continuous, now and then emotive client requests, frontline workers do what they can, not what they should according to formal policy (Brodkin, 2001). Hogwood and Gunn (1984) made up a considerable list of work conditions and other factors that should be perfect if implementation would be attainable.

In all overviews of implementation research it seems beyond any doubt that expectations of control over day-to-day practices should be tempered. In this section we try to discern

conditions in which it is more likely that actors in the institutional environment have influence on the daily practices of frontline professionals. The institutional environment of these workers consists of institutional agencies and organizational actors.

Like Baum (1976), we assume that in order to influence frontline workers, actors on the institutional and organizational level have to communicate with actors on lower levels. Messages, in which frontline workers are told what is expected from them, have to travel down in the hierarchy in order to reach the frontline worker. 'Between levels a process of communication exists in which messages can frequently suffer distortion, because of unintentional errors in transmission. Any distortion will tend to limit the effective implementation of a policy by causing subordinates to be misinformed about what they are being asked to do. Moreover, communication channels may be so poor that subordinates do not become aware that a superior has issued a directive, thereby making implementation impossible' (Baum, 1976: 94). In Hertoghs (1997) (juridical) model of transmission, he discerns three stages in which distortion is possible: provision, interpretation and procession of information. In the provision phase an actor receives a message. In this phase it is possible that the actor is not receiving the information because the sending actor did not send it or the receiver does not read or hear the information. In the interpretation phase an actor has to redefine the message in his (or her) own terms, it is possible that the actor interprets the message in another way as the sender had meant. In the procession phase the actor has to decide what to do with a message: process the message in actions or not. We assume that these phases can be discerned at all levels.

In order to limit the theoretical complexity, we start at the phase that frontline workers have to decide what to do with a message. So, we assume the frontline worker has received the information and interpreted it as meant by the senders' intention. We assume two main responses in the procession phase, the first is that the frontline worker is (not) able to norm-conformity and the second is that the frontline worker is (not) willing to norm-conformity. In the next section we explore the conditions in which the kind of response seem to depend.

6. Conditions for frontline response

As implementation literature shows, the ability to a norm-conform response depends upon work-conditions. As professional literature shows, the willingness to a norm-conform response depends on the appropriateness from institutional influence to the professional attitude. In this section these conditions are further elaborated.

- *Ability to norm-conform response*

The ability of norm conformity has to do with the qualities of workers, the clarity and unambiguity of total steering, and work circumstances. Assuming that professionals are well educated and can interpret steering messages well, we first focus on the quality of steering. Hasenfeld (1983) stresses the conflicting institutional pressures frontline workers have to deal with. Implementation of public policy cannot be regarded as the end situation of a direct, one-way, steering relation. Messages rarely render frontline workers the only conceivable, 'obvious', or 'natural' way to conduct an organizational activity (Berger & Luckman, 1967). Above that, several interest groups are upholding conflicting

values and norms and possibly send opposite messages (Tonkens, 2003). This conflict in institutional pressures seems quite inevitable in human service organizations; rationing and needs-led assessment are for example simultaneous demands. As long as frontline professionals do not receive unilateral messages, it is impossible to have a norm-conform response.

Clear and unambiguous steering could be of help to frontline workers in conforming. For need assessors within RIOs protocols e.g. assessment-rules are developed within broad consultation of stakeholders (e.g. vocational associations, client organizations, municipals, insurers). Such striving for unilateral steering is essential for increasing the ability of norm conformity. Despite this acknowledgement, the reality is that frontline workers have to deal with multiple steering lines, which can be of different weight and content. Financers for example might implicitly pressure needs assessors to economize when inspecting the economy of needs decisions made (Buurmeijer, 2001). Clients, with their possibility to write objections, may encourage needs assessors to be more flexible in service allocation in order to prevent complaints and supplemental work.

It seems quite inherent to their job that professionals function as pillow for conflicting pressures and expectations. Their expertise however does not offer straightforward answers to what clients need, even not with support of protocols. According to Lipsky (1980) and Hasenfeld (1983) the nature of human services work prevents frontline workers from coming close to formal policy. The uncertainties of method and the unpredictability of clients (Lipsky, 1980) disturb the ability to respond in a single, rationalized way. Implementation of public policy, needs assessment in particular, is not a technical proficient job, despite the rationalization tendencies in health care. Traditionally, professionals claim work autonomy to serve individual clients the best they can and to entrust being outside interference in exercising expert knowledge (Harrison and Pollitt, 1994; Freidson, 2001; Cramer-Cornelissens, 2002). Needs assessors still work within considerable discretion (Jörg, 2002).

Nonetheless, there are still other disturbing factors in norm-conformity. Frontline workers in general are not able to remove work-conditions, as huge caseloads and inadequate resources, especially not within public finance and low entrances to services. Dealing with these work-conditions, they will often take the availability of resources into account (Parry-Jones and Soulsby, 2001; Dijkstra, 2001); this account combined with a supply-led focus of professionals has been one of the triggers to separate needs assessment from suppliers. Needs assessors within the new agencies have to work with new assessment rules which should lead to less reference to standard services directly and broadening client choice instead. The availability of resources however, has not changed in itself. Experiences so far show that needs assessors still take into account the availability of services (Parry-Jones and Soulsby, 2001; Buurmeijer, 2001).

Since institutional rearrangements have had little effect on work-conditions and multiple (interest) steering evenly has increased, we argue that, despite efforts to facilitate decisions with protocols, the ability to act norm-conform is still problematic.

- *Willingness to norm conform respond*

Above-mentioned conditions for norm-conformity are often (negatively) stressed in implementation research. Although these conditions are important, they distract attention from the willingness to conform. Especially in dealing with multiple interests, which

seemingly cannot be served simultaneously, and with the nature of job, which involves considerable discretion, it is important to understand what motivates and triggers professionals. We argue that frontline workers have to support institutional expectations, feel some sympathy for or have to be attracted to the pressure exertion for some reason. Based on professional literature, we have drawn several expectations about the conditions, which might positively influence professionals' willingness to norm conformity.

Professionals traditionally claim autonomy in order to serve clients (Van Herk, 1997; Freidson, 2001; Cramer-Cornelissens, 2002). The client is assumed to lack knowledge of his health problem and appropriateness of treatment. In order to provide conditions in which clients entrust professionals and professionals are acting according to ethical codes and expert knowledge, professionals should act without interference (regarding the content) from non-experts (Harrison and Pollitt, 1994). Professional workers belong to a largely self-regulating association, which concerns long-term education, training programs, peer control, work standards and behavioural codes (Freidson, 2001). Within this reasoning, professionals are likely to conform to steering from vocational associations, in order to serve individual clients according to expertise norms.

Yet, organizational-sociological literature on professionals does also stress the pursuit by professionals of congenial conditions of work (Illich, 1977; Achterhuis, 1980; Van der Krogt, 1981; Harrison and Pollitt, 1994; Cramer-Cornelissens, 2002). It is argued that professionals act in pursuit of self-interests rather than client-interests. Within this reasoning, the professional will conform to steering when this helps to increase the professionals' status, its wages or other power aspects, or at least in avoiding the lowering. It is thought that vocational associations can be of help in these aspirations, at the least because it leaves individual workers relative autonomy and bargains on (high) wages.

If professionalism involves acting on autonomous judgment and adherence merely to the profession (regardless of what grounds), there is a potential conflict with steering from non-professional actors. From an institutional eye on (changing) behaviour, we might expect that needs assessors stick to routine behaviour and take steering from professionals more seriously. This would not only concern norms stemming from professionals associations they are (formerly) associated with, but also messages from professionals as GP's who refer clients to needs assessors or service providers who ask for re-indications for clients. Also, it might be expected that needs assessors prefer steering according to convincing facts of (best) medical/care treatment rather than rules or incentives.

Nonetheless, de-institutionalisation theory from Oliver (1992) indicates that behaviour might change on political, social or functional grounds. Within a power-perspective on professionals, it might be expected that professionals would be willing to conform to steering when their position could be enlarged.

In new public management literature, it is also assumed that actors react on financial incentives that support higher individual wages and/or organizational room to manoeuvre. This new public management literature however does merely slightly reckon

with situations in which no financial incentives are implemented or reach the frontline level (Van den Hauten, 2003).

In order to stimulate independent needs assessment and to avoid over-concentration of frontline workers on quantity before quality of needs assessment, steering does not involve financial incentives but passes by protocols and inspection. Since protocols and inspection might influence professional autonomy on macro and individual level, and individual positions can not be enlarged by means of finances, de-institutionalisation of old habits seems to depend on the utility and social worthiness of steering.

Based on Oliver's suggestions ('the antecedents of de-institutionalisation', 1992), we think that frontline workers will change old habits and practices when they see the intrinsic worth of steering beyond its technical requirements. When needs assessors for example have to work according to protocols, it would be helpful when they do not regard it as steering but are convinced that these ways of dealing with clients is good in itself.

We think the willingness to conform depends on the taken-for-granted attitude that clients are served (as well) when assessed according to rationalized, equal (detailed) work methods in which non-expert experiences and requests are combined with professional standards. Needs assessors should be instilled with the social and technical value of steering; they should be convinced that their work is done best and therefore gain trust and respect when they work according to steering messages.

Although we do not want to be advocates of obeying, unquestioning followers of steering (we think needs assessment is not served with erratic, political steering where expert knowledge is inferior), we here want to point that (social and instrumental) willingness on frontline level is needed in making institutional rearrangement successful. A change in mind and routines probably needs socialization processes, in which (new) vocational training may be of help. Thus far, there is no long-term educational line for needs assessors in which such socialization processes might take place. Old ways of habit may still be more convenient to frontline workers because of their (dual) adherence to autonomy and trust in the value of professional standards or expertise.

7. Coping-strategies towards actors on institutional level

This paper is an exploration of the theoretical link between institutional environment and day-to-day practices of frontline professionals. In this context, we took (some) notice of street-level implementation, professional and institutional literature. In this literature it is argued that frontline workers have to deal with difficult conditions of work and possess a particular (professional) attitude, which might influence the ability and willingness to conform to institutional pressures cq. steering. In this section we want to connect these conditions with (practice related) responses on frontline level; how will frontline workers react on institutional rearrangement with new steering lines and actors?

We expect workers to develop strategies in coping with conditions that are not perfect, which on their turn might cause unintended consequences (which are often indicated in evaluations of institutional reforms, e.g. by Van Thiel and Leeuw, 2002). Although we are not able to give one-in-one relations between conditions and copingstrategies yet, we will at least give some understanding in coping-strategies with use of implementation

literature and organisational-institutional insights (Oliver, 'strategic responses to institutional process', 1991).

In 1980, Lipsky revealed that frontline workers develop coping-strategies, such as creaming and selection-biases, in order to cope with difficult work-conditions. These strategies are, mostly in order to keep track on workload, often aimed at clients. In 1991 Oliver discerned strategies that organisations employ in direct response to institutional processes that affect them. Combining these insights might lead to a typology of copingstrategies towards institutional actors that frontline workers may employ while dealing with institutional influence that they are more or less able or willing to respond to.

The first strategy Oliver discerns (1991: 152), is acquiescence, which might differ in degree of conscious intent to conform. Frontline workers may unconsciously or blindly adhere to steering messages or consciously choose to comply in anticipation of specific self-serving benefits. Although conformity is conceived, one should be aware that workers do not necessarily use steering in order to serve responsiveness, efficiency or equality, and for that reason it is not sure if all interests are served most effectively.

The second strategy in reaction to institutional rearrangement, Oliver calls 'compromise'. Frontline workers may consider unqualified conformity unworkable, because of conflicting institutional demands or lack of resources, but may be willing to conform. Consequently, workers may choose to playing off one demand against another in order to reach some workable compromise; pacifying less served institutional actors by appeasement; or bargaining with them to exact some concessions in their demands. Within RIOs there is already evidence for this strategy. Here frontline professionals have to assess needs for disabled and long-term care. Sometimes both service provisions may be applicable, whereas both services have to be financed from different sources (municipal resources and insurance). Frontline professionals are tempted to assess for long-term care instead of provisions for disabled, since municipalities have to finance the installation and implementation of needs assessment and therefore needs assessors depend on its support (Buurmeijer, 2001; Jörg, 2003).

Frontline can also choose to preclude the necessity of conformity or concealing non-conformity; this strategy is called 'avoidance' (Oliver, 1991: 154). Need assessors might for example already have decided on allocation of care, and symbolically use protocols in sight of public. Or they may prefer to report themselves about work content above external, observing inspection. In this, we can also point at Lipsky's findings in which he discerns patterns of practices, which discourage clients to request for help; they do not really refuse clients but are hiding the unwillingness or inability to help them behind installation of waiting lists and waiting rooms.

In addition, frontline workers can defy institutional demands and expectations by ignoring steering messages, challenging expectations or putting the institutional setting under pressure. This so-called 'defiance' strategy is coming to force when workers are convinced of their probity or integrity of non-conformed behaviour and attach considerably less significance to external demands. One illustration of this strategy can be found within the Uitvoeringsorgaan Werknemersverzekeringen (UWV), the organisation that assesses disability benefits. These professionals refused cooperation

when nurses, physiotherapists and other medical, but not doctor-like (high) educated, workers were allowed to do their jobs as well.

At last frontline workers can beforehand and opportunistically attempt to influence or controlling institutional pressures. Needs assessment agencies for example can invite client organisations to discuss work processes, while trying to shape the values and criteria themselves. They can also choose to play a dominating role within institutional processes as protocol development. Some RIOs for example have offered to develop the protocols of needs assessment for municipal (disabled person) services and let municipal councils authorize these as completion.

These indications of possible strategies show that frontline professionals may exhibit a repertoire of behaviour in response to institutional rearrangements, depending on the willingness and ability to conform to the institutional environment, in particular to steering.

8. Concluding remarks

In this paper it is described that there have been institutional reforms in the Netherlands in order to control administration of care and social services. The reforms have turned out to be quite radical for the needs assessment of public services. Apparently the installation of needs assessment agencies and accessory steering arrangements should lead to changes in day-to-day practices of needs assessors and therewith lead to fulfilment of several interests.

We have argued that this assumption might be too simple as research from a bottom-up perspective shows that it is very hard to control daily practices of frontline professionals because of work-conditions and professional willingness to conform. These conditions do not necessarily change when the organization and management instruments of needs assessment have changed. Out of this reasoning we figured that there is not a direct relation between institutional influence and frontline daily practises. Empirical research supports this thesis because it demonstrates that daily practices are unchanged (Van Meershoek et al, 2001) and that policy reforms were not fully implemented by frontline workers (Meyers et al, 1998).

In order to revise the relation between institutional influence and frontline daily practices, we searched for conditions within the new institutional setting that could have impact on frontline implementation. From a bottom-up perspective we argued that some conditions might simplify the conditions of work, while others seem more appropriate for obtaining the professionals' cooperation.

Although the institutional setting is likely to have influence on frontline implementation, and then worthwhile for further examination, we expect some disturbing influence on the relation between rearranged steering lines and daily practices as unavoidable. The conditions of work and the cooperation of professionals will probably lead to daily practices that are not conform the intentions of institutional actors. We have therefore wondered how frontline professionals might react on institutional pressures that are not perfect.

Street-level literature shows that frontline workers develop coping-strategies towards their clients when work-conditions are difficult. Continuing this line of reasoning, it is expected that when frontline professionals cannot or are not willing to cooperate, they develop copingstrategies towards institutional actors.

Inspired by Oliver's coping with reforms' strategies, we discerned five types of coping strategies. These strategies vary from adaptation to rejection of institutional influence. In case of rejection, frontline professionals can hide their discontent or openly oppose against the influences. Hidden discontent can lead to practices of which institutional actors are not aware. Open discontent and disobedience can lead to discontent within the institutional actors because they still have no control over frontline implementation.

In that case, the quest for control (Van Gunsteren, 1972) is not ended by institutional rearrangements; on the contrary, it probably will be intensified and end up in more rearrangements. Gaining insight in the frontline's ability and willingness to conform within institutional rearrangements could temper expectations about institutional influence on daily practices. Moreover, it can help to change institutional arrangements in such way that daily practices are a little bit more in institutional control.

Literature

Aarts, L. et al. (1995), *Het bedrijf van de verzorgingstaat: naar nieuwe verhoudingen tussen staat, markt en burger*, Amsterdam: Boom.

Achterhuis, H. (1980), *De markt van welzijn en geluk: een kritiek van de andragogie*, Baarn: Ambo.

Baum, Lawrence (1976), 'Implementation of judicial decisions, An organizational analysis', in: *American Politics Quarterly*, vol. 4, no 1, pp 86-114.

Berger, P. and T. Luckmann (1967), *The social construction of reality, A treatise in the sociology of knowledge*, London: Penguin Group.

Bosselaar, H. (red) (2002), *Vraagstelling: de cliënt aan het roer in de sociale zekerheid en zorg*, Utrecht: Van Arkel.

Bovens, M. and S. Zouridis (2002), 'Van street-level naar syteem-level bureaucratie. Over ICT, ambtelijke discretie en democratische rechtsstaat', in: *Nederlandsch juristenblad*, vol. 77, afl. 2, pp. 65-74.

Brignall, S. and S. Modell (2000), 'An institutional perspective on performance measurement and management in the 'new public sector'', in: *Management accounting research*, 11, pp. 281-306.

Brodkin, E.Z. (2001), *Accountability in street-level bureaucracies: issues in the analysis of organizational practice*, paper prepared for presentation at the 5th International Research Symposium on public management, University of Barcelona, Barcelona.

Buurmeijer, J.F. (2001), *Verzorgde toegang, Toegang tot zorg en indicatiestelling in de AWBZ*, Interdepartementaal beleidsonderzoek, Den Haag.

Considine, M. and J. M. Lewis (1999), 'Governance at Ground Level: The Frontline Bureaucrat in the Age of Markets and Networks', in: *Public Administration Review*, vol. 59, no. 6, pp. 467-478.

Cramer-Cornelissens, L. (2002), *Professionele autonomie: een recht van de patiënt?! Onderzoek naar de inhoud, reikwijdte en morele rechtvaardiging van professionele autonomie van de arts*, proefschrift, Vrije Universiteit Amsterdam.

Dijkstra, G.J. (2001), *De indicatiestelling voor verzorgingshuizen en verpleeghuizen*, proefschrift, Rijksuniversiteit Groningen.

DiMaggio, P. J. and W.W. Powell (1983), 'The iron cage revisited: institutional isomorphism and collective rationality in organizational fields', in: *American Sociological review*, vol. 48, no. 1, pp. 147-160

Freidson, E. (2001), *Professionalism: the third logic*, Cambridge: Polity Press.

Giddens, A. (1991), *Modernity and self-identity: self and society in the late modern age*, Cambridge: Polity Press.

- Gunsteren, van, H.R. (1972), *The quest for control: a critique of the rational-central-rule approach in public affairs*, proefschrift Leiden.
- Harrison, S. and C. Pollitt (1994), *Controlling health professionals, the future of work and organization in the NHS*, Buckingham: Open University Press.
- Hasenfeld, Y. (1983), *Human service organizations*, Englewood Cliffs, NJ: Prentice-Hall, Inc.
- Hauten, van den, M. (2003), *De werking van incentives. Over de reacties van werkgevers op de privatisering van de Ziektewet*, proefschrift Universiteit Twente, Den Haag: Reed Business Information.
- Herk, R. van (1997), *Artsen onder druk. Het kwaliteitsbeleid van de medische beroepen in Groot-Brittanie, Nederland en België tussen 1970 en 1996, als gevolg van de interne en externe druk op de zelfregulering van artsen*, proefschrift, Erasmus universiteit Rotterdam.
- Hertogh, M.L.M (1997), *Consequenties van controle, de bestuurlijke doorwerking van het oordeel van de administratieve rechter en de Nationale ombudsman*, proefschrift Rijksuniversiteit Leiden, Den Haag: Vuga.
- Hill, M. and P. Hupe (2002), *Implementing Public Policy*, Sage Publications: London.
- Hogwood, B. and L. Gunn (1984), 'Why 'perfect implementation' is unattainable', in: B. Hogwood and L. Gunn, *Policy analysis for the real world*, pp. 217 – 225.
- Hupe, P. and M. Hill (2004), 'Het meerlagenvraagstuk in het onderzoek naar beleidsprocessen', in: *Beleidswetenschap*, vol. 18, afl. 1, pp. 62-86.
- Illich, I. (1978), *Grenzen aan de geneeskunde, Het medisch bedrijf - een bedreiging voor de gezondheid?*, Baarn: Het wereldvenster.
- Jörg, F. (2003), *Objectivity in needs assessment for access to long-term care*, proefschrift Universiteit Utrecht.
- Jörg, F. et al. (2002), 'Objectivity in needs assessment practice: admission to a residential home', in: *Health and social care in the community*, vol. 10, nr. 6, pp. 445 – 456.
- Krogt, Th.P.W.M. van der (1981), *Professionalisering en collectieve macht: een conceptueel kader*, proefschrift Tilburg University, 's-Gravenhage: Vuga.
- Lipsky, M. (1980), *Street-level bureaucracy, dilemmas of the individual in public services*, New York: Russell Sage Foundation.
- Meershoek, A., K. Horstman, S. Plass and R. Vos (2001), 'Wat regelen regels? De rol van wetgeving bij de bevordering van reïntegratie van zieke werknemers', in: Abma, T. and R. in 't Veld (red.), *Handboek Beleidswetenschap*, Amsterdam: Boom, pp. 236-248.
- Meyers, M.K., B. Glaser and K. Mac Donald (1998), 'On the Front Lines of Welfare Delivery: Are Workers Implementing Policy Reforms?' in: *Journal of Policy Analysis and Management*, vol. 17, no. 1, pp. 1-22.
- Meyer, J.W. and B. Rowan (1977), 'Institutionalised organizations: formal structure as myth and ceremony', in: *American Journal of Sociology*, vol. 83, nr. 1, pp. 340-363.
- Nationale Raad voor de Volksgezondheid (1994), *Indicatiestelling en zorg op maat*, Advies van de Nationale Raad voor de Volksgezondheid en het College voor ziekenhuisvoorzieningen, Zoetermeer, 1994.
- Oliver, C. (1991), 'Strategic responses to institutional processes', in: *Academy of management review*, vol. 16, no. 1, pp. 145-179.
- Oliver, C. (1992), 'The antecedents of deinstitutionalisation', in: *Organization Studies*, vol. 13, no. 4, pp. 563-588.
- O'Toole, L.J. (2000), 'Research on policy implementation: assessment and prospects', in: *Journal of public administration: research and theory*, vol. 10, no. 2, pp. 263-288.
- Parry-Jones, B. and J. Soulsby (2001), 'Needs-led assessment: the challenges and the reality', in: *Health and Social Care in the community*, vol. 9, nr. 6, pp. 414-428.
- Pfeffer, J. and G.R. Salancik (1978), *The external control of organizations: a resource dependence perspective*, London: Harper and Row.

- Pollitt, C. and G. Bouckaert (2000), *Public management reform: a comparative analysis*, Oxford: Oxford University Press.
- Schofield, J. (2001), 'Time for a revival? Public policy implementation: a review of the literature and an agenda for future research', in: *International journal of Management Reviews*, vol. 3, nr. 3, pp. 245 – 263.
- Schrijvers, A. J.P. et al. (2001), *RIO, het jongste kind groeit op*. Eindrapport van de evaluatie van het Zorgindicatiebesluit van 1998, Uitgebracht op verzoek van het ministerie van VWS, Utrecht: Julius Centrum.
- Schrijvers, A.J.P. (red.) (1995), *Toegang tot de zorg, Indicatiestelling in soorten en maten*, Utrecht: De Tijdstroom.
- Stone, D.A. (1997), *Policy paradox: the art of political decision making*, New York: Norton.
- Swaan, de, A. (1996), *Zorg en de staat: welzijn, onderwijs en gezondheidszorg in Europa en de Verenigde Staten in de nieuwe tijd*, Amsterdam: Bakker.
- Thiel, S. van, and F.L. Leeuw (2002), 'Productivity in review: the performance paradox in the public sector', in: *Public Performance & Management Review*, vol. 25, afl. 3, pp. 267-81.
- Tonkens, E. (2003), *Mondige burgers, getemde professionals: marktwerking, vraagsturing en professionaliteit in de publieke sector*, Utrecht: NIZW.
- Trommel, W. en R. van der Veen (red) (1999), *De herverdeelde samenleving. Ontwikkeling en herziening van de Nederlandse verzorgingsstaat*, Amsterdam: Amsterdam University Press.
- Tweede Kamer, *Modernisering ouderenzorg*, nr. 24333, *Indicatiestelling in de zorg*, nr. 24608, Verslag van een algemeen overleg, nr. 36, vergaderjaar 1996-1997, Den Haag.
- Veen, van der, R. (1997a), 'Uitvoering van beleid. Een beschouwing over onderzoek naar de uitvoering van wet- en regelgeving in Nederland', in: *Recht der werkelijkheid*, afl. 2, pp. 4-17.
- Veen, van der, R. (1997b), *Een geregelde toekomst. Over veranderingen in de inrichting van het publieke domein*. Rede uitgesproken bij de aanvaarding van het ambt van gewoon hoogleraar in de bestuurssociologie aan de Universiteit Twente, Enschede.
- Wetenschappelijke Raad voor het Regeringsbeleid (1994), *Belang en Beleid, naar een verantwoorde uitvoering van de werknemersverzekeringen*, Rapport aan de regering, Den Haag: Sdu Uitgeverij Plantijnstraat.