

**CHANGE AND IMPLEMENTATION IN A SOCIAL SERVICES  
DEPARTMENT**

by

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A thesis submitted to the University of Plymouth in partial fulfilment for the degree of

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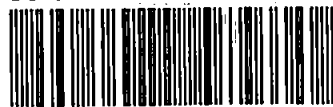
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## **ABSTRACT**

### **Change and Implementation in a Social Services Department**

**by Stuart Dennis Williams**

This work is an examination of contemporary public policy implementation. It seeks to isolate those features which need to be incorporated into implementation theory to assist in the analysis of the implementation of public policy

The "new right" ideology requires that a particular organisational form be adopted by public implementing agencies. This form must reflect the need to introduce competition, the precepts of the "new managerialism" and to view the user of the public services as a "customer". These three elements will have a bearing on the process of the implementation. In particular, the need to regard the user of the services as a consumer implies that these users have an active part to play in the implementation process. The primary aim of the dissertation is to examine the nature and extent of the users involvement.

A secondary aim seeks to develop and test a model of policy implementation which can incorporate the so called "top down" and "bottom up" perspectives of policy implementation. The model incorporates features which facilitate the analysis of contemporary policy implementation. These features include: the need to recognise the large amount of conflict and bargaining which is characteristic of multi - agency implementations, the dynamic and interactive nature of the process and the inclusion of the consumer as part of the process.

The research uses the implementation of N.H.S. and Community Care Act (1990) in a shire county in order to examine these issues.

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## **AUTHOR'S DECLARATION**

At no time during the registration for the degree of Doctor of Philosophy has the author been registered for any other University award.

Handwritten signature of S. Williams, written in black ink.



# INTRODUCTION

This dissertation is an exploration of those factors which characterise contemporary policy implementation. The implementation of the N.H.S. and Community Care Act (1990) will be used as the basis for this study. The movement in political culture from the corporatism of post-war Keynesian economics to the anti-statism of Thatcherism has arguably led to a difference in the ideological drives which shape public policy. These, in turn, will have significant implications in the way in which policy is implemented. This ideology emphasises the right to choose, of "rolling back the state", giving the individual greater autonomy over disposable income (Friedman and Friedman, 1980). The central element of choice is seen to be essential in all aspects of government (Gabriel and Lang 1995). In order to facilitate choice in public services, particularly welfare, this must be accompanied by the introduction of certain market mechanisms. This, in turn, according to the theory, will have the effect of increasing the efficiency and effectiveness of those services. In order to make this a reality, the traditionally bureaucratic public service sector has to be introduced to private sector management techniques. Thus, we have seen the introduction of policies which have both the overt aim of addressing the policy area and the underlying aim of furthering the ideology of the policy makers. This requires that organisations change their form and the cultural assumptions which inform them. It follows that any study of the implementation of these policies must account for the effects of these underlying policy determinants.

Central to our research will be the construction of a model which will act as a framework on which to base the research, both in terms as a research methodology and as a conceptual framework which will facilitate analysis of the processes observed.

The model will be constructed so that the contribution of the "top down" and "bottom up" perspectives on implementation are both considered. Previous approaches to implementation have, almost exclusively, taken either a "top down" or a "bottom up" perspective in their study of implementation. We take the view that contemporary policy makers and those which implement policy take a "top down" view of the process. This disallows them from seeing those influences on that process which would be evident to

would be evident to someone taking a "bottom up" perspective. Thus the model must allow the incorporation of those facets of this ideology which have the potential to change the way in which implementation is understood. This model should be rigorous enough to assimilate the existing theories and be able to reflect the added requirements of contemporary policy implementation. The model should be seen not as a universal explanation of the theories and practices of implementation, but more as a heuristic device which will provide a route map for the exploration of the implementation which is to be examined.

The policy chosen for this exploration of implementation practice was the N.H.S. and Community Care Act (1990). It was selected because it embodies a number of features which will serve as a good illustration of the processes which we wish to examine. The legislation reflects the ideological principles described above in that it required that a market mechanism be set up to provide competition and, moreover, it clearly saw the recipient of the services as an active consumer rather than a passive citizen. In addition, the implementation had other characteristics which made it suitable for our purposes. The period of policy formulation was extended, then the introduction of the policy was delayed. This allowed a period when a range of influences were brought to bear, this in turn facilitates the study of those influences. Furthermore, the policy had a target population which had a range of types, some of which did not fit easily into the role of consumer. Finally, there was a requirement to introduce market mechanisms which in turn needed substantial changes in organisational form.

The first chapter reviews the implementation literature and isolates those issues which are thought to be relevant to the thesis. In particular we see the need to reconcile the "top down" and "bottom up" perspectives. This chapter concludes with the identification of a model which will be developed for use in the research and a preliminary definition of the research questions. These preliminary questions concern firstly, the position and status of the service user. In particular, does the need to view these users as a consumer imply that any judgement of success of the implementation include an assessment of the extent to

which they are involved in that implementation. Secondly, if one of the prime determinants of contemporary public policy is a concern with efficiency and economy, and this, in turn, is translated into a particular method of implementation, then will that method help or hinder the process? Thirdly, if we accept that policy was being used as a vehicle for furthering the ideological ends of central government, then there was a covert or at least an undisclosed motive to its implementation.

The second chapter describes the history of the policy in question and has two objectives. First, it identifies those factors which led to the need to introduce a policy. Secondly, those themes which are important in contemporary policy are identified within this particular policy. The research issues identified in the first chapter are further refined into the following four questions.

- What are the effects of the "new managerialism" on implementation?
- Can an examination of the processes of implementation account for the covert or unstated aims of the policy process?
- Will the incorporation of the user into the process have any affect?
- Can the particular characteristics of the implementation of the NHS and Community Care Act (1990) provide insights into the relationships between policy formulation and implementation?

The third chapter describes the model which has been selected as the template on which to base the research. This is Hasenfeld and Brock's (1991) political economy model of implementation. The model is based on the review and classification of major studies of implementation. We have modified it to reflect what we believe to be the changed environment for implementation. In particular, the user / customer is included as an active part of the implementation rather than as a passive recipient of services, thereby acknowledging the government's own clear policy objective.

Chapter 4 outlines a complex methodology which reflects the processes and principles of our model. A variety of data collection methods were utilised reflecting the stage of the process and the research requirements (and restrictions) of that particular stage.

This is followed by four chapters which describe the research findings. Three of these reflect different stages of the model. The first of these follows the processes of the implementation from where we left it in Chapter 2. It describes the development of the policy, its translation from a policy to a set of guidelines for action, (the policy instruments) and then the subsequent adoption by those responsible for its implementation, both in terms of the implementing agency and the other stakeholders in the policy. The information obtained is analysed and relevant issues for further investigation are identified. This analysis allows us to refine further the research questions. In particular it addresses issues of the "new managerialism" and the adoption of a particular organisational form which reflects the requirement to establish a "mixed economy" of care. The extended period between the policy enactment and implementation enables the study of the feedback links between policy and its implementation as well as the consequent changes to the policy. Finally, we see that while the requirement for a policy is universally accepted, the need for it to be introduced in a politically acceptable form and at an acceptable time becomes paramount.

The second of the research chapters mirrors subsequent stages in our revised model of implementation. These concern those forces which drive the implementation. The driving forces are characterised as those persons within the implementing agency, and other stakeholders, who have responsibility for translating the broad outline into the disposition of resources so that the policy is implemented. The central issues are first, those of the power of managers to push through their design; second, whether the ideological drive has led to an inappropriate organisational design and finally, how the available resources are distributed. The findings of this chapter facilitate the further "focusing and bounding" of the research. In this instance we see the need to meet

ideological requirements when designing organisational form. The position of the user begins to appear as problematic, both in terms of their role and the influence they wield.

The third research chapter explores the final stages of the model. The chapter is concerned with the processes of the service delivery, the place of the service user and an examination of those measures which are meant to indicate successful implementation. We see the final results of the drive by the "new managers" to adopt a particular organisational form, and the degree to which this form is fit for its purpose. We continue to identify the difficulties which are encountered when service users are incorporated into the delivery system.

In our final research chapter, the findings of the previous three are synthesised and focused into the areas which are seen to be central to the research, these are the issues which are directly impacting on the implementation. These concern, firstly, the effects of the "new managerialism" on the implementation, in particular the adoption of human resource management techniques, culture change and ideologically driven organisational form. Secondly we examine in more detail how the role of the service user affects the implementation. This concerns the nature of what is termed "empowerment" and those variables which influence the degree to which the service user is involved in the processes of implementation.

The concluding chapter has three sections. Firstly, the findings of the research are summarised. Secondly the findings of the analysis of these findings are presented. In turn these are used to isolate the areas which are thought to be relevant to the development of theory of public policy implementation. Thirdly, we reflect on the limitations of the research, the suitability of the model for the study of implementation and the implications for further research.

# CHAPTER 1

## IMPLEMENTATION

*"Implementation questions are so complex and subtle that one hardly knows where to begin: or, perhaps, more accurately, one feels the need to do the impossible task of starting simultaneously down several paths."*

*(Williams 1986 p 2)*

The pitfalls which Williams described are as valid today as when they were first identified. In order that this dissertation avoids them, it is necessary to examine in some detail the broad sweep of the history of the study of implementation. Implementation became a recognised area of study only two and a half decades ago. The field has been characterised by disagreement about its theoretical underpinning particularly the "top down" or "bottom up" debate. This study is, in part, an attempt to add to the information that can be used to resolve that debate. The matter becomes more difficult as the variables are not constant in their range or their intensity. This study maintains that policy processes are dynamic, and that there are new influences that will affect the way that policy is formulated and especially implemented.

In this chapter we will examine the development of the theory of implementation, beginning with a discussion about its definition. We will then outline a short history of implementation with particular reference to the "top down" or "bottom up" debate and the various attempts made to integrate them. These matters will be placed into the context of modern implementation, issues will be identified, their effects assessed and preliminary research questions identified.

## **1.1 A SHORT HISTORY**

### **1.1.1. What is implementation?**

There continues to be some debate about whether it is possible to distinguish usefully between the activity called policy making, which could be called the setting of goals, and that which has been labelled implementation, the activity designed to realise those goals. There is general acceptance that the policy formulation process is dynamic and it is sometimes difficult to determine where policy making ends and implementation begins. Furthermore, it can be said that, in general terms, the objectives of public policy are often vague, even absent, and are frequently redefined during the process of implementation. It may even be counter productive to try to disentangle them.



Thus, if we seek a definition of "Implementation" we should look beyond it being the missing link between politics and administration as envisaged by Hargrove (1975). The process can be viewed as one that takes place over time and different phases, parts of which are distinct, parts of which overlap and parts of which are so interwoven as to defy attempts by a researcher to disentangle them. The enigmatic solution to this problem might be that policy implementation is both a wider and a narrower field of study. It can also be viewed as a field of study that does not readily fit into any distinct discipline. Webb and Wistow put it well when they said,

*"It is wider in the sense that inquiries about policy implementation will invariably spill over into many disciplines (e.g. organisational sociology and social psychology) and it is narrower in the sense that the processes of public administration are important insofar as they are pertinent to the implementation or non implementation of specific policies."*

*(Webb and Wistow , 1982 p. 43)*

Anderson (1975), amongst others, disagrees seeing a clear categorisation of a number of functions in the policy process, of which implementation is one. The full cycle is categorised as formation, formulation, adoption, implementation and evaluation. Formation is that part of the process where a problem is identified and defined as requiring the attention of policymakers. Formulation is the development of alternatives for dealing with the problem. Adoption is the selection and enactment of a specific policy alternative. Implementation is the process of translating this policy into the delivery of the policy intent. Finally, evaluation is the measurement of the effectiveness of the policy . Anderson sees these stages as distinct with clear issues to be uniquely addressed in each stage. Anderson did, however, admit that it was actually very difficult to distinguish between adoption and implementation.

Hjern and Hull (1982), take a different position arguing that implementation research has a distinct and central role within the discipline of political science. They see the political - administration "gap" as becoming obscured by the plethora of agencies and organisations participating in the policy process. Implementation is not Hargrove's

(1985) "missing link" but rather the "link gone missing". Their argument goes further and provides one of the central planks of the "bottom up" argument discussed below. This is echoed by Maynard- Moody (1989) who argues that, "Administrative policy making is a separate, distinguishable process, not a stage in or a component of the legislative policy-making process" (Maynard-Moody 1989 p 137).

There is not only some disagreement over the boundaries of implementation and where it fits in the canon of theory, there is also debate about the processes that comprise implementation. Elliot (1981) talks in terms of the policy adoption-implementation spiral, postulating that the process of policy making begins at national level and proceeds through a filter of administrative interpretations and judicial decrees before it reaches the local level. He conceptualises this as a process as one in which the adoption / implementation process is "an ever narrowing unidimensional continuum" (Elliot 1981 p113). Alexander (1985) distinguishes different models. He cites the traditional "linear" model with a direct straight link between policy and implementation. He uses the work of Van Horn (1979) as an example of implementation as a closed subsystem. Alexander categorised existing models of implementation: Majone and Wildavsky's (1978) model is described as "evolutionary", Rein and Rabinowitz's (1978) as "circular" and Barrett and Fudge's (1981) model as "interactive and recursive".

This study follows Hjern and Hull (1982) in that it sees implementation as having a distinct and central part within political science. It is unwise, however, to see this as a linear process with a finite and universal range of variables. This would disallow the view that processes are dynamic and subject to a range of influences, particularly as it has been already argued that there are new influences on the policy process. Thus the definition used in this study sees implementation as a distinguishable part of the policy process, but not separate from it. Implementation may succeed policy formulation, but it may also influence it, or may even run alongside it. Each policy

must be studied individually, what is required is a universal model that allows for this variation of definition. This model is outlined in chapter 3.

### **1.1.2. The historical perspective.**

The accepted wisdom that design failures were responsible for policies not being realised as intended was first questioned by Pressman and Wildavsky (1973). Their case study of the difficulties encountered in trying to deliver a federal programme of manpower training in Oakland, California first articulated the theory that there was a phase in the policy process which could be described as implementation. This work went some way to providing an explanation of the lack of success in the well-funded public programmes of the 1960s. Pressman and Wildavsky's (1973) work provided the basis and the impetus for the consideration of the missing link between the making of a policy and the outcome of that policy. The study of the implementation as a separate and distinct part of the policy process began to be seen. The period between then and now has been characterised by two schools of thought, the "top down" and "bottom up" perspectives. More recently there has been a recognition that both schools of thought have something to offer students of policy implementation. In addition to this "top-down / bottom up" discussion, research in this field has gone through distinct phases. Lester et al. (1987) categorise these into four generations.

The first, lasting from 1970 to 1975 saw the generation of a number of case studies that provided detailed accounts of how a single authoritative decision was implemented. These early studies, principally Pressman and Wildavsky's (1973) seminal work as well as Derthick (1972), Murphy (1973) and Bardach (1977) concentrated almost entirely on identifying those factors that could be isolated as causes in the failure of public policy. Little attempt was made to develop a model to explain such failures, provide any insights as to the solution to the problems, or to generalise from their findings.

The second generation which can be described as the search for policy implementation frameworks lasted from 1975 to 1980. During this period researchers sought to isolate those variables that contributed to the success or failure of implementation. This resulted in the building of models which incorporated these frameworks. These were the policy implementation frameworks of Van Meter and Van Horn (1975), Mazmanian and Sabatier (1980) and Edwards (1980) who typify the "top down" approach and of Elmore (1978, 1979) and Hjern, Hanf and Porter (1978) that of the "bottom up" approach.

The third generation was the attempt to apply the frameworks. This phase lasted from about 1980 to 1985. In this we saw the designers and others testing the various frameworks. These studies are significant in that rather than "prove" the case for any one model, they reinforced the perception that there are an enormous number of variables present in the implementation process. In particular, according to Van Horn (1987) four broad lessons could be learned. Firstly, the frameworks tended to confirm the previous general explanations for relative success and failure in implementation. Secondly, they demonstrated that time was important in implementation research as results appeared to vary according to whether they were cross sectional, or longitudinal. Thirdly, implementation analysis did not exclusively reveal failure, some studies demonstrated success. Fourthly, implementation failure was not exclusive to major programmes, even relatively modest programmes fail. Research during this period has been described by Goggin (1986) as having "too few cases/ too many variables". The third generation did not identify the range of outcomes in implementation, let alone the causal patterns associated with those outcomes and the relative importance of the variables involved.

Lester et al. (1987) described the fourth generation as beginning in 1985 and characterised by a period of synthesis and revision. This work typically examined both the "top down" and "bottom up" approaches, offered criticisms of both and utilised what were perceived to be the good points in order to generate a revised

model. These models included "Forward and Backward Mapping" proposed by Elmore in 1985, Sabatier's, "Conceptual Framework of Policy Change" (1986), Goggin et al.'s (1987) "Conceptual Model of Intergovernmental Policy implementation" and Hasenfeld and Brock's, "Political Economy Model of Implementation" (1991). Lester et al. (1987) suggested that this process was a watershed in the study of implementation which suggested two distinct ways forward. On the one hand, the researcher can concentrate on theory construction as suggested by Sabatier (1986) or on the other, follow Elmore (1985) in seeking to aid the implementation practitioner.

The advice of Lester et al. (1987) is still relevant, but there have been developments, particularly in the British context which indicate that more work needs to be done in evaluating and developing the theory. This view was articulated by Hill (1993) who suggests that contemporary policy implementation utilised a range of new methods to facilitate a "top down" approach. He suggested that there was work to be done to examine further the "top down/bottom up" debate. This stemmed from the changes brought about by the introduction of the new methods described below and of the perceived need to counter the power of local government. Thus we see the,

*"search by the top for new approaches to the solution of implementation problems , through new ways to monitor the actions of lower level actors . There have also been examples of the deliberate dumping of such problems at lower levels." (Hill 1993 p13)*

The methods included the imposition of financial penalties (rate-capping for example), a more thorough monitoring and holding to account by the policy makers, the placing of sympathetic "fixers" (see Bardach, 1977) within the implementation structure and the delegation of responsibility to agencies allowing the policy makers to deny responsibility. Hill (1993) pointed out that notwithstanding these new techniques, there was still evidence of an "implementation gap" in the vast majority of policies. It follows that the debate between the "top down" and "bottom up " needs to

be revisited in view of the potential for a different, perhaps more effective implementation using the new control methods.

## **1.2. THE "TOP DOWN" PERSPECTIVE.**

The "top down" perspective sees the policy process as beginning with an authoritative decision by policy makers. Implementation is characterised as the policy makers attempt to control and direct the actions of the implementers along paths that they determine. In order that the implementation be controlled, those responsible need to determine those "links in the chain", first described by Pressman and Wildavsky, which will potentially subvert the progress of the implementation. As outlined above, the first generation studies did little more than describe how a single authoritative decision was implemented.

The second generation examined these variables in some detail and attempted to construct models to accommodate them. Their models were based on a particular view of the process which can be said to ask the following questions:-

- To what extent were the actions of the implementers consistent with the objectives and the procedures of the policy decision under examination?
- To what extent were the outcomes consistent with the policy objectives?
- What were the factors which affected the policy impact ?
- Did the policy become reformulated during the implementation?

We began to see the emergence of different models that attempted to describe this process. These included the early model of Van Meter and Van Horn (1975) which has six sets of variables, the Sabatier and Mazmanian model of 1980 that defined no less than seventeen independent variables and Edwards' (1980) much simpler model that has just four variables. We also saw attempts to define perfect implementation, such as that provided by Gunn (1978).

The variables proposed by these writers can be described under three main headings. Following Dunsire (1978) these are inter-organisational constraints, intra-organisational constraints and extra-organisational constraints.

### **1.2.1. Inter- organisational constraints.**

There is widespread recognition that implementation usually involves multiple agencies which include local and central government, public and private organisations as well as political and administrative bodies. If we begin with a practical example of this, it will serve as an illustration for further discussion.

The implementation process which will be examined in this dissertation will be the N.H.S and Community Care Act (1990). Although local authority social services are designated as the lead agency, there are an enormous number of other agencies which were part of the implementation process. There was great emphasis on co-operation and the legislation emphasises the need for co-ordinated services, indeed one of the reasons for the introduction of the act was the lack of co-ordination between agencies (Griffiths Report 1989). The reality, however, was somewhat different with each organisation facing different pressures and agendas, which all presented difficulties for implementation.

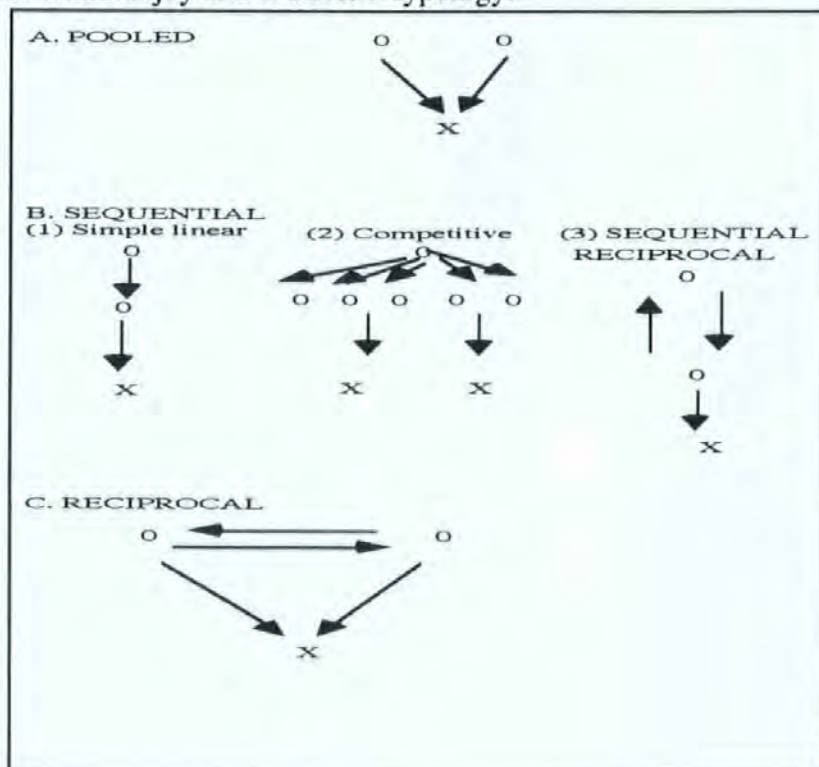
O'Toole and Mountjoy (1984) examined this issue in some detail. They take the proposition that organisations limit the ability and willingness of existing public agencies to respond to certain types of new mandate, and where two or more agencies are concerned then this is compounded. However they maintain that the research indicates that this is not necessarily true. They propose two separate "inducements to co-operation". These are firstly, authority which is a sense of duty and common interest stemming from a shared value base or the power of sanction over one another. The second is exchange, where one organisation was able to offer something of value to another in order to facilitate co-operation.

O' Toole uses Thomson's (1967) typology to delineate three different types of inter-agency co-operation. Figure 1 illustrates this. The first he called "pooled operating inter-dependence". Agencies are asked to provide their own contribution to a common objective but not asked to cooperate so to do. The output of one agency does not depend on the contribution of another, but the total result may. The lack of co-ordination may, of course, be detrimental to the implementation.

The second type was called sequential and this has three sub - divisions

- Simple linear, where agency A transmits to agency B and even C etc. in a straightforward linear progression. The policy is then implemented by the last agency in this sequence.
- Competitive, where one agency generates the implementation and there are a number of agencies in the interface between them and the "target group".
- Finally, sequential / reciprocal, similar to simple linear except that the implementing agencies rely on one another for support / aid / assistance in the implementation process.

Figure 1. Mountjoy and O'Toole's typology.





o = participating agencies

x = target of intervention

The third and final category is reciprocal with agencies making mutual adjustments to co-ordinate with one another. The uncertainty of this model lends itself to the view of implementation as a forum for bargaining and conflict. The reciprocal nature allows the resolution of uncertainty by a series of games and ploys which are resorted to in the attempt to find solutions. O'Toole postulates a number of potential difficulties that arise in these cases. These vary according to the type of implementation and, in general reflect the conclusion drawn by Pressman and Wildavsky that the greater the number of agencies the greater the chance of faulty implementation.

Mountjoy and O' Toole's typology gives us what may be an important insight into some of the difficulties of contemporary implementation. This centres on the introduction of the "new managerialist"/ "new right" ethos. As we shall see in chapter two this involves a number of specific elements. The effect of this may be that the basis of exchange moves from common interest to that of exchange, and the currency of that exchange may not be based on the interests of the targets of the implementation, but rather the interests of the organisation. The need for co-operation is as great as ever, but a market orientation implies competition. After all, in a free market the watchword is competition rather than co-operation.

### **1.2.2. Intra-organisational constraints.**

Intra-organisational constraints are taken to be those factors inside the organisation that limit the effectiveness of the implementation process. They may be the result of bureaucratic dysfunction or other organisational factors. The phrase used by Van Meter and Van Horn (1975) is the "Characteristics of the implementing agencies". They quote staff size, degree of hierarchical control and organisational vitality as the key elements.

Sabatier and Mazmanian (1983) criticised the view of the early studies seeing them as useful in setting the scene, but essentially amorphous in terms of describing variables which could be easily operationalised. They in turn proposed in their model a number of intra-organisational factors. These included:- hierarchical integration with and among implementing institutions; decision rules of implementing agencies; clear and consistent objectives; financial resources; the incorporation of adequate causal theory and the formal access by outsiders.

Callista (1986) went further in that he argued that organisation form in itself has a fundamental effect on policy implementation. He argued that,

*"(1) The clarity of the policy intention depends upon the appropriateness of the organisational form to implement it.  
(2) The assumptions held by policy makers as to organisational form, in practice lead to offsetting or contradictory implementations."  
(Callista 1986 p. 263)*

This argument will become particularly relevant in view of the ideologically driven organisational change that underpins the implementation of the NHS and Community Care Act (1990). The "new right" objectives of limiting the direct role of government and the introduction of competition in public services has led to the need to reorganise massively the local authority social services departments. The question which emerges is whether this essentially ideologically determined form of organisational design was appropriate for the implementation.

The work of Richard Elmore, particularly his "Organisational models of social programme implementation" (1978) is relevant in this context. Starting with the proposition that,

*"Understanding organisations is essential to the analysis of implementation. The present state of organisational theory does not support one single analytic model. Rather there are at least four distinct models".  
(Elmore 1978 p185)*

Elmore describes the characteristics of each model and their utility in implementation studies.

The "Systems Management" model views organisations as value maximisers and sees implementation as clear, goal oriented activity. Thus implementation will consist of defining a detailed set of objectives that accurately reflect the intent of any given policy, with strict sets of rules to ensure compliance, strict monitoring of performance and methods of adjusting performance so as to attain goals.

The "Bureaucratic Process" model emphasises the traditional attributes of bureaucratic organisation, those of discretion and routine. The implementation process consists of identifying where discretion is concentrated and which of an organisation's routines need changing then devising alternative routines that recognise the intent of policy, and ensuring the compliance in the replacement of the old routines with the new.

In the "Organisational Development" model, the needs of individuals for participation are seen as paramount, and implementation is seen as a participative process by which the individuals within the organisation shape policies and claim them as their own. Thus the processes are one of consensus building and accommodation between policy makers and implementers.

The "Conflict and Bargaining" model see organisations as arenas of conflict where differences are resolved through bargaining mechanisms. Implementation consists of a series of bargained decisions between participants. These bargains reflect the preferences and resources of the participants.

Elmore suggested that if it is possible to utilise these models in the study of implementation by applying different models to the same set of events then it will allow us to distinguish features of the implementation process. Elmore quoted Allison's (1971) use of the technique in his study of the Cuban missile crisis. He

proposed the notion that some kinds of problem may be solved more easily by using one model rather than another,

*"The point is that models can help analysts and decision makers distinguish among different kinds of problem. Using management controls in a situation in which power is extremely diffuse, for example is like using a crescent wrench to turn a Phillips screw. The problem is to understand when certain tools of analysis and strategies of action are likely to pay off and when " .*

*(Elmore 1978 p.228 )*

In addition, Elmore's models are useful when considering the orientation of different parts of the organisation. It is possible to argue, for example, that different levels of the organisation are at different stages of development. Management may see themselves as being in a "Systems Management" mode and the fieldworkers in an "Organisational Development" mode. A situation that is ripe for the development of "street level bureaucracy". This theme shall be revisited later in the thesis, when it becomes translated into culture differences.

### **1.2.3. Extra-organisational constraints.**

No policy exists in a vacuum. From the perspective of the "top down" researcher there are always those external factors that affect the implementation process. Again there are differing views as to the range and type of these variables. Van Meter and Van Horn (1975) describe these as "economic, social and political conditions". That is: resources, public opinion, political will and change of political or economic climate. Sabatier and Mazmanian (1980) provide a similar list which includes; socio-economic conditions; media attention; public support and attitudes of constituency groups.

These extra-organisational constraints become particularly important when the period of policy formulation and implementation is extended. As will be seen the N.H.S. and Community Care Act (1990) had a long period of development and a delayed and then staged introduction. The causes for this were external to the legislation itself. It

becomes even more important when we see that the delay allowed further time for changes which affected the implementation . This is discussed further in Chapter 2.

#### **1.2.4. "Top down" models, overview.**

The studies of implementation by those termed the "top down" school developed several models all of which have as an essential part of their construction the identification of specific factors which influence implementation. The Sabatier and Mazmanian model can be taken as the apogee of the "top down" school. Sabatier (1986), in his review of the literature looks at the Sabatier and Mazmanian framework. He itemises the source of the variables as follows:-

- Clear and consistent objectives - taken from Van Meter and Van Horn's (1975) work.
- Adequate causal theory - which Sabatier says they borrowed from the fundamental insight of Sabatier and Mazmanian.
- Implementation process legally structured to enhance compliance by implementing officials and target groups - from Pressman and Wildavsky.
- Committed and skilful officials - the work of Lipsky (1971) and others is utilised
- Support of interest groups and sovereigns - this recognises the need, as outlined by Bardach (1977) and others which established the need to maintain political support though a long implementation process.
- Changes in socio-economic conditions which do not substantially undermine support or causal theory . This recognises that changes in socio-economic conditions can have dramatic repercussions on support for the intended programme.

We see the development of "top down" theory and research from the case study approach of Pressman and Wildavsky to the complex analytical framework proposed and tested by Sabatier and Mazmanian. However, there seemed to be a number of

questions that remained unanswered as well as criticisms of the methods of the "top downers."

#### **1.2.5. Criticism of the "top down" perspective.**

The "top down" approach tended to be a development of existing research in that it attempted to develop the work of the first generation. Furthermore the tools which government and administrators had at their disposal to ascertain the reason for this failure did not seem adequate to explain the failures.

Hjern and Hull (1982) maintain that it was inevitable that those who sought to identify the reasons for policy failure would be unable to do so as they were rooted in a system that had no framework upon which to build a theory. Indeed the framework that existed was itself an impediment to satisfactory explanation. They argued that a political theory postulated by Hume (1882) and developed by his successors and finding formal expression in the "Weberian" model of organisation and management was, in effect, a "single authority, top down" approach to political organisation. Any attempt, therefore, to examine policy would take the perspective of a unified hierarchical structure with policy being determined at the top and flowing downward to be put into effect by those lower in the hierarchy. Failure could only be attributed to problems of compliance, that is, the relationship between administrators and those who potentially were the recipients of the policy or the problems caused by inefficient / badly designed links in the hierarchical chain.

Hjern and Hull see a change in these rigid ideas brought about by the classic work of Herbert Simon (1947). Simon argued that the model of an organisation as a unitary hierarchy with the attendant benefit of stability could be altered in order to provide a range of different models that best fit the particular organisations. Authority could be multiple and there are different zones of authority from different sources. This perspective opened up the way to a wider view of policy research, introducing the idea that the actual design of organisations may be a factor in the failure of policy, as

outlined by Callista (1986) above. It did not attempt to alter the traditional stable and sequential view of politics and administration. Rather it allowed more factors to be considered when examining them.

The "top downers" assumed that the framers of policy decisions were the key actors and that the others basically impediments. This, in turn, led them to neglect strategic initiatives coming from the private sector, from street level bureaucrats or local implementing officials and from other policy subsystems. A second specific criticism focused on the fact that, although there are a range of variables, they rarely if ever were able to identify their relative importance in each circumstance. This was the "too few cases/too many variables" argument elaborated by Goggin (1986). A third criticism of top down models is that it was difficult to use when the policy is diffuse, that when there was no clear policy or clear direction and no specified implementing agency. Fourthly, the top down approach did not take into account the influence of various actors in the process who would wish to adapt or change the policy. These actors may be "street level bureaucrats" or target groups. Lastly, there was a large and growing body of research that claimed that the distinction between policy formulation and implementation was not as clear as believed. One response to such criticisms was the development of a "bottom up" school of implementation research.

### **1.3. THE "BOTTOM UP" PERSPECTIVE.**

#### **1.3.1. Backward mapping.**

The "bottom up" perspective began to emerge in the late 1970s with the work of Elmore. He proposed the approach which he called "Backward Mapping". He said that,

*"The crucial difference in perspective stems from whether one chooses to rely primarily on formal devices of command and control that centralise authority or on informal devices of delegation and discretion that disperse authority." (Elmore 1980 p. 605).*

The process outlined by Elmore stressed three central factors. The first is the issue of the complexity of joint action. He maintained that previous implementation studies had, almost uniformly, stressed the inverse relationship between the number of transactions required to implement a decision and the likelihood that any effect would take place. Even when all other factors tended to indicate a favourable result, the effect of a large number of transactions was to decrease the probability of success. Elmore quoted Bardach's (1977) work on the devices which administrators use to delay, dissipate or divert the effect of policies. He stated that these ideas have become "Part of the standard repertoire of explanations as to why policies fail" (Elmore 1980 p.608).

Developing this argument, Elmore saw the "top down" or forward mapping approach as reinforcing the pathologies of hierarchy. That is, policy makers persisted in viewing implementation as a hierarchically ordered set of authority relationships and policy failure was due to failures of compliance. Regulatory checks and controls only increased the number of transactions necessary to implement a policy. This, of course would, in turn, increase the likelihood of failure. Elmore again used Bardach to suggest a way forward citing Bardach's (1977) idea of the "fixer", that is someone who intervened at critical points in the implementation process. The key element, suggests Elmore was the disregard by the fixer of the hierarchical structure.

The second area which Elmore considered is that of street level discretion. Elmore drew on the work of Lipsky (1980) and Weatherly and Lipsky (1977) to emphasise the importance of "street level bureaucracy" in implementation. The need of administrators carefully to bound, contain and control discretion was seen as a method of strengthening the top against the bottom of the organisation, i.e. as a method of ensuring compliance. There was a recognition, however, that in most public organisations a great deal of discretion resides at the interface of the organisation with the people to whom they are meant to deliver their services. He quoted Gullick (1977),



*"Much of the actual discretion used in administration is used at the very bottom of the hierarchy, where the public servants touch the public ... all these people are compelled to exercise more discretion than many other functionaries further up the organisation".*

*(Elmore 1980 p 609)*

Elmore used Lipsky's (1980) influential work on "Street Level Bureaucrats" to make the link that new policies place a heavy demand on front line workers, which leads them to look for ways of simplifying their tasks. These coping devices often serve to undermine or even change intended policy. He went further and argued that, far from being a handicap, this dynamism could be utilised.

The final area that Elmore considered was that of bargaining and coalition. The early implementation studies showed that successful implementation depended to some extent on the formation of local coalitions of individuals affected by the policy (see Derthick (1972)). Pressman (1973) observed that the impact (of federal programmes in Oakland) depended on the existence of "effective bargaining areas" in which competing demands of local groups could be worked out. Elmore went on to say

*"Unless the initiators of a policy can galvanise the energy, attention and skills of those affected by it, thereby bringing those resources into a loosely structured bargaining arena the effects of that policy are unlikely to be anything other than weak and diffuse."*

*(Elmore 1980 p. 611)*

The other effect of this local bargaining is that, if we accept that it has to go on, then implementation has no clear decisive end point. Each participant sees the process in terms of the gains or losses for their own organisation, not in terms of an overall set of objectives that apply to all participants.

Elmore argued that the logic of backward mapping would be that understanding of the policy process required an understanding that the problems are not solved by the policy maker, but by someone near to the problem. Problem solving required skill and discretion. Policy can direct attention toward a problem and provide an occasion

for the exercise of skill and judgement, but it cannot itself solve the problem. Hence the connection between the problem and the closest point of contact is the most critical one in the analysis.

### **1.3.2. Implementation Structures.**

The concept of implementation structures was first proposed by Hjern and Porter (1981) who suggested that,

*"A multiorganisational unit of analysis, an implementation structure should be used when describing and evaluating the implementation and administration of programmes."  
(Hjern and Porter 1981 p.211)*

Thus, any examination of the implementation of public programmes which takes as its unit of analysis the organisations or the individual would tend to distort the findings. They suggested that a common thread that runs through the research to date was that "clusters of public and private actors are involved". They maintained that modern society was an "organisational society" which had services that were designed to be delivered through a variety of organisations acting in co-operation. The forum for this co-operation was called an "implementation structure". Some of these actors within this scenario had to perform within their own hierarchy and additionally, as part of the structure that is within the market, rather than in the hierarchy of their own organisation.

Hjern and Porter developed this argument, citing the case of manpower training in Sweden and Germany, which they described as having a bewildering array of actors and organisations. They suggested that the only way of making sense of this is to use a strategy for,

*"Analysing purposive action within a framework where parts of many public and private organisations cooperate in the implementation of a programme."  
(Hjern and Porter 1981 p.214)*

The model of an implementation structure started with the "administrative imperatives" behind the legislation which authorised a programme. This allowed the

researchers to determine the pool of organisations involved in the implementation structure. From this it was possible to determine the main corporate actors. Hjern and Porter made the point that,

*"The pools of actors are not administrative entities. They are the raw materials out of which the operating implementation structures are formed, almost irrespective of mandates from the central levels."*

*(Hjern and Porter 1981, p. 215)*

Hjern and Porter make the distinction between organisational rationales and programme rationales. They saw the former as embedded within the organisation, the rationale being the reason for its existence. The organisation itself was composed of parts of several programmes. Subsets within the organisation, usually those associated with administrative activities, acted as maintainers of the organisational rationale acting to adapt the goals of individual programmes to this rationale. Thus we see that success in any one programme was subordinated to what the maintainers of the organisation would see as success for the organisation. However, programmes are hardly ever implemented by one single organisation, rather by parts of several, i.e. implementation structures. These subsets regard the implementation of their programme as their primary interest. Implementation structures differed from those of the formal organisation in that they were:-

- Less hierarchical, the composition of the structure is dynamic.
- Decisions tend to be diffuse rather than clearly articulated.
- Participants were likely to be self-selected rather than designated by their organisations.

Hjern and Porter saw implementation structures as having some of the characteristics as those described in matrix organisations. Implementation structures were seen as,

*"Allocative and administrative entities, falling between market and bureaucratic rationalisations. Goods are allocated through clusters of autonomous and semi-autonomous actors - as in a market but unlike a bureaucracy. Objectives are set, plans are formulated, resources made available at the right place and the right time, services are provided, performances evaluated - as in a bureaucracy but unlike a market."*

*(Hjern and Porter 1981 p.213)*

Thus we see the difficulty of assessing the effectiveness of these structures. It is maintained that they should be viewed as administrative entities and treated as such for analytical purposes.

These structures were formed through a process of consensual self selection. Individuals' motives for forming and maintaining participation is more difficult to determine. It would seem that there are many different motives for participation, indeed Hjern and Porter said that it was more important to examine what happens rather than why it happens. They suggested that if we accept the theory of implementation structures as units of analysis then there are a number of implications. The new perspective will enable the researcher to have new insights into phenomena which had previously been hard to describe or analyse. In particular if one uses it as a tool in implementation analysis then some of the difficulties experienced by those who use the "top down" methods may be alleviated.

### **1.3.3 The policy / action perspective.**

We have described Elmore's (1980) concept of backward mapping and Hjern and Porter's (1981) implementation structures. A third perspective was provided by Barrett and Fudge (1981). Barrett and Fudge's (1981) thesis takes a third perspective on the "bottom up" view. The writers believe that it was not necessarily correct to view the policy process as a distinct entity from that of implementation. The policy process was seen as embracing three separate systems. These were, the set of circumstances which give rise to the need for a policy to be addressed, the political

system in which policy decisions were made and the system through which the policy became action.

This simple analysis was blurred by the fact that it is difficult to comprehend how these three systems relate to one another. Even a cursory examination will reveal that they did not relate in a linear way nor were the interfaces clear. Each system was dynamic and the interaction will vary over time and differing conditions. In addition, it was difficult to find explanations which will explain the range of interaction and operating of these systems. Further, Barrett and Fudge cite the question of perspective. They quote Allinson (1971)

*"Conceptual models not only fix the mesh of the nets through which the analyst drags the material in order to explain a particular action; they also direct him to cast his nets in certain ponds, in order to catch the fish he is after."*  
(Barrett and Fudge (1981 p.8).

The analyst, therefore, is constrained by a rigid conceptual model which predetermines the direction and the method of their analysis.

In addition Barrett and Fudge questioned the tendency of policy analysts to equate policy decisions with action. They follow Dunsire (1978), who used the phrase "implementation gap" to describe the fallacy of action automatically following decision. Lastly, Barrett and Fudge saw the policy process as having distinct phases which followed on from one another and, to a certain extent, were exclusive. Furthermore this process was bound up with the organisational structures and processes. The desire to separate "politics" and "administration" still forms part of the accepted wisdom among professionals and administrators, along with the belief that each stage of policy had an associated hierarchical level. Once again we saw problems of implementation reduced to problems of compliance.

Barrett and Fudge argued that implementation was not the discrete linear process the "top-down" theorists would have us believe. It was an interactive process where the

response itself may very well influence or even alter policy, particularly where compliance can only be achieved through negotiation and bargaining. Thus any understanding of the process could only be achieved by taking an action perspective, which takes,

*"What is going on as central, seeks to understand how and why, and from that base explores the different kinds of frameworks within which action takes place."*

*(Barrett and Fudge 1981 p.6)*

The focus should therefore change from the policy itself to what was going on in the organisations where implementation was taking place. Issues of power and dependence, interests, motivations and behaviour become of prime importance when this perspective is adopted.

They stressed that this perspective would not deny that some of the findings of Pressman and Wildavsky (1973), particularly the importance of the multiplicity and complexity of linkages as well as issues of conflict and consensus. The central point of Barrett and Fudge's thesis would seem to be that we should beware of using policy alone as the starting point for the study of implementation. Rather, it should be seen as the starting point for action, as the focus for negotiations, or as the expression of values, stances and practices which frame organisational activity.

The three examples given from Elmore (1980), Hjern and Porter (1981) and Barrett and Fudge (1981) provide examples of the main areas of the first wave of "bottom up" theorists. There are, of course, a number of other theorists who were active in this field. For example Palumbo, Maynard-Moody and Musheno (1990) develop Lipsky's ideas of "street level bureaucracy", Thrasher and Dunkerly (1982) examine exchange theory in relation to bargaining and conflict.

#### **1.3.4 . Criticism of the bottom up perspective.**

The "bottom up school" examined implementation from the perspective of those at the interface of the organisation and its clients. It presumed that the implementation,

to be successful, must elicit the co-operation of the lower echelon officials, that the translation of policy to action was not controllable without the consent and support of those doing the implementation. This view has drawn criticism particularly as it assumes that implementation occurs only in the decentralised policy environment which would give this range of power to the implementing officials (Lane, 1983: Sabatier, 1986: Linder and Peters, 1987 ). The main error of the bottom up approach was seen as the assumption that it was the sole basis of analysis in an environment which was complex in both organisational and political terms. Lester et al. (1987) quoted Linder and Peters (1987) as saying. "The bottom up" approach errs in accepting empirical difficulty as a normative statement of analysis" (p208).

#### **1.4. THE APPLICATION OF THE MODELS.**

As discussed above, the third stage in the history of implementation theory could be said to be the application of the frameworks which had previously been modelled. Most of the major implementation frameworks were tested by their authors or by others during the period 1980-1985.

Van Horn (1987) enumerated four broad lessons which could be drawn from this work:

- The frameworks which were used in the construction of the original frameworks have proven quite robust, few new frameworks had replaced those which were established in the period 1975 -1980.
- The time frame was very important in the research in that results varied depending on whether they were cross sectional or longitudinal.
- The pessimism of the early studies proved misplaced. Some of the later programmes which were studied showed successful implementation processes.
- Small sized simple programmes were just as likely to fail as large complex ones.

Sabatier and Mazmanian's model has been used on at least twenty occasions both by the authors and others. The result of their analysis of this work is described above.

Towards the end of this period, scholars were taking stock. Their conclusions seemed to be that the previous generations of study were useful in terms of providing models of what implementation is and how it varies. What it did not do was give an indication as to differences between outcomes or the causal patterns which were associated with those outcomes, the frequency with which they occur and the relative importance of the independent variables that were part of any multi - variate analysis of implementation performance. Goggin (1986) seemed to have expressed this perfectly when he said,

*"The cumulative findings of two generations of implementation research over the past fifteen years have contributed to what implementation is, how it varies from one situation to the next and what might cause implementation to occur as it does. Yet these studies leave many unanswered questions about implementation-questions about different types of implementation, the causal patterns associated with these outcomes, the frequency with which they occur, and the relative importance and unique effects of various factors on implementation performance."*

*(Goggin 1986, p. 329)*

The field of implementation study needed to address the issues which Goggin (1986) described. The following period saw a period of revision of the existing theory and a beginning of synthesis of "top down" and "bottom up" approaches.

### **1.5. REVISION AND SYNTHESIS .**

The revision saw a focusing of research on three areas. Firstly, a redefinition of the nature and extent of the nature of the division between policy and implementation. Secondly, the interaction between central and local government and finally those organisational issues which effected implementation.



The synthesis of the "top down" and "bottom up" sprung from a recognition that both schools of thought had value in terms of their contribution to the theory. This resulted in researchers and theorists attempting to incorporate the best features of the two approaches.

### **1.5.1. Revision.**

The development and testing of existing areas of research had two main themes. The first of these was the effect of organisation form on implementation. Elmore's (1985) forward and backward mapping was developed by Callista (1986), who emphasised the requirement that organisational form should be appropriate to implementation. Further, Callista (1986) made the point that assumptions by policy makers about organisational form can lead to "offsetting or contradictory implementation" (Callista 1986 p 263). McGarrell and Schegel (1993) compared two task forces with the conclusion that organisational structure was the key determinant. Maynard-Moody (1989) argued that the institutional setting is a prime determinant in the course of implementation. He introduced the idea of policy being made at administrative level, a development of Barrett and Fudge's (1981) policy / action theory. Harbin (1992) examined the links between formulation and implementation and concluded that the existing structures need to "fit" proposed legislation. Another area of development was the importance of street level bureaucrats. Maynard-Moody et al.(1990) further examined the influence of street level on the implementation process while Lipincott and Stoker (1992) illustrated the importance of engaging with the street level bureaucrats.

### **1.5.2. Synthesis.**

Elmore (1989) can be said to be the first to begin to examine a unification of "top down" and "bottom up" theories. He argued that in addition to his well documented "backward mapping" approach the researcher should consider "forward mapping." Elmore maintained that the success of public policy implementation depended on the ability of policy makers to combine consideration of the motivation of those charged

with executing the policy as well as the policy maker's ability to examine the possible consequences of alternative policies. He suggested a policy which he called "reversible logic." He introduced the use of the word "iterative" to implementation literature using it to describe the process of reasoning back and forth between first choices and expected effects. This process was an essential addition to "backward mapping". He describes it as,

*"Specifying the expected relationship between implementers and their effects is only half the analytic process-the forward mapping half, if you will. The other half consists of confronting people at the outcome end and playing the consequences of those choices back through the sequence of decisions to first choices - the backward mapping half - if you will." (Elmore 1985, p. 34).*

Sabatier (1986) went further than Elmore in synthesising the work of the "top down" school, in particular his own work with various collaborators, with that of a range of "bottom up" researchers. His analysis of this work led him to believe that there were elements of the two schools which should be combined into a more appropriate research model. He started with a policy problem rather than a policy decision, and used this as a basis for examining the various strategies employed by various actors in both public and private sectors as they attempted to deal with the issue and be consistent with their objectives. This had to be combined with the concerns of the "top downers", i.e. the focus of socio-economic factors external to the policy framework and the attempts by actors inside the system to subvert it to their own ends.

In short, the synthesis adopted a "bottom up" unit of analysis which saw a whole variety of public and private actors involved with a policy decision. In addition Sabatier incorporated their concerns with understanding the perspectives and strategies of all major categories of actors (not simply programme proponents). These concepts were combined with the "top down" concern with the manner in which both socio - economic conditions and legal instruments constrain behaviour.

Sabatier applied this synthesised perspective to the analysis of policy change over a decade or more.

A third attempt to synthesise elements of the "top down" and "bottom up" approaches was developed by Goggin et al. (1987). This theory took as its centrepiece the relationship between local (state) and central (federal) government. It argued that local implementation is dependent on those constraints and inducements provided to (or imposed on) the agency (state) from elsewhere in the federal system-above or below. It was also contingent upon the states' willingness and ability to act and to influence the adoption of its own preferences. Lastly the outcome would be affected by a bargaining process which would proceed both within and outside the organisation. In this model there was a belief that there is no uni-causal explanation for differences in implementation. The precipitating factor(s) which formed policy and subsequent implementation by its very nature shape the choices and behaviours of those who had to influence it. Responses to federal inducements and constraints vary with the key participants' preferences and by the ability (and will) of the state (local government) to act.

A fourth synthesis was offered by Alexander (1985). He called this synthesis his "contingency theory". He offered the Policy-Programme-Implementation-Process (PPIP) as a conceptual framework. He argued that implementation studies show a disappointing lack of convergence which may be due to the difference in conceptualisation. He characterised these differences as "classical or linear, circular, adaptive or evolutionary." There needed to be a common theory which was abstract enough to accommodate the enormous diversity in implementation types. The resulting PPIP described a continuous interactive process which begins with a stimulus - the stage of problem recognition of the circumstances that make it necessary that a new policy is designed. This was succeeded by policy which is defined as "a set of instructions from policy makers to policy implementers that spell out a goal and the means of achieving those goals " (Alexander 1985 p 41). This in

turn was succeeded by a programme, which was the set of instructions which specify how policy is going to be achieved. The programme identifies resources, courses of action to be taken, the beneficiaries of the programme, etc. Alexander makes the point that what may be a programme at one level can be a policy at another. Implementation is the set of operations that delivers programmes to their intended beneficiaries. Each stage of the process was affected by the characteristics of the preceding stage.

A fifth synthesis was offered by Hasenfeld and Brock (1989). This will provide the basis for the development of our model. It is outlined further on page 49 and the detail of the development is given in Chapter 3.

## **1.6. CRITICISMS OF RESEARCH TO DATE.**

### **1.6.1. Theoretical Pluralism.**

O' Toole and Mountjoy (1984) commented, "There is no theory of implementation that commands general agreement. Researchers continue to work from diverse theoretical perspectives." Goggin (1986), supported by Ingram (1987) went further and argued that there had been a large number of lists of variables generated but little effort had been made to identify which of these variables were critical. This view was supported by Hargrove (1980) and Browne and Wildavsky (1984). The conclusion drawn is that there is no single sufficiently developed, universally accepted model of the implementation process.

There are thought to be a number of areas in which implementation research is restricted. Implementation is all too often described as "all or nothing" when there were, in reality, degrees of success or failure (Goggin 1986). Indeed there was not unanimous agreement as to what should be the legitimate subject of implementation enquiry (O' Toole 1986).

There were some specific areas of criticism. The research to date tended to be cross sectional rather than longitudinal. Wittrock and DeLeon (1986) complained,

*"The convenient assumption that implementation can be viewed against the background of a static set of circumstances upon which programmes can be imposed, however welcome to the implementation ... inhibits the foundation of a sound theoretical basis".*

*(Wittrock and De Leon p. 44.*

A second criticism is based on the reliance on a research methodology which uses a case study approach. Much legislation is implemented in many areas and localities and it is considered that more benefit will be gained if a comparative rather than a case study approach is adopted. As Goggin (1986, p340) comments, "Decisions pertaining to policy design must be informed by the implementation experiences of many implementers in many states."

A further criticism concerned the reliance on one type of policy. Implementation processes may vary with policy type (Ingram 1987). The existing research has tended to use one policy type. There may be differences in the implementation processes of a distributive policy from that of a regulatory policy. Thus, generalisation from one policy type is unwise. Lester et al.(1987) suggested that theoreticians should begin by working towards a typology of policy implementation.

One final specific criticism concerns the need to resolve the "top down" / "bottom up" debate by combining the two perspectives. It is worthwhile to seek synthesis on some of the empirical questions that divide the two views, to build upon the strengths of the separate perspectives. The method which we shall employ will be to develop a fourth synthesis which has the potential to address the criticisms given above.

### **1.6.2. Restricted nature of the research - a way forward.**

The "Political Economy Model of Implementation" proposed by Hasenfeld and Brock (1991). This will provide the framework from which we will develop a model which will be used in the research . The model has features which will allow it to be used

in addressing some of the perceived shortcomings of the research to date. Hasenfeld and Brock derive their model from an analysis of the major theoretical and empirical studies of implementation. The potential strengths of the model are, firstly, although it clearly categorises specific areas and stages, it takes a comprehensive view of the policy process, making little attempt to define where one part of the process ends and another begins. A feedback mechanism allows for the suggested dynamic nature of the policy process. Additionally there is a clear mechanism for assessing and quantifying relative success.

The second major benefit is that the model is a specific attempt to synthesise features of a "top down" and a "bottom up" approach. Indeed, the model is constructed as a result of a comprehensive review of the existing features of both approaches. It is considered that the model has the potential to be used to address the other criticisms of research. In our case, the research is longitudinal, although time and resource limitations preclude a complete longitudinal design. In addition it is considered that the model is suitable for use with different policy types, indeed it will be shown that the model is able to deal with the range of policy types which are embedded in the N.H.S. and Community Care Act (1990).

The model offered by Hasenfeld and Brock (1992) does not, however, completely address the new elements which we believe have been introduced are introduced by the requirements of contemporary policy implementation. In particular we need to account for the part the consumer plays in the implementation process, the affects of the "new managerialism" and to account for the affects of the non stated aims of the implementation. The model has to be examined and remodelled to reflect these. This process and a more detailed examination of the model is described in chapter 3.

## **1.7. CONCLUSION.**

How has this analysis informed us? Where do we go from here? What conclusions can be drawn from this review of the history of implementation study? In this

conclusion it is intended examine these questions and begin to provide the framework on which to build our research.

Stahl (1981) argued that until the advent of implementation research, knowledge offered by the academic discipline had questionable relevance to the practice of public administration. The relevance evolved in stages. The first saw the very basic one that implementation was rarely considered in the design of policy. The next was the discovery of what has been termed macro implementation. Implementation is a very complex process which embraces much more than the simple boundaries of internal organisational characteristics. This complexity is characterised by Pressman and Wildavsky's "links in a chain" and the multiplicity of players and decision points in an implementation. Salamon's (1981) discovery that implementation is almost always managed by third parties further illustrates this complexity.

The second generation gave further insights into the process, principally the idea of street level bureaucracy, implementation structures, policy / action cycle and backward mapping. This has all added to the sum of knowledge about the process. The third generation did not provide any new theoretical insights, but rather attempted to combine the two schools and provide tools for implementation analysis rather than implementation research. While these provided valuable insights into the processes involved in implementation, they did little to add to implementation theory's ability to inform and predict outcomes. As Goggin (1986) says,

*"While first and second generation research has added much to our knowledge of what implementation is and what it does, it has been much less helpful in differentiating among types of implementation outcomes, the frequency with which they occur and the relative importance and unique effects of each of the various independent variables."*  
Goggin (1986 p 329)

The question becomes whether implementation theory will be more able to predict in an environment which is guided by "new right" / "new managerialism". As we shall see, the nature of the "new managerialism" is one which espouses a "top down" view

of the world. Thus implementation is facilitated through the utilisation of a "top down" perspective. The implementer identifies the weak links in the chain and regulates them. The adoption of an ideology which emphasises "the right to manage" sees control as central to the implementation of their policies. However, since it did not explain policy failure in a bureaucratic culture, it is unlikely to explain failure in a management one.

What then characterises contemporary policy implementation? What can be added to the sum of theoretical knowledge to reflect this? A cynic may say that as far as contemporary policy makers are concerned, implementation did not exist. Thus, we return to the notion that failures in policy are due to failures in design or at best an inability to control the process. The same cynic might suggest that the logical outcome of a market approach is that the market will take care of implementation, after all it is a market. The way that recent policy has been implemented would give ammunition to this cynic. Policy is made and enacted, those responsible for its implementation have been put at arms length, in that responsibility has been vested in "agencies" run by persons whom the policy makers can disown. These "agencies" accept policy as written and their remit is to implement it in the way which the policy maker determines. The method of this implementation becomes almost invariably top down, with the notable change that the links have not so much been weakened, but broken so as to disguise their origin! While this is a simplistic analysis, it does allow us to move the argument forward. The apparent dichotomy which the policymakers face is that, on the one hand they have an absolute commitment to a type of radical change which reflects ideology and on the other, they wish to be perceived to be at arms length from the implementation. Thus we see the need for control with the illusion of none. This leads to complications.

This directs our attention to several areas, concerning the prevailing philosophies which drive policy makers to introduce competition, to privatise services and to introduce a consumerist ethos. Examination of this reveals that the introduction of



these factors have the potential to add a number of problems to the implementation process. The first of these is the "fit" between organisational form and policy to be implemented. Is this new form of organisation the most appropriate to the implementation? Secondly, the drive towards a "consumerist" approach is liable to generate enormous confusion over exactly what is meant by "the consumer." The confusion stems from the evident good sense (in professional terms) of involving those to whom services are offered in their design and delivery. In opposition to this is the impracticability and even the formal constraints against this involvement with those whom the legislation instructs the implementer to control - the criminal, the child abuser etc. If the policy makers want consumers to be part of the process then they would do well to heed Petr's (1991) words, "Yet to date the policy implementation literature has provided little help in carrying out the recommendations to democratise the implementation process." (Petr 1991 p. 68).

In addition we must also ask questions about policy makers' intentions. It would seem that persons who study implementation take a narrow view of the intention of policy and its desired results. It can be proposed that the motives of the policy makers are not entirely dominated by the overt intention of policy. Take an example from Care in the Community; the overt intention of policy is to reflect the generally held belief that people prefer (and it is better for them) to be cared for within the community. There is, another aim (not clearly stated) that it is also cheaper. However, bound up in the policy are a number of concepts which are ideologically motivated; the need to introduce competition at all costs, centralisation of authority at the expense of local government and the introduction of a consumerist ethos.

In order that we can address these issues in a theoretical way we must examine the model we have and look at how we can adjust it to account for these new variables. The question of consumerism is central to this discussion, in that in order to reflect the intention of the policy, the user of the services must become an active part of the implementation system, and as such must be incorporated in any model. Thus, in

terms of the theoretical challenge it would seem that we have to examine the following areas.

Firstly : what are the policy makers' intentions? To what degree do they see the user of the service as influential in the extent and method of its delivery? There must be some assessment as to the policy makers unstated intention, i.e. Is consumerism part of the ideological determinant of policy? Do the stated aims of the policy conflict with these unstated aims? To take the example of the word "empowerment". In its guide to practice the Department of Health.(1991) says

*"The rationale for this reorganisation is the empowerment of users and carers ...the users and carers will be enabled to exercise the same power as consumers of other services."  
(Care Management and Assessment : A Care Managers Guide. 1991, p.11)*

Does this empowerment mean that consumers will take an active part in the design and delivery of services or the allocation of resources? Or are they being enabled to exercise consumer rights of choice between available alternatives?

Secondly, does it vary with type of policy? It would seem to be obvious that the role of the consumer would be greater in those policies which had a distributive function than those which have a social control function. Again it would be important to look beyond the stated policy intentions. In our case it becomes particularly relevant to consider whether there is more than one type of policy aim within the particular policy. As will be argued below, the service deliverers face the dilemma of acting as society's guardian while attempting to treat service users as consumers. We must ask whether these functions are compatible.

Thirdly, and perhaps related to the first point, if one takes the management / marketing approach, how should outcomes be measured? We mentioned above that as far as policy makers were concerned, as soon as the policy had been made and put out to tender, then that was the end. Is success therefore best measured by the

efficiency of this process or some other measure? Lastly, and linked to all of the foregoing we must ask what are the effects of the imposition of "new" public sector management on the implementation process? In particular, does the need for the new managers to enforce compliance, to impose a particular organisational form effect implementation? Does it lead to the development of a street level bureaucracy which may act against successful implementation?

This review of the implementation literature has provided us with the theoretical starting point for this thesis. We have identified areas where the theory of implementation is thought to require further development. In order to facilitate this exploration we have identified a model which can be used as the basis for development. This model also has the potential to encompass the issues which have begun to be identified as those which characterise contemporary policy process. The next chapter will examine the history of the N.H.S. and Community Care Act (1990) and, in doing so, continue the process of isolating those variables which are important in modern policy implementation for this particular study.

## CHAPTER 2

# THE POLICY

*"The White Paper (Caring for people: Community Care in the Next Decade and Beyond) itself represents the birth of a baby which had a difficult conception, a fraught pregnancy of considerable length, a traumatic birth, an uncertain prognosis and whose paternity was open to some debate."*

*(Stevenson and Parsloe 1994 p. 27).*

This dissertation uses the N.H.S and Community Care Act (1990) as the basis for a case study to examine aspects of implementation. There was remarkable consensus between the main political parties on the policy of "Community Care" in the post war period. In terms of the formulation and implementation of policy it is significant in that, although much effort was expended, the results were characterised by fragmentation, confusion and delay. To a certain extent, this could be attributed to problems of implementation. The NHS and Community Care Act (1990) was meant to remedy this. Thus, in the context of this study and the study of implementation in general, the examination of this history forms the first part of the analysis. In terms of the research strategy, it is the start of the process of looking at the broad sweep of the policy and facilitating the focusing of the research.

Ham and Hill (1993) asked the question "What is policy making?" and answered by saying that "this is a question which attracts much interest but little agreement" (Ham and Hill 1993 p.11). This study follows Kingdon (1984) in that policy making is seen as the process coupling separate streams of politics, problems and policies which become viable solutions when a policy window opens. Thus, the first part of the chapter concentrates on the history of the policy, in order that the issues which make up these streams can be identified.

This will be followed by a description of the legislation itself, and the determination of those factors which may be important in the implementation. Particular attention will be paid to the influence of the "new right" ideology on the design of policy, the development of new methods of management in public services and the confusion which surrounds the view of the citizen as consumer.

## **2.1. HISTORY.**

The development of social welfare policies which emphasise the need to care for people in the community can be traced back to the Mental Deficiency Act of 1913 which made it possible for "many defectives to continue to live in the community." This began the slow evolution of the recognition of the benefits of community care.

This was stimulated by the growing awareness of the effects of institutionalisation. The Royal Commission on Lunacy and Mental Disorder (1924-1926) and the annual reports of the Board of Control illustrated the ill-effects of institutional care. In addition they were seen as critical in maintaining the pressure on central government to reinforce care in the community. Community care for both adults and children became more explicit in the immediate post-war period. For example, the Curtis Committee (1946) recommended that children be cared for in private homes rather than in institutions and the 1948 Children Act adopted this principle .

The actual phrase "community care" is said to have been first used by The Royal Commission on the Law Relating to Mental Illness and Mental Deficiency in 1957. The Commission argued for the replacement of "supervision" by "Community Care". That is a shift from hospital care to community care. The work of this Commission became embodied in the Mental Health Act of 1959

*"One of the main principles which we are seeking to prove is the reorientation of the mental health principles away from institutions towards care in the community."*

*( Mental Health Act 1959; Introduction).*

The practicality of care in the community for those with mental health difficulties was given new impetus and viability with the development of better chemical treatments for these illnesses. In addition, the work of Goffman (1968) on the results of institutionalisation and of Laing (1964), Statz (1961) and the "anti psychiatry movement" was influential in shaping opinion. There was also a succession of damning reports into conditions in some hospitals.

The publication of The Hospital Plan (Ministry of Health. 1962) and the Health and Welfare Report (Ministry of Health. 1962) is seen as the next development in this policy area. The latter, sometimes called the "Community Care Blue Book" contained a ten year plan for the provision of services to support Community Care. This was generally considered to be the start of the first wave of Community Care as stated and funded policy.

The policy was not without its critics, indeed some of the criticisms sound uncannily like those heard today. Titmuss (1968) for instance, commented that community care was a political slogan which employed idealistic terms to describe limited public action. Walker (1989) provided an analysis of the situation then which could be used today. He saw the initiative as being doomed from the outset and gave several reasons for this. Firstly, it was never clearly and consistently defined and consequently the political resources were never mobilised to make it a success. Secondly, Walker maintained that the policy was not motivated by the best interests of those in receipt of it, but rather the principal rationale for the proposed expansion of care in the community was financial. The costs of maintaining and in a lot of cases replacing old hospitals was considerable. Thirdly, the policy was primarily concerned with the formal services provided by local authorities rather than being directed at those who provided the bulk of the care, the networks of neighbours and family. Lastly, there was no consensus as to the amount of formal provision which was required or how it may be achieved.

There followed a succession of initiatives by central government to attempt to make a reality of community care. The 1971 White Paper "Better Services for the Mentally Handicapped" (D.H.S.S. 1971) proposed the first target dates for the implementation of the move from hospital to community care. The 1975 report "Better Services for the Mentally Ill" (D.H.S.S. 1975) sought to expand the day care places provided by local authorities. There were also attempts to break down the barriers between health and local authorities through the mechanism of joint funding. The 1981 consultative document "Community Care" (D.H.S.S. 1981) is significant in this context as it contains a wide ranging survey and analysis of available options as well as proposals regarding funding. Commentaries generally agree that the publication of the modest and unimaginative 1983 "Care in the Community and Joint Finance" circular (D.H.S.S. 1983) gave evidence of the lack of political commitment. It was felt that the policy was stagnating, that the initiative was not making the progress which was required. Nonetheless, pressure for radical change was kept up.

The elderly and those with disabilities were not subject to the same amount of attention in terms of "Care in the community." It could be said that the reverse was true - that social policy had always (particularly in terms of the elderly) emphasised the need for older persons to be cared for in the community. The major legislation, until the 1948 National Assistance Act, was based on the poor law system and its various amendments. This had its roots firmly in the need to place the responsibility for those unable to care for themselves because of reasons of infirmity in the lap of the community, particularly the family.

*" It should be the duty of the father, grandfather, mother, grandmother, husband or child, of a poor, old , blind, lamed or impotent person, not able to work, if possessed of sufficient means , to relieve and maintain that person not able to work. "*

*(The Poor Law Act 1930).*

Those unable to find this support were housed in workhouses which were renamed public assistance institutions subsequent to the Local Government Act 1929. Criticism of the conditions which pertained within these institutions was widespread, but to a certain extent it was countered with the view of some that ,

*"The power of the group maintaining instincts will suffer if the provision of a home, the training of children and the care of disabled is no longer the ambition of the family but the duty of a local or central authority.*

*(Thompson (1949) from Means and Smith 1994 p. 39 )*

This quote is used in the context that the state had a vested interest in not providing facilities for care in the community for fear that they would undermine the family's will and ability to care for their dependants, and on the other supporting inadequate provision of residential care. This is even codified in the 1948 National Assistance Act which makes no provision for local authorities to provide support services in the community. This is in complete contrast to the 1948 Children Act which marks the shift in emphasis from institutional care to care in the community for children.



The position changed in that local authorities were gradually, throughout the 1960s, 1970s and early 1980s, given more power to provide services within the home. In particular the 1968 Health Services and Public Health Act gave local authorities the general duty to promote the welfare of elderly. There followed a gradual, if uncoordinated change in the direction of policy to one of support within the community. It is difficult to quantify this piecemeal approach for two reasons. Firstly, the revolution in medical care, and increased longevity had led to a larger number of persons who needed care and secondly an almost unnoticed change in social security regulations had led to a massive increase in the growth of private residential care. Laing and Buisson (1992) quote an increase from 46,900 admissions in 1982 to 161, 200 in 1991 with costs rising from £10m. in 1979 to £459m. in 1986 and to £1872m. in 1991.

There was general agreement that by the mid 1980s there was a need to redefine the policy. The pressure from such organisations as MIND lamented the lack of progress in implementing the various programmes and they continued to campaign for radical reform. There was pressure on the budget with the recognition that funds for residential care for the elderly continued to rise. In addition there began to emerge reports that elders preferred to live in the community, but were prevented from so doing by the lack of appropriate community resources. This was reflected in the spate of reports which criticised the progress of the implementation of community care, These culminating in the influential Audit Commission Report "Making a reality of Community Care." (H.M.S.O. 1986). This emphasised five underlying difficulties.

Firstly, there were structural difficulties in co-ordinating resources for care in the community. The funds went to different agencies from different sources and were not co-ordinated. Furthermore they were allocated in such a way as to prejudice the development of community resources. Secondly, the transition from institutional care to community care would need additional funding. Thirdly, the burgeoning costs of the private residential sector was proof of the perverse effects of the present policy. Fourthly, the structure of services was fragmented and confused. There were not

clearly delineated areas of responsibility in either local authorities or the health service. Lastly staff involved with care in the community were inadequately trained and too few in number. The then Secretary of State for Social Services, Norman Fowler, responded by asking Sir Roy Griffiths,

*"To review the way in which public funds were used to support community care policy and to advise me on options which would improve the use of those funds as a contribution to more effective community care."*

*(quoted in preface to The Griffiths Report 1988)*

Griffiths produced his report ("Community Care: Agenda for Action" 1988). This short (30 pages) report addressed four main themes. These were:-

- The links between policy objectives and resources were not defined.
- There were many agencies and stakeholders, with little or no co-ordination.
- Choice and efficiency should be stimulated by the setting up of a mixed economy of care, with competition between the various providers of care.
- The existing system of subsidy through the Department of Social Security system was inefficient, primarily as it was not based on any assessment of the user's need.

Griffiths went on to make a number of recommendations based around the areas of responsibility of those involved. Most surprisingly he did not follow the Audit Commission's (1986) recommendation to appoint a Central Joint Commission to manage community care. Instead, he recommended that central government should appoint a Minister for Community Care who would be responsible for setting objectives and making the overall link between those and resources. A system of ear-marked funds should be available, the disbursement of which would be controlled by making them dependent on the production of submitted and co-ordinated plans.

Griffiths saw the delivery of community care services as essentially locality based. local authority social services departments were identified as being the agencies which were best placed to take the lead role. They would play the lead part in the

identification and assessment of need, the creation of packages of care and the regulation of residential and nursing care. Griffiths was careful to say that he did not see this increase in resources as an excuse for local authorities to expand their services. They were to use these new powers to encourage a mixed economy of care. The responsibilities of health authorities were seen to be the provision of health care and the assistance in the assessment and delivery of care. In addition, Griffiths defined the responsibilities of general practitioners, housing authorities, residential and nursing homes and last but not least, the individuals concerned. There were two important points to note. Firstly, the process by which residential and other care would be funded meant there had to be a transfer of funding from the Department of Social Security to local authority social services departments. Secondly, the targeting of resources to those in need. This implied that someone had to assess the need and financial circumstances of applicants and to make judgements about who should receive services.

The report was published in March 1988. Means and Smith (1994) reported that there was a certain degree of criticism from academic commentators. They cite Bosanquet and Propper (1991) and Oldman (1991) as criticising the assumptions made of people's ability to provide for their own social care needs saying that these were not supported by research. Griffiths is said to have praised the role of informal carers but failed to recognise the problems which supporting them brings (Baldwin and Parker 1991). Walker (1989) criticised the simplistic view of the creation of a mixed economy of care. Notwithstanding this, the report was well received. The ideas of targeted funding, a lead agency, the matching of objectives and funding and the specifications of the responsibilities of local government were all ones which objective commentators felt were positive approaches to policy. Social services were supportive of the proposals, at first seeing their fears of marginalisation as being unfounded. Means and Smith (1994) report that health professionals and the independent sector were less pleased. Health because they perceived that they had lost the battle for the "lead agency" and the private sector because they foresaw a diminishing market.

The response from central government was significant by its absence. Commentators (Means and Harrison 1988: Baldwin and Parker 1989) believe there were a number of reasons for this. Firstly, the government at the time was hostile to local authorities and Griffiths' central plank of making them the lead agency did not fit in with their view of limiting the power of local authorities. Secondly, if there was consolidated ring - fenced funding it would make clear the government's level of commitment to the policy which, in a time of possible retrenchment may prove difficult and unpopular to control. Arguably, the government was considering ways of implementing the policy, while remaining at arm's length from its consequences. After all, the difficulties that surround one policy (Community Charge) which were designed to deal with local authority finance were just being felt.

The first formal response was outlined by Kenneth Clarke, the Health Secretary in July 1989 (Department of Health 1989). In general, he accepted the main thrust of Griffiths while emphasising two areas. First, was the need to provide a clear distinction between health and social care and perhaps what is more important, the need for local authorities to become primarily enabling agencies. This is the "new right" theme of local government losing its function as a provider of services, becoming instead an organisation that contracted with a range of competing providers for those services. The range and shape of the market were to be determined by the aggregated need of the consumer. Second, we see the government's wish to introduce the "discipline of the market place" into local government. David Mellor, the then Minister of Health, in his address to the Association of Directors of Social Services in September 1989 made some significant points in that it stressed central government's view that

*"we want to see a business like approach to the purchasing and provision of services"... given strong management and a business like approach so much can be achieved"*  
(Mellor 1989 speech to ADSS 1989).

This delay becomes very significant when the processes of implementation begin to be considered. The significance concerns the design of those systems which were to implement the policy (the policy instruments). The period between the publication of the Griffiths report and the actual start of the process of implementation saw significant developments in the implementation of other public policies. In particular the methods of introducing a market mechanism (the purchaser / provider concept) were being refined in the health reforms, and mechanisms such as the "care management" system were being examined. The outcomes of these lessons were to become useful in the implementation of the Community Care Act, this is discussed in more detail in chapter five.

## **2.2. THE LEGISLATION.**

The White Paper was published in November 1989 and while it followed the main recommendations of Griffiths, there were some significant additions and changes of emphasis. The first change was the very clear commitment to the local authority as enablers and arrangers of services rather than monopolistic providers. The White Paper introduced the idea of "case management" (soon to become care management) as the mechanism to deliver services that could be closely monitored and controlled. The nature of these services was to be determined by the consumer who would be assessed for eligibility by the "case manager." Central government monitoring and co-ordination was to be effected through the mechanism of local authorities submitting annual Community Care plans. Other alterations included the introduction of a complaints system, an "arm's length" inspection unit and a new funding structure that was to transfer funds from the Department of Social Security to local authorities. These funds would be used to purchase care from a range of sources.

The White Paper places emphasis on the need to reflect the user of services as "consumer" with rights of choice and the ability to control their own lives:

*"Community care means providing the right level of intervention and support to enable people to achieve maximum independence and control over their own lives ... and to give people a greater say in how they live their own lives ."*

*(Caring for People 1989 p.8)*

Central to the accomplishment of this was seen to be the need to generate choice in the provision of care. The White Paper placed great emphasis on the need to,

*"Make use whenever possible of services from voluntary or "not for profit" and private providers insofar as this represents a cost effective care choice."*

*(Caring for People 1989 p. 22).*

While the White Paper did not prescribe the "selling off" of local authority resources for the provision of services, it requires local authority to separate purchasing of services from the provision of those services. This would, in effect, open the door to the competition between the public and private sector.

The NHS and Community Care Act (1990) was passed in the summer of 1990, only for the government to announce delays in the implementation timetable. There was to be a phased introduction, in three stages starting on April 1, 1991 with the setting up of inspection units and complaints procedures; the introduction of specific grants for mental illness and drugs and alcohol. The following year was to be used for the preparation of co-ordinated health and social services plans which would be introduced on April 1, 1992. The final stage began on April 1, 1993 with the transfer of finances on all new cases and the introduction of new management procedures.

The causes of the delay were the subject of much speculation. Was it, as the Health secretary Kenneth Clarke said in his statement (18 July 1990 to the House of Commons introducing the NHS and Community Care Act), that the challenges of the introduction of massive changes deserved careful consideration and preparation, especially in view of the other major legislation (The Community Charge; The

Children Act 1989) which local government had to introduce at the same time. Alternatively, was it as some have suggested, the result of a continuing battle between those who were still reluctant to give social services the "lead agency" status? (Hoyes, Means and Le Grand 1992; Means and Smith 1994). After all, when the sums involved became apparent it could be seen that local government would increase its resource base by about £829 m (Association of County Council figures 1993). There was also the issue of the introduction of the Community Charge. This change in the way in which local government was financed was proving politically sensitive and deeply unpopular. The introduction of the N.H.S. and Community care Act (1990) would be an added financial burden in its transition stage and tend to further distort the Community Charge rates. While these statements are largely speculative, the point needs to be made that they placed the implementation in a position of uncertainty, particularly as the main funding changes would take place after a general election. In turn, it must lead to questions of how much local authorities were prepared to invest in preparation for an implementation which may not happen?

### **2.3. THE ISSUES.**

The way in which the legislation developed and was enacted raises a number of questions that are particularly relevant to this study. These issues can be grouped into two linked areas. The first concerns the ideological context of the legislation, in particular the change in the way that public services are managed. This introduces issues concerning the organisational form required for the introduction of the legislation and the implicit change to a more "managerial" approach. The second is the definition of empowerment, the extent to which users of service would play a part in the implementation of this legislation. The very fact that there is some confusion could be detrimental to the process of implementation. There are a number of studies which illustrate that success in implementation is bound up with the clarity of the definition of the terms of the implementation (for instance Bullock 1981; McFarlane 1981).

### **2.3.1. The new managerialism.**

The ideological principles of the "new right" were central to the legislation. This became more evident as it passed through the various stages in the process of becoming law. The gap between the enacting of the legislation and the start of its implementation allowed time for the further refinement of these characteristics. Flynn (1989) saw this ideology as having the following characteristics:

- the use of market mechanisms wherever possible.
- Competition should be established and consumers should be allowed to opt out of state provision.
- Individual choice takes precedence over collective choices and centrally planned provision.
- State provision should be kept to a minimum.

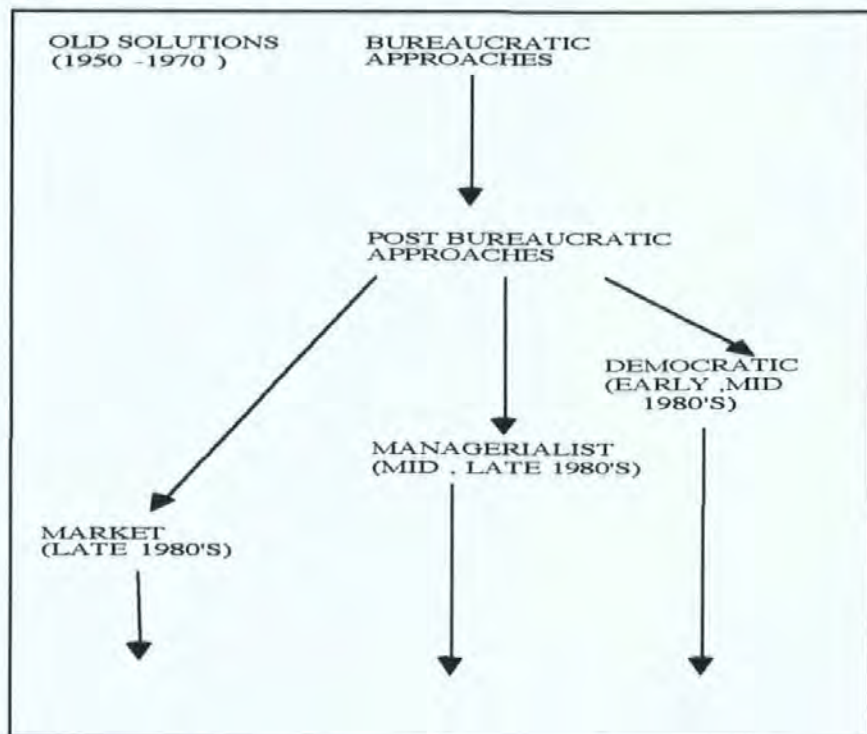
There was an argument that this took the form of rhetoric rather than action before 1989 as central government's aim was focused elsewhere. However, the development of the Care in the Community policy coincided with the moving of this focus to the area of welfare and with movement in the practical application of the ideology. Thus we see that as the policy moves along the path to its implementation and changes that reflect ideological criteria are introduced. Alongside this the emphasis of central government and the new right on the "inefficiencies" of local government and the bureaucratic nature of service delivery have a direct effect on the final design of the mechanisms which will carry out the implementation. This inefficiency was presumed to be further exacerbated by the influence of the professionals within the system.

Again it is useful to take a historical perspective. Hambleton and Hoggett (1990) have described the change in trends in local government management over time. They saw the traditional methods of the bureaucratic approaches being undermined by the disappearance of the stable market conditions and the appearance of new technologies which gave rise to the "post Fordism" of the early 1980s. The giant bureaucracies gave way to different forms of post-bureaucratic organisations, first in the private sector, then in the public sector.



There were two main themes in this organisational change, as illustrated in figure 2. In the first, there was the development of the "democratic" approach to local government in the early 1980s, exemplified by the work of Jackson and Blunkett (1987). The private sector's ideas of devolution, decentralisation and democracy were seen as crucial to the development of local government. Stewart (1986) and Stewart and Clarke (1987) produced a version of managerialism tailored to and reflecting the uniqueness of public sector values. They speak of "open public debate" and "citizens". The other approach was that of the radical right which sought to dismantle bureaucracy by the introduction of competition, of the privatisation of services, of the introduction of arrangements to promote the internal market. They talked about "customers" and "effective market demand." This found expression in the application to local government of the principles of the "new managerialism". It borrowed ideas of flexibility, customer care and participative management from the private sector and may be called strongly consumerist in its approach. Commentators (Hambleton and Hoggett 1990) made the point that, despite its radical wrappings it left managers firmly in control of their hierarchies.

Figure 2.



## Managerial Styles in Public Services

Hood (1990) described the new managerialism as :-

- The shift from issues of policy to issues of management, and the emphasis on methods of performance and efficiency criteria.
- The disaggregation of the management of public services, the break-up of traditional bureaucratic units and the uncoupling of units within the public sector to deal with one another on a profit and loss basis.
- A strong emphasis on cost-cutting. Management consultants generally quote the figure of 20% savings after the introduction of "new management."
- A management style which reflects private sector corporate practice exemplified by the "right to manage," short term contracts, performance related pay, the idea of corporate image and monetised incentives.
- A changing style of business regulation particularly the increase in self-regulation.

The importance of this new managerialism rested in the perceived need to establish the "right to manage." Managerialism legitimised the authority of the manager and saw the world from a "top down" perspective. It was the view that saw problems in terms of "weak links" in the chain, emphasising the centrality of the managers' view of the world. It went further, in that it was not simply a justification of the managers' perspective, but it provided the ideology that the whole organisation must follow. This became manifest in the concepts of organisational "culture" and the new managers attempt to control it. This can present difficulties when there was a difference in "culture" between one part of the organisation and another. (see Elmore 1978). The obvious area of difficulty is the potential clash between the professionals within the organisation and the managers. The new managerialism saw the need for managers to assert their authority over the professionals, who in turn, owed allegiance not only to the organisation, but to their professional ethics. The mechanism for controlling the professionals was based on measurement of performance against some form of standards. These standards were determined by management and control had to be directed to achieving those standards. This implied what Freidman (1977) calls

"direct control" which involved managers specifying work methods and compelling obedience. In the area that will be under examination, the workers have traditionally had what Freidman (1977) called "responsible autonomy", that is management had delegated to them the right to take decisions based on their professional judgement. Thus, we would expect to see an attempt by the managers to impose some control of both process and outcome which in turn has the potential to produce conflict expressed in terms of resistance to the implementation.

The disaggregation of services which Hood described is central to the policy. This disaggregation was to be accomplished by the establishment of a "mixed economy" of care which, in turn will allow the introduction of competition and choice. This required that the organisational form of local authority social services departments was changed to reflect this "contractual" relationship. The existing integrated departments were to be split into "purchasers" who hold the budgets to buy services from the "providers" who supply those services. These new "providers" would compete with existing private and "not for profit" organisations. The relationship between the elements was to be contractual. Commentators (Potter 1988; Martin 1992) questioned the supposed efficiency gains attributed to this. They cited, in part, the organisational difficulties which it engendered. In short, was the organisational form appropriate to the implementation?

There was a further area that would influence the implementation process. While not an explicit function of new management, the introduction of new management practices could be seen as the catalyst that would make this issue become important. It was, in part, linked to the areas of professional competence and the ideologically driven organisation listed above. The legislation clearly would increase the volume of the work and its diversity. The professionals within the system were not trained for some of the new tasks and some of these tasks sat uneasily in their perception of their professions. There was likely to be more of what was called assessment and means testing and less of what they considered to be appropriate to their qualification and skills. In turn, managers would quickly begin to recognise that they need not

employ as many skilled, highly paid and resistant professionals, rather they could employ people who would accept the management culture and be amenable to control. Potentially such ingredients will provide material for further areas of conflict.

### **2.3.2. Responsible consumer or empowered citizen?**

The debate as to the precise meaning of "consumer" and "citizen" was reflected in the confusions which were present, in that the legislation seemed to require that the user of the services display characteristics of both simultaneously. Citizenship is traditionally seen as a political concept which defines the citizen as an individual who is part of a state and a community with both rights and duties. The consumer, on the other hand, is unencumbered by the social responsibility of duty whose defining characteristic is the ability to purchase that which is necessary to meet their needs. How, then, do these seeming opposite definitions become part of the same discourse? Gabriel and Lang (1995) see this occurring as the result of the left enlarging on the definition of the consumer into a socially responsible person and the right moving the citizen in the other direction. The result of this is that the precise attributes of both become vague and undifferentiated.

This, of course, is central to our proposition of the user of the services as part of the implementation process. In addition our examination of the literature has indicated that an imprecision of definition is likely to lead to,

*"Different brands of consumerism being marketed ... For example, the key terms customer, consumer, user, citizen, and survivor all imply different kinds of relationship between those who provide and those who receive services"*  
( Barnes and Wistow 1991 p. 25)

As far as implementation is concerned, there needs to be an examination as to whether it is possible to determine what the policy makers intended by the term "empowerment." While there seemed to be an agreement as to the need to be responsive to those who receive the service, there were significant differences in the

perception of what exact form that responsiveness should take. On the one hand the "new right" followers of Hayek and Friedman would argue that the freedom to choose, the freedom to be a consumer is central to their philosophy. This will be accomplished by rolling back the state and managing matters in such a way that those who met the criteria for assistance were given freedom to choose what form this aid takes. On the other hand we saw the more traditional view of the user of the services as a citizen who had rights and duties. The state has a responsibility to society to look after those who had a need or who are a danger to themselves or others. The modern "democratic" movement would add to that, seeing the deliverer of the services as having a duty to involve the citizen in the way which services are delivered.

The "new right" would require that a mechanism be established so that the users of the service are given the opportunity to exercise choice in a free market. The attempt to provide choice, will lead to the establishment of a free market in care. In this case the mechanism to facilitate this concerns the state ceasing to be both the funder and the provider of services. Instead the state primarily funds the services that are provided by a range of suppliers who operate in competition (the purchaser/provider split described above). The resources are not allocated directly by the authority but via some system of vouchers or through intermediaries (care managers) providing a market in services. However this market contains anomalies which have the potential to undermine it, what Le Grand (1990) calls a "quasi-market". On the supply side, the system does provide for competition, but the competition is imperfect in that the organisations concerned,

*"are not out to maximise their profits nor are they necessarily privately owned (although some may be) Precisely what the objectives of such organisations are is unclear as is their ownership structure ".*

*(Hoyes , Means and Le Grand 1991 p.17).*

On the demand side, consumer purchasing is not expressed in terms of some form of cash, but in the form of a budget that is controlled and confined to the purchasing of those services that the care manager decides is appropriate. The definition of need is

normative and the norms are determined by the authority. This definition of need, in turn, has the potential to become the mechanism by which the budget is controlled. If the budget is reduced, the definition of need is tightened. If this is the case then the notion of the user of the services as a consumer is seriously flawed.

While it cannot be gainsaid that the view of the user of state services as a consumer or even customer has made great advances over the last ten years the state still has duties towards its citizens. The mutual encroachment of both perspectives means that it is difficult to identify exactly where this begins or ends. Hood (1976) describes a continuum in the position of those who use services. At one end, he describes the "sovereign consumer" who has the attributes of being able to choose between a number of suppliers, between a number of goods of varying cost quality and design, who may choose not to buy and is judged to be the best judge of their own interests. At the other, we have the person for whom the authority exercises "fiduciary trusteeship", the state acting as the trustee of the values of society expressed in legislation. Thus the local authority is put into a position where it has to act to protect those with mental health disorders both from themselves and to protect others from them. At the same time, they are enjoined to treat the same group of people as consumers with free and unfettered access to services which they can choose. A similar situation can be seen in any number of circumstances where the local authority has duties of control- the child abuser, the frail elderly person, the young offender. It begs the question, in terms of this implementation, as to where exactly does the definition of the attributes of the consumer lie? Does it vary with each person according some criteria? If this is the case, what are the criteria? An essential part of the research will be to identify these key variables.

In order to begin an attempt to identify these variables, we will to examine more closely the attributes of each group. We follow Means and Smith (1994) in their use of three descriptions of empowerment of service users. The first two of these are Hirschman's (1970) concepts of "voice" and "exit", the third uses ideas derived from rights clearly enshrined in law. Rights of "exit" can be equated with individualisation

of need. These are procedural rights that have no basis in moral values. They stress individual rights of redress, of being able to switch services, to choose. In short, a consumerist approach. "Voice" rights are substantive rights that emphasise the participation of the citizen in shaping the common purposes of society. Hirschman (1970) characterises this as the wish to remain with a particular provider, but wishing to change its nature. In short the user as citizen. The third perspective, that of "rights" sees "voice" as important but nevertheless dependent on the power and goodwill of those functionaries who dispense it. This is particularly relevant in terms of those with whom the legislation must deal (generally those who are disadvantaged and are rarely articulate in their own defence). Therefore the rights of the individual must be enshrined in law and enforceable by those entitled to those benefits which accrue.

As far as the particular legislation is concerned there can be seen to be elements of "voice", "exit" and "rights". For example the need to reflect the right of "exit" is seen in the need to provide a range of services- the mixed economy of care. Traces of "voice" can be seen in the requirement to involve consumers in community care planning. There are also traces of the "rights" approach in the independent complaints procedure and the right to judicial appeal.

Empowerment, while an apparently simple concept, becomes more and more complex as it is unpacked. On the one hand there is the idea of the user as consumer on the other the user as empowered citizen. The implementers are in positions of power and are left to interpret the meaning, again leaving them in the position to "give preference to the ideological, fiscal and political considerations" (Hasenfeld and Brock 1989 p 469). On the other hand it may place the implementers at "street level" in the position which Schorr (1993 p 16) maintains subjects them to, "cognitive dissonance and the need to adapt the way they operate to minimise this dissonance". These are the conditions which Lipsky (1980) would see as central to the formation of a "street level bureaucracy".

## 2.4. CONCLUSIONS.

This Chapter has traced the history of Care in the Community up to the passing of the NHS and Community Care Act (1990). It is possible, even at this early stage, to identify elements which have the potential to affect the implementation.

We saw that over time, a number of factors intertwine in the formulation of policy. In this case we saw four strands that provided the raw material for the policy. Firstly, the individual good argument: the well-established fact that people prefer to be cared for in their own homes and that institutions tend to be destructive of the human condition. Secondly, the planning argument: central government's planning of social care had been seen to be ineffective over an extended time. Thirdly, the ideological argument: the new right ideology clearly saw a redirection of expectations and service provision away from central government and back to the family. There were, of course other ideological drives behind the legislation. It is suggested that these were not clearly articulated at this stage; this point is discussed further in chapter five. The final impetus, or the "policy window" described by Kingdon (1984), comes with the realisation that the demographic time bomb of an ageing population had exploded and was costing the state a great deal of money. The largely uncontrolled placement of elderly persons in private residential care seemed to be out of control.

We have seen that there are a number of matters both in the history of the NHS and Community Care Act (1990) and in its overall environment which introduced factors that would effect the way which it was implemented. These were first, the requirement to reflect "new right" objectives in the legislation which in turn led to a requirement for them to be used in the design of the organisational form of the service delivery system. Secondly, we looked at the position of the user of the services as part of the implementation process. It seemed to be the clear wish of the policy makers for them to be treated as consumers, but even a cursory examination of this position reveals a number of difficulties in this position.



We are now able to develop further the questions originally posed at the end of chapter one. These questions now become:

- What are the effects of imposition of the new managerialism? Firstly, what is the effect of attempts to impose a managerial culture? Secondly, will there be difficulties in the imposition of control over the workforce? Thirdly, will the imposition of an ideologically driven organisational form lead to the introduction of a model of organisation that may not be appropriate for the implementation of the policy?
- The second main area of concern is that of empowerment. There are a number of different definitions within the legislation uses and they may not be universally applicable. This preliminary examination would tend to indicate that it will be very difficult to assess any degree of success as it seems impossible to define exactly what the intention of the legislation is in this area. Thus we ask the questions - does the incorporation of the "consumer" in the policy implementation process affect that process? Is there some differentiation? In some cases the recipient of services is regarded as having the attributes of a consumer, or those of a citizen. Is it possible to implement policy that tries to encompass both of these positions?
- Thirdly, linked to the first point, can examination of the process of implementation account for the covert, or perhaps un-stated, policy aims?
- Fourthly, and again linked to the points above, is the consideration of the dynamic nature of the policy process. This policy provides a vivid illustration of the fact that policy moves and is adapted in the light of feedback and environmental conditions. How then, can this be accounted for in any examination of processes?

In order to explore these issues, it is intended to modify and extend the political economy model of policy implementation initially proposed by Hasenfeld and Brock(1989). This development will incorporate the changes necessary to account for

the conditions which have been introduced by the requirements of contemporary public policy. The next chapter will describe these modifications and extensions and explain how the new model will be used as a framework on which to base the research.

## **CHAPTER 3**

# **A NEW POLITICAL ECONOMY MODEL OF IMPLEMENTATION.**

This chapter will outline Hasenfeld and Brock's (1991) model and then go on to suggest modifications that will further enhance its use as a model and conceptual framework. Hasenfeld and Brock's (1991) paper sets out to do two things. It presents a taxonomy of implementation studies based on common methodological and explanatory dimensions. Using this taxonomy, they identify common themes and develop it into a model that they present as a synthesis of the "top down" and "bottom up" method of studying policy implementation. This model they call a "Political Economy Model of Policy Implementation." We will describe the model and the theoretical concepts that inform it and examine the interaction of the components within the model and how they fit together. Having done this, we will adapt the model to reflect the requirements of contemporary public policy implementation.

Hasenfeld and Brock's review of the literature proposes that there are three dominant modes of theoretical explanation. The first indicates that any explanation of implementation must address the interaction between policy making, policy instruments and the organisational systems that respond to them. Secondly, the forces that drive the implementation need to be identified. Power relations, particularly the power of those at the bottom of the implementation chain should be clarified. In addition the fit between the technical design of the programme and its practicality for its purpose needs to be considered. The whole question of resources and their distribution is thought to be central. Lastly, the processes of implementation need to be examined. By this they mean that there needs to be an examination of those processes which take place to deliver the intended output. As will be seen, this division is used to formulate the design of the research.

Figure 3. shows the model diagrammatically. As can be seen it represents a series of six areas that are linked consecutively. They start with policy making, move through policy instruments, critical actors, driving forces, the service delivery system to the output. There is a feedback loop that links all the components in what seems to be a one way system of feedback.

Figure. 3

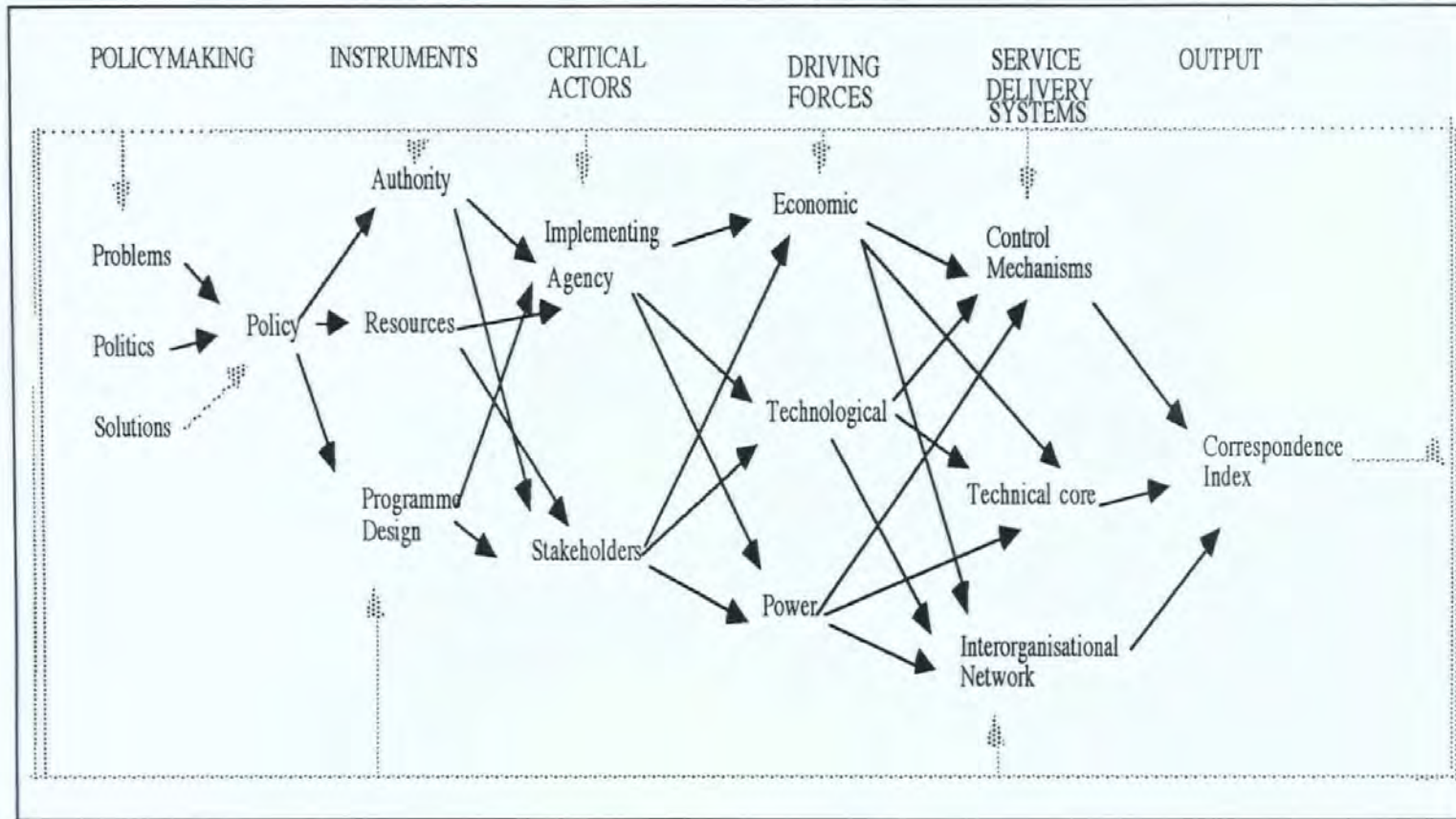


Figure. 3 Hasenfeld and Brock's Political Economy Model of Implementation (1991)

### **3.1. POLICY MAKING.**

Hasenfeld and Brock subscribe to Kingdon's (1984) view of the process of policy making. Kingdon saw policy formulation as having two phases. The first he called the "agenda setting phase". This was the process whereby three "process streams", the problems stream, the policies stream and the politics stream, came together. In the problem stream, problems came to the forefront in one of two ways. Firstly, through the systematic monitoring of key indicators. For example, systematic monitoring of statistics may indicate a particular area of concern which in turn brought the issue to the forefront as a problem. In the policy under consideration the realisation that costs were rising dramatically due to changes in benefit rules and demographic factors could be seen as an example of the problem stream. Secondly, problems were generated by "focusing events" such as the public revelation of an otherwise undisclosed problem. The revelation of the inadequacies of the care system and the research that revealed that people prefer to stay at home rather than move into institutional care provided this impetus.

The second stream was the development and refinement of policy proposals. In this stream, ideas are generated, researched and reformulated. There may be a range of solutions to the stated problems, or one policy may be more politically acceptable than others. Thus in care in the community, we see the realisation by government that there needed to be some policy, but the range of solutions which were proposed were not acceptable to central government and the process was delayed until an acceptable solution was found.

The final stream was the political stream. This was composed of such factors as public mood, as expressed in opinion polls, the demands, positions and actions of interested groups, key changes in administrations and election results. These all helped to determine whether an idea that had been refined to a usable point was enacted into law or remained on the agenda of political possibilities.

The three streams only come together when they converge to create an "opportunity window", a brief period when circumstances permit action. It is worth noting that Hasenfeld and Brock made the point that the conditions which enabled the opening of the "window" would also have far reaching effects on the success of the implementation process. They use Nakamura's (1987) work to propose that,

*"conflicting or incompatible problems or solutions become coupled, they generate contradictory or ambiguous policy instruments. The more diverse and contentious the politics, the less stable and coherent the policy instruments will be."*

*(Hasenfeld and Brock 1991 p.486)*

The argument is taken one stage further in that they maintain that the stability of the policy instruments is, in part, a function of the degree of turbulence in the policy making environment.

Another view of the process of policy formulation, which would support the contention that the success of implementation was determined at this stage, is articulated by Miller (1990). He examines implementation in the light of Weber's (1968) action theory and Lowi's (1964; 1975) policy types and included,

*"A particular orientation toward social action in the formulation stage will evolve toward a particular policy arena in the enactment or legitimisation stage, setting the stage for implementation."*

*(Miller 1990 p.887)*

This is an area of the model about which further questions should be asked. In particular, is the Kingdon "garbage can" model adequate in view of the potential influence that the formulation process is said to have? Is it applicable to regulatory, distributive, redistributive, constituent and symbolic policies? Miller saw the design of implementation directly linked to the type of policy. It may also be influenced by considerations of organisational form, Callista (1986) argued,

*"That the clarity of a policy intention depends on the appropriateness of the organisational form to implement it, and the assumptions held by policy makers regarding*

*organisational form, in practice, often lead to offsetting or contradictory implementations".*

*(Callista 1986, p.263)*

One could go further and argue that the policy makers' perceptions of the value of an organisation available to implement a policy may have some bearing on the policy makers' solutions. The example of the care in the community legislation seems to indicate that the policy makers held local authorities in low esteem, and correspondingly modified the policy suggestion to attempt to avoid directing resources and power toward them. It may be that, as Maynard-Moody (1989) argued, there is a different policy making process, one in which policies originate in administrative rather than in political or legislative arenas.

### **3.2. POLICY INSTRUMENTS.**

The authors identify three elements as policy instruments. These are authority, programme design and resources. Authority refers to the amount of legal power conferred on the implementers to elicit compliance. While authority may be vested in one agency, it can be diffuse or unclear. O'Toole's (1986) work described in chapter one examined the effects of the diffusion of power between agencies. While the full effect of this will be examined below, it is worth noting that at this stage, there is bound to be some bargaining, some conflict between agencies. One could even postulate a degree of bargaining or conflict to avoid responsibility for an unpopular programme, the idea of the "Pontius Pilate" school of policy implementation described by Hill (1994),

*"but this is not the only policy making strategy which enables implementation problems to be evaded. Another is to delegate responsibility to an organisation for which the central policy makers can deny responsibility. In this way policies as riddled with contradictions as any in the past may be enacted with the blame for their ensuing problems shifted to organisations outside central control."*

*(Hill 1994 p.7)*



This argument could be taken even further, in that central government not only washes its hands of responsibility, it can attempt to pin blame on the implementers for inefficiency, usually in terms of bad management.

The adoption of any policy presupposes the deployment of new resources or the re-deployment of existing resources to fulfil the obligations implicit in the policy. The amount, type, sources and the conditions attached to the deployment of these resources raises several questions in relation to the proposed model. Is the policy aimed at redistributing existing resources or deploying new resources? If the policy is redistributive, then where are the resources coming from? It follows that there must have been or will be some element of bargaining or negotiation between those responsible for allocating those resources. One must then ask what influences those allocating the resources? Will these influences be constant?

The first areas of Hasenfeld and Brocks' model, while providing a good basis for development, also have some shortcomings as an instrument for our purposes. Firstly, the model takes little account of time, in that the process takes place within a time frame that is not determined entirely by the requirement to implement the particular policy, rather it is determined by the considerations of those who generated the policy and perhaps by those who would like to delay so as to obtain an advantageous bargaining position. In turn this period allows other extraneous influences to affect the allocation and deployment of resources. Thus we see that there are lateral links between the deployment of resources and the authority required to facilitate it.

Secondly, there may also be conditions attached to the allocation of resources which may take a number of forms. They may be overt, for example the use of funding penalties as an inducement to implementation or the conditional allocation of resources where the implementers must attain certain targets or provide certain assurances or monitoring methods, so resources are made or continue to be made available. The resource allocation procedures may be less open. For example,

allocation may be based on political need, as in the case of the allocation of resources to ease the burden of Community Charge. There may also be the allocation of resources based on different criteria, determined separately from the actual ends to which the policy is meant to address. An example of this could be the "City Challenge" initiative which is designed to address the difficulties of inner cities, but the allocation of resources is made on the basis of competition using criteria other than those which the policy is meant to address. Again this raises questions about the design of the model. In particular, it raises a third criticism of Hasenfeld and Brock's model which concerns the place of bargaining and conflict in the process. The link between resources and politics may not be determined by the amount of resource needed to implement that policy. Rather that the deployment of resources could be designed to fulfil political ends, which have to be bargained for, rather than the policy to which it is linked.

The amount of resource available for the implementation of a policy has direct consequences on how it is implemented. Hasenfeld and Brock say,

*"The availability of resources and their allocation, as specified in the policy, influences the composition of the stakeholders. A policy rich in resources will attract many stakeholders offering their commodities, thus expanding the interorganisational network"*

*(Hasenfeld and Brock 1991 p.470)*

There is a direct link between the amount of resources and the number and commitment of stakeholders. A policy rich in resources will not only attract a number of interested participants, but it will also influence their commitment to the implementation of the programme. Once again, it is likely that this will also show itself in the bargaining/conflict over the distribution of these resources. Of course, the same argument could be applied to a policy that has limited resources, in that the stakeholders will be eager to acquire an adequate resource base with which to implement their part of the programme. The essential difference would seem to be that, in the case of ample resources, there exists the possibility for stakeholders who had not previously been part of a programme to have some part of it. This in turn

could lead one to speculate that the resource allocation process goes further back in the model. To take an example: "care in the community", in its first incarnation, was seen as a resource rich package, with potential resource benefits for a range of stakeholders. Potential stakeholders, local authorities, private residential care homes and others all attempted to influence the policy making process insofar as they lobbied to change the legislation so as to obtain some resource advantage for themselves. As time went on, it became clear that the resource vein was not as rich as was first seen, and a number of potential new stakeholders dropped out, but those who had a statutory duty to implement the act continued to bargain for resources. Again we see that the linkages within the model tend to be more complex, the feedback loops running two ways, sometimes sequentially, sometimes directly missing out a link in the model. It also seems that the importance of Barrett and Fudge's (1981) "Policy/Action" theory is evident here. In addition Hjern and Porter's (1991) theories of implementation structures begin to be seen in the links between agencies and in the structures that form to acquire resources and influence policy.

Again the need to consider the dynamic nature of the process is clearly illustrated. The process of resource allocation and the amount and type of resource will, as Hasenfeld and Brock (1991) stress, affect the technological design because of the limits of feasibility set by the availability of resources. They use Alexander's definition of a programme as

*"The prescription of a specific intervention to achieve defined objectives, identifying resources to be deployed and the relevant contexts"*

*(Alexander 1985 p. 423)*

While Hasenfeld and Brock see a clear link between programme design and policy specification, they do not state the sideways link with resources. The definition adopted implies, once again, a static policy. It has already been argued that this is not necessarily so. We maintain that if resource availability influences policy, it must influence programme design. That is, if resources become more scarce than first proposed, then the programme design will be altered to accommodate this.

Programme design is that element that specifies the target population, the areas of need to be addressed, and the services to be provided. Hasenfeld and Brock follow Sabatier and Mazmanian (1980) in maintaining that the design of the programme reflects the clarity and consistency of the policy objectives. In line with our previously stated belief in the influence of action on policy, that it is not a closed/predetermined process, then one must continue the argument. Thus, even if a policy is clear at the start of an implementation episode, it may get less so as time passes, it may even remain clear, but slightly altered. The question then becomes- does the programme design move with the change in policy? This, in effect would tend to reinforce the view of Sabatier and Mazmanian, in that programme design is viewed against the moving target of changing policy intention and detail. This, in turn could tend to lead to a further confusion in the design, especially in two areas which Hasenfeld and Brock feel are important

*"When the validity of the theory of causation assumed in the policy is questionable, cause and effect relations become uncertain and unpredictable and greater reliance is placed on trial and error strategies."*  
(Hasenfeld and Brock 1991 p.469)

Callista's (1986) point about the clarity of policy intention influencing the appropriateness of an organisational design again becomes relevant, as does his theory about the assumptions held by policy makers leading them to make offsetting or contradictory implementations. While it may be argued that this is an influence that would make itself felt during the "service delivery system" section, it can be argued that the instrument itself is to a certain extent determined by the form of the organisation that is going to be used for its implementation. For example, it can be argued that the legal policies that are ostensibly motivated by the need to have a humane approach to custodial sentences, could also be said to be influenced by the limitations of the prison service in terms of places and their ability to be innovative in their implementation of new policy. This, of course, leads to the discussions about changing organisational form to facilitate implementation. This is discussed below.

A more forceful argument may be one put forward by the "bottom up" school. This would be that the orientation of the policy makers would lead them to presume that, as stated in a previous chapter, there is a single authority, top down model of political organisation. Thus programme designers would not be able to recognise any potential dysfunction other than those which were to do with compliance or steering. It becomes important to examine the effect that the organisational form has on the implementation of the programme. The argument becomes more complex when we realise that the policy makers require that a particular model of organisation be adopted, and that that form is changing as the implementation progresses. This reinforces the need for the modified model to have feedback loops which can account for this movement in programme design and to be able to highlight the unrecognised dysfunctions.

### 3.3. Critical Actors.

Hasenfeld and Brock quote Ripley and Franklin (1982)

*"Implementation processes involve many important actors holding diffuse and competing goals and expectations who work within the context of an increasingly large and complex mix of government programmes".*

*(Ripley and Franklin 1982 p.9)*

They go on to differentiate between two sets of such actors. These are the implementing agency and the stakeholders. The implementing agency is described as

*"A government bureaucracy in charge of assembling the programme components. There are several characteristics of the implementing agency that influence the implementation process, especially the interests of the dominant coalition, internal structure, and availability of skills and expertise."*

*(Hasefield and Brock 1991 p.4 68)*

The characteristics of the dominant coalition will influence the implementation process. Thus, if the dominant coalition does not agree with the policy instruments, then the implementation is likely to be symbolic rather than real, with the minimum of organisational resources committed. There are a range of other organisational characteristics that are seen to affect implementation. These include the availability

of skills required to implement a particular policy, the internal structure. A "loose coupled" organisation will present more problems of co-ordination than a "highly differentiated" one. Maynard-Moody et al. (1990) in their work comparing the differing results of the implementation of a "Community Corrections Act" found that the successful instances had a "fixer", someone who, "Will get things moving, get a number of very committed people to work with the director etc." (Maynard Moody et al. 1990 p.834 ). They also stress the importance of the "street level implementers" that is discussed further below. The implementation structures that are formed are defined by the control they have (or seek to have) over a resource needed to implement the programme. The operation of these structures is characterised by negotiation and bargaining. Thrasher and Dunkerley (1982) apply social exchange theory to implementation. Stressing that the actors in implementation structures constantly engage in exchange for what they perceive as mutual benefit. They emphasise that the currency of this exchange is varied, using Foa's (1971) taxonomy of types of resource to demonstrate the range of resources that could be used in exchanges. What these resources have in common is that,

*"The need for and control of such a commodity defines the political arena of the implementation process. To obtain the commodities needed for implementation, exchanges will have to be made among stakeholders and the implementing agency."*

*(Thrasher and Dunkerley 1982 p. 349 )*

O'Toole and Mountjoy (1984) note some important information about the numbers and type of stakeholders. As noted above they use Thompson's (1949) typologies to examine how implementation differs with varying combinations of agencies and types of general terms they conclude that, as may be expected, the greater the number of stakeholders, the more complex becomes the implementation process. Again we see the need to negotiate and bargain, this time between agencies. This in turn has the potential to effect the programme design. The other characteristic that will effect implementation is the degree to which the stakeholders are organised. The more the stakeholders are organised into associations and cliques, the greater their capability to influence the implementation process.

### **3.4. DRIVING FORCES.**

The driving forces are understood to be that combination of personnel and systems which convert the policy into a form that can be operationalised. The detailed organisation is established, decisions are made about the distribution of resources and power structures are decided. In hierarchical terms this would be the management level characterised as senior management.

The first area to consider is that of resources, in particular the conversion of economic resources into resources that will carry out the implementation. Implementation decisions are driven by consideration of costs and are influenced by the availability of resources, the elasticity of the demand and the supply of goods and services needed by the programme.

Hasenfeld and Brock describe three sorts of cost consideration that influence the implementation process. These are, production costs, opportunity costs, and transaction costs. When conditions are unstable, the implementers will attempt to minimise the fixed costs of the programme as they see that these costs will be irrecoverable should the implementation not proceed as planned. In the case of the NHS and Community Care Act (1990), we have already seen that there was a great deal of uncertainty about whether it would be implemented in full. The driving forces are more likely to invest in those areas that are recoverable should things go wrong which implies a less than wholehearted investment in preparation of capital components such as computer technology. The consequence of this is that, if the implementation does proceed, then its chances of success become lessened, that is the "correspondence index" is lowered.

Transaction costs are those which are associated with the assembling of programme components. If a component is readily available, and within the control of the implementing organisation then the transaction costs are likely to be low. The greater the uncertainty about the supply of a programme component, the greater the general

need for it to be provided from within the implementing agency. However, should this not be possible then it will have to be contracted for. This is likely to present problems of co-ordination and uncertainty of control. However, in contemporary policy implementation, there are different imperatives in that the legislation requires that as many services as possible be contracted. Indeed it is a central principle that the implementing agency should lose its functions as a service provider. In addition the characteristics of bureaucratic organisation would tend to make it respond in a particular way when a new function is to be carried out. For instance the theory of the "dynamic bureaucracy" indicate that the bureaucracy will not be neutral when threatened with change. This would lead the organisation to have a particular view in regard to considering the balance of transaction costs and outcomes. There is a further consideration, in that the calculation of costs, and conditions of technological uncertainty are liable to render their calculation ambiguous. Hasenfeld and Brock maintain that in these conditions, ideological and political factors are liable to dominate an organisation's calculation of costs.

Central to this is the ability of those within the implementing agency to utilise appropriate power. If the use of this power presupposes their commitment to the programme, they must then have both the formal powers in terms of hierarchical authority, "network centrality" and resource control. One could add that the concept of the "fixer" outlined above should be considered when examining power. The notion of an implementer being able to concentrate and marshal power is thought to be central in successful implementation. It should also be noted that the raw use of this unlimited power is no guarantee of successful implementation. While the model places emphasis on the appropriate use of power, it would be prudent not to attempt to accord power the status of the universal solution.

The model also considers the influence of the power of stakeholders. Bardach (1977) describes the implementation process as the,

*"Playing out of a number of loosely interrelated games whereby these elements (those required to produce a*



*particular programme outcome) are withheld from or delivered from the programme assembly process on particular terms.'*

*(Bardach 1977 p.12)*

Thus, those stakeholders, who have the power to so do, will use that power in order to attain an outcome which is favourable to them. As the stakeholders are liable to have conflicting values and interests then this "game" is liable to be played out continually, both in terms of obtaining compliance and in terms of acquiring terms and conditions favourable to particular stakeholders. Perhaps one of the critical elements in power as a driving force is what happens when the balance of power is such that it disables the process of implementation, or seriously distorts it. This can be seen clearly in an implementation process which has a number of agencies responsible for implementation, but where no one agency has the power to enforce compliance on the others. O'Toole (1986) asserts that there are three areas that will induce successful co-operation. These are authority, common interest and exchange. When these are not present or dispersed among stakeholders then the likelihood of successful implementation is diminished. Again it may be useful to reflect on the value of Maynard-Moody et al.'s (1990) "fixer". A person, in this case who is committed to the policy, has the support of those who sponsor it and have power. Hasenfeld and Brock talk of,

*"The implementers who occupy a central position in the network, they have greater control over the terms of the exchanges. When power is dispersed the number of decision makers increases and the probability of agreement declines. The exchange of resources become less predictable and the potential conflict of interests and values increases."*

*( Hasenfeld and Brock 1991 p. 471)*

The third area of the driving forces is that of technological specifications. These are the translation of the legislation and the requirements of the critical actors into a scheme of making it a reality.

*"The implementation of every policy involves the technical operationalisation of a theory of causation assumed or expiated by the policy. The greater the technical*

*rationality and coherence the lesser the potential for design errors."*

*(Hasenfeld and Brock p.472)*

The design must be specific in translating the requirements of the policy into courses of action. Less specific design will allow the implementers to exercise discretion, and increase the likelihood of diversion from the policy makers' intentions. In addition the specification must be feasible from the point of view of the implementers, i.e. within the abilities of the implementers to accomplish. Secondly there are the concerns about the influence of the philosophy of the policy makers on the design process. To take an example, the philosophy of the policy makers over the last decade or so predetermines certain technical specifications. This can be seen clearly in the "Care in Community" policy. The central belief within the ruling political party of the time was that an element of competition should be introduced into all public policy. This directly leads to the requirement to adopt a particular organisational form to facilitate this.

### **3.5. SERVICE DELIVERY SYSTEM.**

The service delivery system consists of three interrelated components, the technical core, the interorganisational network and the control or monitoring mechanisms. Hasenfeld and Brock argue that the service delivery system will be shaped by the nature of the driving forces. In the majority of cases that we may want to study, the structure will already be in existence. This is, of course, because the majority of public policy implementation is done through existing structures of local or central government. Notwithstanding this, their model is sustainable in terms of degree rather than form. The model could be altered to reflect the fact that the success of the implementation could be dependent on the degree to which the existing organisation is able to adapt to enable it to deliver the services, its ability to be shaped by the driving forces. This hypothesis will require the placing of more emphasis on the internal conditions within the existing delivery system than Hasenfeld and Brock maintain is the case. Therefore consideration must be given to the work of Elmore

(1978) and his models of organisation, Lipsky's (1980) work on street level bureaucracy and the recent work by Maynard - Moody et al. (1990).

The technical core are those components of the programme that are directly responsible for producing the desired changes in the target population. The ability of the technical core to be changed to a form that is appropriate to deliver the programme is critical. Callista's (1986) work would tend to support the argument that "Organisational matters supersede other concerns in the policy process - only to consider them no less important." (Callista 1986 p.270 )

As discussed in chapter two the resistance to change and the inability to control the "bureau professional" will have an important effect on the ability to change the technical core. This is, to a certain extent, determined by the amount of control available to the driving forces.

The control mechanisms in any altered model would be central to any redesign of delivery system. It is considered that the model needs to place more emphasis on the "bottom up" aspects of implementation, particularly in terms (once again) of the ability of the control systems to deal with "street level bureaucracy." This can be seen as a function of the three control methods available. Firstly, the structural methods. These are those methods which influence personnel by training, or by reference to their professional qualifications and appropriate internal control mechanisms. Secondly, by process controls, which are those processes which determine the organisation's control over the functions of the service delivery, and lastly its ability to control the outcome of the intervention.

The final element of the service delivery system is the interorganisational network. The structure of this network reflects the networks in the "driving forces" area of the model. The emphasis is on the doing rather than the organising and co-ordinating. The same areas of concern may be articulated as above, in that the ability to facilitate productive service delivery depends on a range of factors and again the model tends

to emphasise the ability of the implementers to have sufficient power to overcome the difficulties of co-ordination between the networks.

Hasenfeld and Brock stress the close link between the service delivery system and the driving forces. Figure 4 illustrates this. They hypothesise that an implementation system that is characterised by Cell 1 will maximise the degree of success of the implementation, and Cell 4 will minimise it. An increase in technical and economic uncertainty will fragment the technical core and shift the control mechanisms. For example, withdrawal of funding for training or technology systems will render attempts at reorganisation difficult. If that technology is essential in controlling processes, then it will also have a significant impact on methods of control. Similarly, as power is dispersed (as O'Toole illustrates) then the interorganisational networks become less co-ordinated. In terms of the contention that conflict and bargaining are understated in the model, it can also be postulated that loss of resources means loss of bargaining power, which will affect all aspects of the system.

Figure 4. Driving forces and Service Delivery System

	CONCENTRATED	POWER	DISPERSED
CERTAINTY	T= highly integrated I = highly coordinated C= structure, process and outcome (1)		T= moderately integrated I= somewhat integrated C= process and outcome (3)
TECHNICAL/ ECONOMIC			
UNCERTAINTY	T = somewhat fragmented I = moderately coordinated C = structure and process (2)		T= highly fragmented I= uncoordinated C= structure (4)

T = Technological. I = Interorganisational network. C = Control mechanisms.

### 3.6. CORRESPONDENCE INDEX.

The correspondence index is

*"The degree to which the identified needs of the population processed for services match the actual services they obtain."*

*(Hasenfeld and Brock 1991 p.474)*

The definition of the correspondence index raises several important issues that are central to the use of the model as a tool for analysis. Firstly, in this model the subject of the intervention is seen as the willing recipients of such services as the programme delivers. While this is certainly true in a large proportion of programmes, there are those cases when the needs of the consumers less important in the equation. The general approach for most theories about the provision of public services has been how to perfect the organisation. Indeed, the early efforts of the study of implementation can be seen in this light. The answer was seen in making the organisation more efficient as a bureaucracy,

*"set sensible boundaries within and between bureaucracies and to build up the expertise, specialisation and dedication of public bureaucrats. The recipe usually included better training and professionalism - meaning specialised technical expertise and skills in general decision making and planning."*

*(Hood 1976 p.169)*

This can be seen as part of a general "aggrandisement of management" within a framework of public bureaucratic service provision. Hood (1976) calls this "Producerist" in that it starts with those who are taken to be the producers of public services, rather than with the consumer. There has been to be a change in this view over recent times. The "new right" philosophies of Niskanen (1971) and his followers encourage us to examine the consumer or the service user rather than the "producer." This would lead us to produce a system in which the control is applied through the application of market forces, and providers of services will be rewarded on the basis of "consumer satisfaction" rather than that of efficient organisation (in bureaucratic terms). This political/philosophical orientation is the dominating force in present public policies. Thus, any analysis of implementation must consider the degree to which the user has choice over the service that is provided to meet those needs that have been determined. Indeed, the issue as to who determines those needs is one that

has to be considered. The concept of the "sovereign consumer", consumers who are able to make a choice from a range of services made available to meet their needs as defined by themselves, can be seen to be an aim of implementation rather than a contributory factor. Thus a central issue in determining the correspondence index will be the extent to which the needs of the consumer are determined and the range of resources that are available to meet that need.

If we use the correspondence index as a method of measuring the success of implementation then we need to ask further questions about what constitutes need. Followers of Niskanen (1971) would see need in terms of expressed need, that is need which is expressed by the consumer in their terms (see Bradshaw 1972). The question must be asked whether this is adequate in view of the tasks which the delivery system is being asked to perform. For instance, in some cases the agency may be asked to determine normative need in order to fulfil policy requirements in "targeting" services. As will be seen in this implementation, this norm is expressed in various ways, for example, the allocating of priority categories created by the agency. Or they may have to judge normative need in terms of an assessment/diagnosis and apply professional judgement in order to deliver or allocate services as in the case of aids and adaptation for a person with a disability who is assessed by an occupational therapist who applies professional judgement and decides what services to allocate. In other cases the Agency may be asked to consider the need of those other than the person with whom they are working, the concept of the agency working as "fiduciary trustee" in protecting society from the risks which a mentally ill person may present. In each case one must consider whether the political/philosophical goals of consumer choice are compatible with the other requirements which public organisations have to consider. The idea of the sovereign consumer embodies the idea that, if the range of choice is such that the consumer feels they do not want any of them, then they have the opportunity to opt out. How can this be possible when there is a coercive element to the intervention? For example, when social workers are tasked, in law, with the role of protecting children to what extent do they consider the sovereignty of the abuser who is the parent? It may be that the definition of correspondence index will

have to be amended to read "the degree to which the identified (expressed) needs of the population processed (requesting) services matches the actual services they obtain."

### **3.7. FEEDBACK LOOP.**

Hasenfeld and Brock see a simple feedback loop,

*" ... generated by exogenous shocks-events that are beyond the implementers control- and internal adjustments initiated by policy makers."*

*(Hasenfeld and Brock 1991 p.473)*

They see exogenous shocks as those external events that will affect the implementation process. Such events could include - electoral shifts, influx of immigrants, technological innovations and economic booms or recessions. They describe internal adjustments as the,

*"... changes made by policy makers and critical actors at any stage of the implementation process, potentially altering the way that services are delivered."*

*Hasenfeld and Brock 1991 p.473)*

These adjustments are conscious, as a reaction to a monitoring or evaluation process. One of the threads that has run through this analysis is the need for the model to adopt a more sophisticated view of feedback. This altered feedback loop should take into account the following. Firstly, the need to consider the Barrett and Fudge (1981) "Policy/Action" theory of the policy making process as not being finite. Secondly, the need to consider that there are more complex vertical links within all the areas, for instance it has been argued that there are feedback links between all the policy instruments which in turn affect their formulation Thirdly the feedback relationship is not a sequential, linear one. For instance, it is argued that there is a direct link between the policy making area and the design of the service delivery system.

### **3.8. CONCLUSIONS - TOWARDS A NEW MODEL.**

The individual components of the model, and some of the concepts that inform it have been examined, as well as the process of the interaction of the components. The preliminary indications suggest that certain modifications are needed in order that the

model becomes appropriate to the task of analysing modern policy implementation. The new model will be tested by tracing the four distinguishing characteristics of modern policy implementation through the model.

- The influence of the "new managerialism," in particular those aspects that involve the attempts to impose a managerial culture with the associated difficulties of the imposition of control. Has the ideology of the policymakers led to the introduction of a form of organisation that may not be appropriate for the implementation of the policy?

It is considered that the model is able to cope with this point. There are issues of how the centre controls the local authority in a macro sense that can be addressed through an examination of the policy making/policy instrument elements of the model. However, elements of conflict and bargaining on the multi - directional nature of feedback will need to be considered. On a local level, Hasenfeld and Brock's analysis of the interface between driving forces and service delivery system is likely to be useful here.

- The second main area of concern is that of empowerment. A preliminary examination indicates that it will be very difficult to assess any degree of success as it seems impossible to define exactly what is the intention of the legislation in this area. In particular, a number of different definitions which are used at one time or another. Thus we ask the questions - does the incorporation of the "consumer" in the policy implementation process affect that process? Is there some differentiation - in some cases the recipient of services is regarded as having the attributes of a consumer, in others a citizen? Is it possible to implement policy that encompasses both of these positions?

The model will have to be adapted to include the user of the services to reflect the active role of the user of the services and how their participation will affect the correspondence index.

- Thirdly, linked to the first point, can examination of the process of implementation account for the covert, or perhaps unstated, policy aims?

Again, it is felt that the model can be used in this context.



- Fourthly and again linked to the points above, is the consideration of the dynamic nature of the policy process. This policy provides a vivid illustration of the fact that policy moves and is adapted in the light of feedback and environmental conditions. How then, can this be accounted for in any examination of processes?

The point made above is equally relevant here - the construction of the feedback loop needs to be strengthened in order to reflect the dynamic nature of the policy, as does the emphasis on the influence of environmental factors and, once again the conflict and bargaining.

There are, in addition some general points that need to be considered. The model offered has at its heart the consideration of policies which are aimed at providing benefits, those described by Ripley and Franklin (1982) as redistributive policies. It does not consider in any detail how to measure the success or otherwise of other policy types such as distributive or regulatory. Indeed the problem becomes more complex when consideration is given to the other motives which underlie the policy. For example, how does one gauge the success in implementing the ideological dimension of the policy? The idea of the correspondence index as measure of success has already been accepted. Is this, however, the only measure of success which we should consider? Rossi and Freeman (1989) see evaluation (of the success of a programme) as directed at a range of stakeholders with varying and sometimes conflicting needs. Evaluators should consider the,

*"Perspective from which a given evaluation should be considered! Thus success depends on what you or your agency want to see and may not be the same for all stakeholders. "*

*(Rossi and Freeman 1989 p. 476 )*

The problem of the determination of intention by the policy maker, either by commission or omission is dealt with to a degree above (and perhaps alluded to in the Rossi and Freeman quote). Further consideration should be given as to how one would judge effectiveness when intention is deliberately unclear, perhaps so as to avoid public analysis of the success of implementation, or even so as to avoid blame if the policy is not successful.

### **3.9. A new model.**

In order that the issues outlined above are incorporated into the model, a new model is proposed. Figure 5. illustrates those modifications graphically. This new model has used Hasenfeld and Brock's framework and their synthesis of the dominant strands of implementation research. We also have adopted their assertion that there are three distinct areas of implementation: Firstly, any explanation of implementation must address the interaction between policy making, policy instruments and the organisational systems that respond to them. Secondly, the forces that drive the implementation need to be identified. Power relations, particularly the power of those at the bottom of the implementation chain needs to be clarified. In addition the fit between the technical design of the programme and its practicality for its purpose need to be considered. Lastly, the processes of implementation need to be examined, there needs to be an examination of those processes which take place to deliver the intended output. As will be seen this division is reflected in the research design.

We utilised this framework to build a model which still owes much to Hasenfeld and Brock but is substantially different. These changes are aimed at a constructing a different model which will facilitate the examination of contemporary policy implementation. The new model incorporates the following changes. There is a more sophisticated feedback system which runs vertically between components as well as laterally between areas of the model. The revised feedback system is also intended to illustrate the "Policy / action" dynamic of Barrett and Fudge, with the two way linkages between components and areas. Secondly, it incorporates ideas of bargaining and conflict at all intersections of the model. Thirdly, a policy window is included. Lastly, the user of the services is included as an active part of the implementation process. This may be difficult to assess as there must be some debate as to the precise nature of this involvement for each type of user, however they must at least be considered an active part of the system. In addition customer satisfaction, in the consumerist sense, must affect the definition of the correspondence index.

The new model will provide the framework for the research. In conceptual terms, the theory which informed its construction and modification will also inform the structure

of the data collection and analysis of that data. In practical terms, the model provides a framework which will be used to design the process of the research. The next chapter will describe this in more detail.

# CHAPTER 4

## RESEARCH METHODS

*"Research design is the plan, structure, and strategy of investigation conceived so as to obtain answers to research questions ."*

*(Lincoln and Guba 1973 p. 26).*

*"How do researchers maintain the needed flexibility of research design so that the research can "unfold, cascade, roll and emerge and yet convince others that they know what they are doing? "*

*(Marshall and Rossman 1989 p. 43).*

This chapter aims to describe how the research was carried out, both in terms of the methods used and the processes involved. The research strategy is essentially exploratory in that it starts with the broad sweep of the policy and progressively narrows down the field to those areas that suggest themselves as being most important to the specific areas under study. The methods used are qualitative and consist of a variety of data collection methods. These methods reflect both the need for flexibility and to access a wide variety of sources. The conceptual framework to which these data are applied is the model of policy implementation described in the previous chapter. The chapter will firstly examine the rationale for the use of the particular qualitative approach and methods adopted. Secondly, it will detail and justify the sources and methods of data collection and a description of the procedures used along with a description of the research instruments. Thirdly, data collection and analysis procedures will be examined. Lastly there will be a justification of the validity of the methods.

#### **4.1. THE RESEARCH STRATEGY.**

A qualitative strategy was used for a number of reasons. Firstly, the research is essentially exploratory and as such lends itself readily to an approach that allows the researcher to scan the broad field of implementation at the start of the process and has the flexibility to focus on those individual actions that may effect implementation. These individual actions are to some extent those described as "culture" by Marshall and Rossman (1989) who say,

*"We simply cannot understand organisational phenomena without considering culture both as a cause and as a way of explaining such phenomena".*

*(Marshall and Rossman 1989 p. 44).*

They go on to say,

*"Students of organisational culture have found the concept of culture elusive but powerful in understanding the complexities"*

*(Marshall and Rossman 1989 p. 45)*

which is precisely the area of this research,

*"... cultural transformations, then, may be one of the unintended by-products of state initiated programmes" .  
(Marshall and Rossman 1989 p. 45).*

In our case it is the unintended effects of the implementation of the NHS and Community Care Act (1990)

A second reason for using qualitative research is that while there can be said to be a finite number of areas that may affect implementation, the very nature of implementation is such that it is difficult, if not impossible, to isolate the variables within these areas. Indeed the argument could be made that a clearly determined range of variables would suppose a "top down" approach.

Thirdly, central to the research is the idea of a system of action that is disguised or hidden from seniors. The idea of street level bureaucrats pursuing their own agenda to suit their own purposes implies that these actions are covert, that they are hidden from their seniors. The research method needs to be able to look in some depth at the actions of persons in settings in which they display these actions, as well as those settings in which those actions may be disguised.

The research has a number of phases that combine functions of data collection while allowing the development and refinement of the research questions. These phases use the model outlined in chapter three as a chart to guide the direction of the research. This will entail a four stage research process. Each of the first three stages will examine a specific area of the model which, in turn, is coterminous with a phase of the implementation.

The first stage is the examination of the interaction between policy making, the policy instruments and the organisational system which responds to them. The second is an examination of those forces which drive the implementation. In particular we examine the power relations between the various elements in the model. The third stage

concentrates on the processes by which the implementation is effected during which we will examine issues of organisational adaptability and learning. Finally, in our fourth stage, we will use the information from the previous three phases to focus our research on those factors which were demonstrated to be central to it.

#### **4.2 RESEARCH DESIGN.**

The overall strategy of the research is based on the notion of inductive reasoning. It is grounded in the existing theoretical bases as explored in chapters one to three. This information enables us to develop our original research questions. These questions may be subsequently discarded or refined to take account of unanticipated or contradictory data which may emerge. In order to facilitate this process of data collection, examination and revision the staged process described above is followed. This is illustrated in Fig. 6 below. This entails a number of stages, each with the purpose of allowing the further refining of the research questions. This process is described by Lincoln and Guba (1985) who talk about orientation and overview, and focused exploration.

Before the process begins, the researcher defined a conceptual framework which shows graphically the main variables to be studied. In our case it is the modified Hasenfield and Brock model. The definition of these stages, in terms of chronology and the scope and type of data collected is accomplished by using the framework of the model. We see the first stage as being coterminous with the policy making policy instruments and part of the driving forces sections of the model. The second stage is the examination of the driving forces, the third the service delivery systems and the final one the relationship between the service delivery, the user of the service and the correspondence index. The final, focused exploration is considered to be the last of these stages.

Figure 6 Research timetable

METHODS AND SEQUENCE							STAGE OF MODEL	
PRE APRIL 1993	ORIENTATION AND OVERVIEW						↑	POLICYMAKING POLICY INSTS. DRIVING FORCES
1993 APRIL MAY JUNE JULY AUG SEPT OCT NOV DEC 1994 JAN FEB	REVIEW AND CONSTRUCT PILOT						↑ ↓ ↑ ↓ ↑ ↓ ↑ ↓ ↑ ↓ ↑ ↓	DRIVING FORCES POLICY INSTS. (CONT) SERVICE DELIVERY (PILOT)
MAR APRIL MAY JUNE	REVIEW OF PILOT AND PROGRESS						↑ ↓	DRIVING FORCES SERVICE DELIVERY USERS
	END DATA COLLECTION BEGIN ANALYSIS OF DATA						↓	
	INFO. W.P.	MAN. FORUMS	DEPT. MONIT.	D.M.T.	PILOT	MAIN INT.	DOC REV	

The data from each stage is analysed, conclusions drawn and the research questions verified or altered before moving on. The processes which were used in this research follow the classic set of analytical moves (Miles and Huberman 1994 p9) and were:

- i. Assigning codes to field notes.
- ii. Making margin notes.
- iii. Identifying relationships, patterns, differences common themes.
- iv. Carrying these different themes, patterns and relationships in the next phase of the research.
- v. Elaborating themes, patterns and relationships into generalisations which reflect the consistencies in the database.



vi. Comparing these with the existing body of knowledge.

It should be noted that the software package NUD.IST was utilised for all of these functions

#### **4.2.1. Data reduction**

Analysis consisted of three concurrent flows of activity - data reduction, data display and conclusion drawing/ verification. Data reduction is the process of selecting, focusing, simplifying, abstracting, and transforming the data (Miles and Huberman, 1994, p10). This process begins even before data are collected in that the construction of the conceptual framework begins the process of categorising information. The conscious act of data reduction occurs throughout the processes of the research. It is important to remember that data reduction is not separate from analysis, but rather part of it. The researchers' decisions as to which data to include and which to leave out, which patterns are relevant and which are not are all analytic choices. In this research the main tool used to aid data reduction was the NUD. IST package.

It should be also noted that data reduction does not necessarily mean quantification, it can be reduced or transformed by a number of methods for example, through selection, through precis or through the combination of individual items into a whole. Once again, the methods and the reasoning behind the data reduction methods is described below.

#### **4.2.2. Data Display.**

A data display in qualitative analysis is a method of assembling information which will permit the drawing of conclusions. As with data reduction the act of designing displays and placing data into them is part of analysis. Looking at displays will help understand what is happening and allow the determination of further direction. Traditionally, qualitative researchers have used some form of annotated text, typically a transcription of the record of events which has been annotated in some way to reflect some form of

coding. In this research a number of methods of displaying data were used, particularly those generated by the NUD.IST software. They are described below.

#### **4.2.3. Drawing conclusions and verifying results.**

The analysis begins the process of drawing conclusions from the start of the data collection. Regularities, irregularities, patterns and explanations reveal themselves through the data. In our case, each stage of the research required that conscious decisions are made about the data in order that the direction for the next stage was established. This process of examining the data also served as a focus for testing the validity of the findings by forcing the researcher to test the plausibility of data and to confirm the conclusions which have been drawn.

#### **4.3. THE RESEARCH QUESTIONS.**

This section will examine in more detail how the research is designed to meet the particular requirements of the research questions. These research questions, which were determined at the end of chapter two, were:

- The influence of the "new managerialism," in particular the issues of the imposition of culture and the imposition of ideologically driven organisational design.
- Secondly, the service user's influence, if any, on the process of implementation.
- Thirdly, the examination of the affect of the ideology which drives the implementation.
- Fourthly, a consideration of the dynamic nature of the policy process.

Pressman and Wildavsky (1973) supported by later studies (Browning et al., 1980; Bullock, 1981; McFarlane, 1989) point to the necessity for the practitioner to see the translation of a theory into understandable and practical methods of implementing it.

Confusion over definitions would lead to what Hasenfeld and Brock describe as,

*"The increase in the discretion of the implementers, which enables them to give preference to ideological, fiscal and political considerations ... and contributes to the diffusion of*

*political power and invites competing perspectives allowing various actors to push their own agenda' (Hasenfeld and Brock 1989 p 365 )."*

In this case the research must attempt to determine what the policy makers mean by empowerment and whether that meaning is shared among those within the process. In addition the design must attempt to address the question whether this empowerment will lead to the user of the services having an active part in the implementation process. Lastly, the assertion that policy makers' intention that the policy is applicable to all classes of user targeted by the policy needs to be tested. If it is not, or perceived not to be, then the conditions described above begin to affect the implementation process.

The outcomes in relation to this are discussed by Schoor (1993) in relation to Care in the Community. Using Festinger's (1963) concept of cognitive dissonance he says, *"The PSS (Personal Social Services) are suffering cognitive dissonance at a very high level ... If workers are required to behave in one way and believe in what they are thinking in another, they will find techniques of reducing discomfort. There will be an inclination to define their job privately while avoiding accountability"*.  
(Schoor 1993 p. 22 )

Of course this is akin to Lipsky's (1980) description of street level bureaucracy. Furthermore, there is research evidence that efforts to control street level bureaucracy have driven it further underground, worsening accountability problems (Aaronsen et al.. 1984; Knott and Miller 1987). The second research question will be concerned with whether there is any evidence of the existence of a "street level bureaucracy."

Associated with this question is Hasenfeld and Brock's assertion that there is a need to correlate the appropriate design of a "technical core" (those programme components that are directly responsible for producing the desired changes) with the control mechanisms available. Inappropriate designs can be those which are determined for ideological reasons rather than those of efficiency. Callista (1986) demonstrated that this in turn is

linked to imperfect implementation. In addition, there is clear evidence that, if the implementer does not have an appropriate and efficient control mechanism, then it results in imperfect implementation. The third question will examine the design of the "technical core" and consider the degree to which ideology affects the implementation. Linked with this, and with the second question, is the need to determine the extent to which the actions of field workers are controlled.

As noted in Chapter 2, one of the factors that underpins the policy is the political drive to change the "culture" of the management of public services. What Hood (1991) calls "New Public Management." This is partly addressed and closely linked to the third question, but with an additional area for analysis. The change in culture may, in fact, have the unintended consequences described earlier in this chapter. Therefore, the fourth research question asks what is the "culture" of the organisation, how is it made manifest, and is it common to all levels? If it is not, how is compliance ensured?

The last point that should be noted when considering the scope of the research is the awareness of the time scale needed to implement. Our model has a sophisticated feedback system that mirrors Barrett and Fudge (1981) in that it presupposes that the action of the implementers will influence the future view of the policy. In addition the literature review makes the point that one of the deficits in the research into implementation is the lack of a long term perspective and the difficulty of collecting data retrospectively. Thus this research must be viewed as the starting point, an initial attempt to develop the clues into recognisable "leads".

These clues are both the starting point and the substantive theoretical framework on which the case will be built. Notwithstanding the need to pursue a particular thread throughout the research the model we are using is systemic.

#### **4.4. DATA COLLECTION METHODS .**

A number of data collection methods and sources were utilised, some were specifically designed to use in the first phase, some for the second and some overlapped. Figure 6. above illustrates this.

##### **4.4.1. Information Working Party**

The "County information Working Party" was a working party drawn from managers in Social Services and other sectors of the authority to consider an information strategy in response to the "Care in the Community" legislation. This proved to be a good starting point in that it allowed entry at what is, in effect, the beginning of the processes through which the policy is delivered. This forum allowed access to a wide range of managers.

The task of this working party was to decide on a method of implementing the first stage of the process of Care Management as outlined in the government guidance, "Care Management and Assessment" (DoH 1991). It stresses the importance of getting information to the potential user of the services in order that they can make informed choices about the service that they want.

The multi-departmental composition of this forum allowed a view of the implementation which was likely to exhibit some symptoms of the inter and intra departmental conflict and bargaining. In addition there may be some clues as to the willingness and ability of the managers to consider the perspective of the enablement of the user of services. These were recorded using the techniques described above

##### **4.4.2. Attendance at management forums.**

These provided a method of observing the interaction of the driving forces and the service deliverers. These regular, but infrequent, forums are held so that senior management may communicate the present policy and future intentions to line managers. All first line

managers, senior managers and managers of monitoring and policy units attend. Four of these were attended by the researcher.

Besides offering valuable information as to the "official views" of the senior managers, these meetings gave a good opportunity to assess some of the feelings of first line managers from all over the county and the differing perceptions of senior and junior managers as well as their acceptance of one another's views.

#### **4.4.3. District Management Team.**

On a more local level, the researcher acted as a member of the district management team. This team met weekly. It was the forum for the dissemination of information from senior management. It made decisions about the internal distribution of resources, and strategic planning for the District. As is recounted in chapters five to eight, the organisation was going through major changes aimed at facilitating the implementation. This was an important forum for a number of reasons. It allowed monitoring of the perceptions of line managers in terms of the change process and their views as to the practicality of the changes proposed. Secondly, the tensions, conflict and bargaining that took place were able to be observed. Thirdly, the results of this bargaining in terms of allocation of resources and the formulation of plans were also able to be observed. Lastly, there was the opportunity to assess the development of a street level bureaucracy and the level to which the "managerial" culture had permeated. During the period of the research thirty meetings were attended. Recording methods and coding followed the format already described

#### **4.4.4. Departmental monitoring team**

Six months after the initial implementation of the policy, senior management initiated a monitoring exercise to assess the progress of implementation. The monitoring aimed at examining processes and outcomes in a number of randomly selected cases from each of the adult care management teams in the local authority. Permission was sought and

obtained to participate in this process. Six care management teams in which further research was planned were selected. The rationale behind the selection of this sample is described below.

The participation gave the opportunity to pursue the research on several levels. Firstly, it allowed "entry" to those teams in which further research was planned. Time was allocated in each team to discuss the research and to put proposals for further work to them. In all cases the teams were willing to participate in further research. Secondly, the monitoring was being carried out by personnel from the Policy and Inspection unit. There was the potential for a divergence in their perspective from that of the operational teams. Thirdly, it allowed access to the detailed results of the survey, which allowed comparison with the results that were observed.

#### **4.4.5. The development of a pilot study.**

After initial evaluation of the data available from the foregoing exercise, a draft of the themes that needed to be pursued in interview was constructed. The themes were structured around three main areas. Firstly, the understanding of the definition of empowerment. Secondly, the person's perception of the organisation and thirdly the nature and extent of the control to which they were subjected. The themes were designed to gather data as to the subjects' understanding of empowerment, if there was any sign of the development of street level bureaucracy and whether there was any effective control over their performance.

#### **4.4.6. Interviews.**

The respondents were drawn from the same six teams as were monitored, and those interviewed reflected the same skill and managerial level as in the pilot. The interviews were conducted at a place chosen by the respondent (usually their office) . Each was allocated a unique code to identify their team and their post. This interviewing took three

months. The interviews were semi - structured and designed to reflect the same themes as the pilot interviews.

#### **4.4.7. Interviewing Senior Personnel.**

Six senior managers were interviewed; these were self selecting, in that volunteers were sought. The same interview schedule as was administered to the field workers was administered to the managers. In order to find their perceptions of what actions the field workers would take in given situations, the wording was altered to ask them to consider what they would expect fieldworkers do in the situations given.

#### **4.4.8. Content analysis of written material.**

A regular review of documents was undertaken. This included documents and minutes of meetings internal to the Department, documents external to the Department such as DoH publications, notes of guidance, relevant contemporary research and the review of newspapers and periodicals. The technique is described below.

### **4. 5. THE PROCESSES OF THE RESEARCH**

Lincoln and Guba (1985) enumerate three phases of an enquiry. Firstly that of "orientation and overview", in this phase, the researcher, having carried out preparatory work in reading and examining documentation, seeks to obtain a broadly based view of the matter under study. The primary objective is to begin to determine what areas merit more detailed examination. Decisions also have to be taken in this phase about what data collection methods are to be used. In addition, some account has to be taken of logistics, for the first phase is used as the basis for planning the other two. Secondly, they discuss the "focused exploration" which takes place after the data from the first, and in this case second and third phases are analysed and an appropriate final data collection method is designed. The aim of this phase is to focus in detail on those areas that are important and concentrate on those persons who can provide that data. The final phase is the checking and analysis of the information, the filling in of gaps and the preparation of reports.



The conceptual framework is constructed before the research begins. The processes and the framework are described in chapters two and three. In addition decisions needed to be made about instrumentation and coding. At this stage, little instrumentation is required, however formal decisions were taken about the form of field notes, their transcription, the use of contact and summary sheets.(see below for details). In particular the form of the text unit had to be decided. The text unit is the division of the text which facilitates its division into sections which can be allocated discrete codes and be sorted by the software. It should be noted that decisions need to be made at this stage about the use of software. The package called NU.DIST was selected because it has a number of features which make it appropriate for this research. These features are

- it allows the establishment and subsequent adaptation of a coding system
- on and off line documentation can be incorporated and linked to data
- the software allows the writing of memos and reports which can be linked to data and therefore can be used to develop concepts and themes directly related to the data
- there is a speedy and flexible data base system which allows ease management of large amounts of written data.

It was decided to utilise the software from the beginning of the data collection.

A description of the methods of generating the initial code book is given below and a description of the final coding set given in Appendix 3. It should be noted that at this stage, only the general areas (Codes 1-8) were defined. Additionally a set of codes were developed to allow the categorisation of information source. These codes were inputted into the NUD.IST software as the basic indexing system. All implementation has an enormous number of variables, therefore there has to be some method for "focusing and bounding" (Miles and Huberman 1994) the information collected. In order that analysis can take place some method of standardising the data must be instituted. This was done by means of developing a uniform coding framework. Full details of the coding is given

in Appendix 5. In addition the use of this method forces the researcher to tie research questions or conceptual interests directly to the data.

The method for doing this is as follows. The literature review indicated a number of areas which provided the baseline for the compilation of an initial "code book". That is, the broad areas of the research were broken down into discrete sections and allocated a unique identification code. This resulted in eight sections which were derived from literature, implementation from the new model of implementation, the street level bureaucracy from Lipsky and empowerment from a number of sources. These areas were

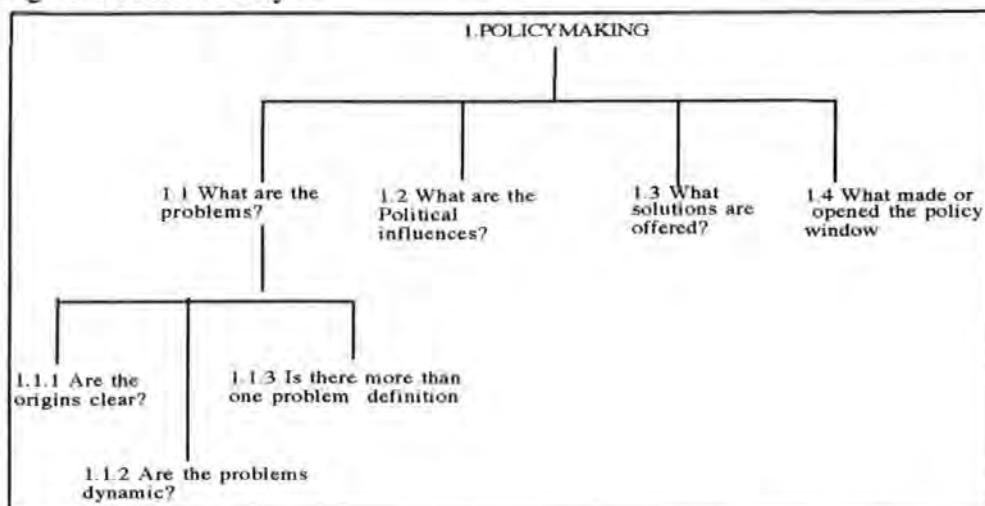
1. Policy making.
2. Policy instruments.
3. Critical Actors.
4. Driving forces.
5. Service delivery system.
6. Correspondence index.
7. Street level bureaucracy.
8. Empowerment.

These sections were subjected to analysis, using a visual method called scalar analysis. NUDIST provides for the development of an "...index system containing ideas, concepts and categories." (QSR NUD.IST Handbook 1994) In this system each element is given a distinct code. As can be seen it is possible to reduce the item to a level that would facilitate ease of analysis. The example given in Figure 10 is the analysis for the area of Policy Making.

The causal links between the elements still need to be defined. In order that this be done, a form of pattern coding was developed. Our model presupposes that the links between categories follow a linear progression. This is a premature assumption as the categories

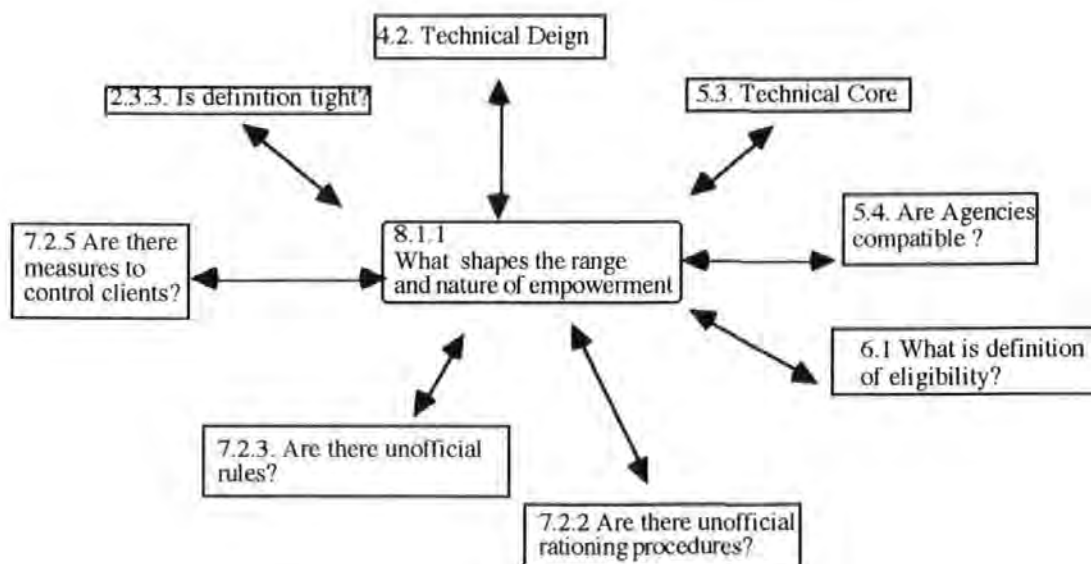
are no more than a theoretical start point. The data need to be linked in a way that reflects the themes and patterns emerging from the research. Each pattern is assigned a

Figure 7. Scalar Analysis



letter code and is "mapped" using a visual display method that allows the depiction of links in terms of their strength, valence and direction. Figure 11 gives the example of the code EMP. This is the area that examines the causal factors that shape the range and nature of empowerment. A full list of these "pattern codes" is given in Appendix 4. This was accomplished using the software package, which allows "memoing" and development of themes and theories.

Figure 8. Pattern Coding



#### 4.5.1. Ethical issues.

There needs to be an explicit and stated decision as to the measures which are taken to ensure probity in the research process. In the case of this research, these decisions are recorded and presented to the University before the research is approved. In addition, it should be remembered that this research was supported by the Social Services Department under study and the researcher was employed by the Department for all of the data collection phases. Thus, the measures decided on were discussed and agreed with the representative of the agency before they were submitted to the University.

The research requires that data be collected from a range of sources using a range of mechanisms. The table below gives the specific measures taken.

Figure 9 Ethical Measures.

<b>DATA COLLECTION METHOD</b>	<b>ETHICAL MEASURES TAKEN</b>
Document search	Persons responsible informed of purpose of research and use to which information will be put
Management and other meetings	Participants informed observations will be recorded and given opportunity to view transcript
Interviews	Interviewees consent obtained to record and transcribe interviews. No identification of participants, codes allocated.
Participation in Monitoring exercise	Participants informed of purpose of research and use to which information will be put

The next stage of the research was coterminous with the policy making, policy instruments and critical actor parts of the model. The greater part of this had already taken place before the start of the fieldwork. Thus the data analysis methods in this stage are concerned with the analysis of documentary material. As outlined below we followed Krippendorff (1980) as adapted by Forster (1994) in analysing this material. This has five stages :-

- Access, what documents are required , how can the researcher access them? The first decision concerns the identifying the documents which were required and obtaining access to them. In this case the decision was taken to access as wide a range of material as possible from within the organisation under study. Permission was sought and obtained to access the administrative files in County Hall, the Area Office and one District Office. All files were made available, except those which were related to personnel matters. In addition to these files, there was a great deal of documentation available in the public domain which related to the implementation- these included White Papers, Hansard, the records of parliamentary committees, the Act itself and the guidance to its operation.
- Checking for authenticity. Are the data genuine? Are they from primary or secondary sources? Are they actually what they seem to be? There was no reason to doubt the authenticity of any of the material collected. In all cases, the documents used primary data and were able to be verified for their authenticity.
- Understanding the documents. How are these documents to be understood? Can the meaning be confirmed from other sources? Does it add to knowledge? The method adopted was as follows: In the first instance, the researcher searched for themes and sub themes relevant to the research within the documents and allocates codes (either from the existing code book or the generation of new codes) to these themes. In our case these codes were derived from the conceptual framework provided by our model. A process of continual comparison allowed the development of a picture of the strength of these themes and sub themes. In our case the information obtained was transferred to a document summary sheet (see Appendix 2) and thence to NUD.IST as on line documentation. This may take the form of a transcription of a whole document or a precis. As detailed earlier in this appendix, we were able manipulate this material, write memos, notes and ascribe meaning to these themes.
- Analysing the data. How do the documents add to the understanding of the processes under study? How does the researcher move from an interpretative to an inductive view of the material? Is there any difference in the perception / meaning of the

document between the reader and the writer? Using the material generated it is possible to relate the material to the research questions and to determine what are the important themes in this stage of the implementation. In this case we are able to see those matters which need to be addressed in the next stage. In particular we begin the analysis revealed the push toward a particular design of organisation, questions raised by the uncertainty which surrounded the implementation and the drive towards the adoption of the practices of the new managerialism. This allowed the refocusing of the research questions for the next stage of the research.

- Utilising the data. Can politically sensitive material be used? Who will it benefit or harm? How can anonymity be protected? In our cas, these matters had already been discussed with departmental managers in the ethical clearance process.

Appendix 1 lists the documents and publications regularly reviewed.

The third stage concerns the actions of the driving forces. The data sources for this stage were the continued analysis of documents, and the inclusion of the data gathered during attendance at a number of different forums as a participant observer. This raises a number of methodological issues particularly issues regarding participant observation participant observation and recording.

#### **4.5.2. Participant observation.**

It is considered that the researcher, using Gold's (1958) typology, varied between a "complete participant", someone engaged fully in the activities of the group, an "observer as participant", that is someone who has a legitimate place in that group but has made his or her presence known and a "complete observer" who does not participate but merely observes. The table below lists this.

Figure 10. Participant observer roles

<b>DATA COLLECTION METHOD</b>	<b>ROLE</b>
Information Working Party	Complete Participant
Management forums	Observer as Participant
District Management Team	Complete Participant
Departmental Monitoring Team	Complete Observer

Bruyn (1966) indicates that validity in participant observation can be measured by reference to six measures of subjective adequacy.

- i. The more time spent with a group, the greater the adequacy. In the case of this research, this varies with the different groups. However, in all cases, it was felt that the time engaged was sufficient for a true picture to be observed.
- ii. The closer the observer works with the group the better the adequacy. Once again this varied with forum. For example, the researcher was an active member of the District Management Team for six years previous to the research, but only attended three management forums during the period of the research.
- iii. The more varied the settings of the interactions the more likely the conclusions are to be true. In all cases the interaction was taking place within a single setting. This can be balanced by the fact that the participants were common to a range of the settings.
- iv. The more familiar the researcher is with the language the more accurate the interpretation. This is a particularly strong point as the researcher was very familiar with the language.
- v. The greater the involvement the more accurate the information. Once again, this varied with the setting.
- vi. The validity becomes greater if the meanings of observations can be confirmed. In some cases this happened when the researcher was able to ask participants directly if they agreed with his interpretation of events.

More detail of the composition and status of each forum is given below, facilitating a more accurate assessment of validity.

#### **4.5.3. Data collection and analysis**

Field notes were taken during meetings and supplemented by reflections made immediately after the event. There are two points that should be made in terms of research techniques. The first concerns the status of the researcher. In this case, the researcher was part of the organisation under study and for the most part (the exceptions are where stated) part of the processes under study. In all cases other participants were aware of the observation, the methods of recording and the use to which the information would be put. Secondly, the issue of observer skills and interpretation of data should be considered. This was a very unstructured data collection method, as the agenda was set by those who convened the meetings. In general Taylor and Bogdan's (1984) dictum was followed;

*"This process should include descriptions of people, events and conversations as well as the observers actions, feelings and hunches or working hypothesis. The sequence and duration of events and conversations are noted as precisely as possible. The fabric of the setting is described in detail. In short, the field notes represent an attempt to record on paper every thing ... if it is not written down, it never happened ."*  
(Taylor and Bogdan (1984) p. 53 emphasis in original)".

Analytical processes are those which are described above.

We were now in a position to take stock of the data which has been gathered and analysed. The initial data collection was considered to have been completed in October 1993. Enough information had been collected to facilitate the preliminary analysis. The aim was to assess what was already known, whether the data collection methods were appropriate, to add or to adjust the coding, to review findings and to set the agenda for the next wave of data collection. As the emergent hypothesis is reviewed, a conscious effort was made to seek other explanations that may equally explain the pattern of events.



Furthermore, the researcher had to demonstrate that the explanation that they presented was the most suitable one.

Examination of the data set revealed patterns and sub themes. It was now possible to articulate this in the form of an informal report which shows these patterns and themes. From this report it is possible to develop the coding framework and begin the building of pattern codes (see Appendix 4 and Figure 8). This analysis took place during the period July to November 1993. This, in turn, enabled the construction of a pilot study to test these areas of "focused exploration", as well aiding decisions on the methods of administering and recording. It was decided to use an in depth interview focused around those areas developed from analysis and to audio tape all these sessions.

With this information it was possible to construct the instrument which was to be used in the final stages of data collection. This was the interview guide. The themes for this guide are taken directly from those patterns and themes which have revealed themselves as being important. These themes and issues concerned the degree to which the organisational design was going to suit the implementation, the control mechanisms which were proposed as part of the new managerialism and confusion as to exactly what was the description of the user of the services.

A sample was selected as a typical case (see Kuzel 1992) as highlighting the typical or average. It consisted of a senior manager and a team manager, one representative of each of the categories of qualified and unqualified workers from within a single care management team. There was no search for typicality, a team was selected at random. The format of this questionnaire is given in Appendix 5. A decision was made to employ an interviewing technique which was very much on the non directive end of the continuum, with the freedom to prompt and to elicit responses to the sub- themes which had been identified.

The material was transcribed, and input onto the software. The same analytic procedure was followed in that there was a process of constant comparison, with the identification of themes, issues, commonalties, and differences. The act of writing about qualitative data is an integral part of the analytical process Marshall and Rossman put it thus,

*"It is central to the process. For in the choice of particular words to summarise and reflect the complexity of the data the researcher is engaging in an interpretative act, lending shape, form and meaning to massive amounts of raw data." (Marshall and Rossman 1989 p. 111)*

The amount of interpretation depends on the model adopted. Taylor and Bogdan (1984) present a continuum of five stages, which range from the purely descriptive to the building of theory using data from several sources. The nature and intent of this research is such that the report will be designed to address the more theoretical, interpretative end of that continuum. This presupposes further examination and searching for alternatives on the final data set.

Examination of the data provided final confirmation of the code book and the pattern coding which had been constructed i.e. the themes and sub themes which we had identified were indeed present. Further evidence of this was to be seen in the documentary material which was being analysed. Thus we were able to proceed to the main phase of data collection.

A review of the methodology used indicated that it needed revision before the main body of the interviews. The reasons for this were as follows. There were resource limitations. Each of the interview took at least two hours. This had implications not only in terms of time taken for interview, but in terms of transcription and analysis. The interviews, while providing confirming evidence in terms of the direction of the research, allowed the interviewees an opportunity to vent their personal concerns and while this was important in terms of the research, the interviews needed to be more directed. Additionally, there

needed to be more information as to the perceptions of the workers about their views of the user of the services.

The main data collection phase lasted from February to June of 1994. This consisted of a series of semi-structured interviews that had two parts. Part A consisted of thirty questions. The questions are "closed", but the answers serve as a prompt for the respondent to elaborate in that particular area. The questions were focused around the same central themes as those in the pilot. Part B was designed to examine the respondent's position and feelings in terms of his or her understanding of empowerment and whether this was variable under certain conditions. This was constructed as a scale derived from six statements about people's ability to take part in decisions about their lives. Respondents were asked in Part B to indicate for specific groups of people where they would rank on the scale. In Part B they were asked to consider whether these would vary given certain specified conditions. Both parts of the questionnaire were administered at the same interview, with Part A audio recorded and then transcribed.

At the same time as the first two phases were proceeding, a continual monitoring of departmental documents was taking place. The content analysis of this material provides supporting evidence and fills in some of the gaps in information, particularly in regard to the "official" management position.

#### **4.5.4. Sample selection.**

Sampling is crucial in all types of research, but while quantitative research seeks to select a sample which will meet certain statistical criteria, the qualitative researcher has different criteria. Most of all the selection is purposive rather than random (Kuzel, 1992). The researcher needs to set boundaries, to define aspects of the research so that you can study within the limits of your time and connect directly with the research questions. In addition the researcher needs to create a frame to help them to uncover, confirm or qualify the process which you are studying. Sampling is often theory driven, the selection of the sample driven by the theory which underpins the research. In our case

the theory indicates that the processes of the implementation would be seen differently by different categories of workers, by their position in the hierarchy, by whether they were professionally qualified or not and the type of professional qualification. In addition there may be variations according to the demography of the area. Thus the sample selected had to encompass persons from all parts of the hierarchy and from a range of geographical settings.

Table 11 Sample selection

<b>TITLE</b>	<b>QUALIFICATION</b>	<b>LOCATION</b>	<b>NUMBER</b>
Senior Manager	Social Work	County Hall	2
Senior Manager	Social Work/ Personnel	Area H.Q.	1
Senior Manager	O.T... / Managerial	Area H.Q.	1
Senior Manager	Social Work/ Managerial	District	2
Team Managers	Social Work	Rural	2
Team Managers	Social Work	Suburban	1
Team Managers	Occupational Therapy	Suburban	1
Team Managers	Social Work	Urban	2
Social Workers	Social Work	Rural	12
Social Workers	Social Work	Suburban	12
Social Workers	Social Work	Urban	12
O.T.	O.T	Rural	6
O.T.	O.T.	Suburban	6
O.T.	O.T	Urban	6
CCW	Unqualified	Rural	12
CCW	Unqualified	Suburban	12
CCW	Unqualified	Urban	12

This was achieved by, in the first instance, selecting six care management teams. Two were from urban areas, two from rural and two suburban/ rural. These were selected before the departmental monitoring exercise. The exercise was used as a mechanism to explain the research and to seek volunteers from each category required. The managers were self selecting in that a letter was sent to all those managers above District level asking for volunteers. From the replies six were selected who represented the range of managerial activities i.e. operational, personnel, strategic support. Table 11 <sup>copy</sup> below illustrates this.

The final phase began in July of 1994. This phase consists of checking for gaps in the data, designing methods of filling those gaps, and the subsequent analysis of the data collected. Some of the gaps were filled by the content analysis of material as described above.

#### **4.5.5. Drawing Conclusions**

The primary tactic for generating meaning is the noting of patterns and themes. This tactic has been used throughout the research to ascribe meaning to the data set. We have already seen how a scheme of coding was developed and used, we now begin to use it to begin to draw conclusions. Texts are transcribed input and coded. The process of coding draws attention to likely themes. To take an example, we were interested in the development of street level bureaucracy and had though our coding mechanism identified the characteristics of this phenomenon. Reading the transcripts we see that these codes begin to be seen frequently, and in differing rates depending on the respondents position in the hierarchy. We were able to sort out , using the software all the occurrences of words, phrases, text units which have been coded as appertaining to street level bureaucracy. In addition ,they were further sort them on the basis of the status of the respondent, and add to this information supporting information from other sources held on the data base.

#### **4.6. DISCUSSION OF VALIDITY.**

This section is in two parts, the first concerns the management of time and resources, the second a discussion as to the "truth, applicability, consistency and validity" (Lincoln and Guba, 1985) of the research.

##### **4.6.1. Management of resources.**

The management of time and resources is considered to be critical to any research. The design of this research and the resources available make this particularly true in this case, in that the design, collection and analysis is the work of one person. That person was employed full time. Therefore the time to carry out the research was limited and presupposed a long time scale for completion. The time element was eased a little in that the researcher had two jobs during the period of the research. The first was in the agency where the research was to take place. The agency supported the research in terms of administrative support, time, assistance with entry and payment of expenses and fees. During the second part of the research the researcher was employed as a lecturer with time made available for research. As discussed above the sampling frame was primarily determined by the need to reflect these limitations. However, it still remained a time and resource limited piece of research.

The other major determinant in limiting the range of the research was calendar time. The obvious answer to limitations in terms of resource is to extend the time frame. In this research, this was not possible. There were two reasons for this. Firstly, the research should be viewed as part of the long term study of implementation. Lester et al. (1987) stress the need for a long term approach to the study of implementation. Secondly, the issues under examination are essentially developmental, in that as the policy "beds down" perceptions, ways of working will change. Therefore the fieldwork needed to be done as soon as possible after the initial introduction of the policy in as short a time scale as possible. The research needs to be viewed as an attempt to establish a baseline for future examinations.

#### **4.6.2 Trustworthiness.**

Lincoln and Guba (1985) list four criteria against which the trustworthiness of the research should be judged. These are :-

- Truth, how truthful are the particular findings of the study? What criteria can be used to judge this?
- Are the findings transferable to other settings?
- Do the methods allow for replication of the research?
- Do the results reflect the subjects as opposed to the researchers biases and prejudices?

The main method used to ensure that these matters are addressed is through the use of triangulation.

#### **4.6.3. Triangulation.**

*"Triangulation is the near talismanic method of confirming findings"*

*(Miles and Huberman 1994 p. 226) .*

Denzin (1978) lists four methods of triangulation, triangulation by data source, by method, by researcher and by theory. Miles and Huberman (1994) add data type to this list. This research primarily triangulates by data source, using the triangulation matrix shown in figure nine. A number of sources of data are used, managers, qualified workers, unqualified workers, persons from other organisations, different times, in person and via their writings and in different venues. There is also triangulation by method, interview notes, audio recording, observation, document search and minutes of meetings observed. In Figure 12 the table refers to the pattern code known as "Management Orientation." The asterisks represent the fact that similar data has been collected from a number of sources. This does two things, it confirms the pattern and verifies the data. This type of sorting is possible using the NUDIST software.

Figure 12 Triangulation Matrix.

CODE	2.3.1.	3.1	4.3.2.	4.3.1.	5.1.	5.3.3.
METH.						
OBSERV.	*	*	*	*	*	*
DOCUM.	*	*	*	*	*	*
F. NOTES	*	*			*	*
INTER.	*	*	*		*	*
SEN MA.	*	*	*			
T.M.	8	*	*	*	*	*
S.W.	*	*	*			
O.T.						
UNQUAL						
OTHER						

#### 4. 6.4. Persistent observation/prolonged engagement .

Lincoln and Guba talk of these two techniques as being central to the establishment of credibility. Prolonged engagement is,

*"The investment of sufficient time to achieve certain purposes: learning the "culture", testing for misinformation ... and building trust"*

*(Lincoln and Guba 1985 p.304).*

In this case the researcher was an accepted part of the organisation under study and therefore the criteria of being, as Lincoln and Guba (1985) put it, "oriented to the situation ... long enough to be able to survive without challenge while existing in that culture." (Lincoln and Guba 1985 p. 304)

Prolonged engagement is said to provide scope and persistent observation provides depth. This is the ability to focus on the things that are relevant, to be able to sort the wheat from the chaff. In this research, the emphasises on relating the evidence to the emerging theory



and the testing of the reliability of the evidence (see below) are the two main methods of ensuring this.

#### **4.6.5. Researcher effects**

There are two sources of bias that can be introduced by the interaction of the researcher with the objects of their study. One is the effect of the researcher on the case and the other is the effect of the case on the researcher. In the former, success depends on effecting entry and data collection in an unobtrusive a manner as possible. Specifically, the research was carried out by one person who was part of the organisation, with a status that was not threatening to senior managers and credible to fieldworkers and first line managers. The researcher was familiar with the culture of the organisation and was able to "fit into the landscape". In terms of working parties and meetings, the researcher was able to be unobtrusive in that he was an active part of the process. There are questions as to the extent in which the researcher has an influence on the outcomes if he is an active part of the process. These are difficult to quantify, however they should be taken into account when gauging the value of information from different sources. For instance, the information gained from the District Management Team was more likely to be influenced by the researcher, as he was an active member of that team that only consisted of 5-7 persons. At the other end of the scale, it can be considered that there was very little influence on the process of the interviews.

The subjects of the research need to be clear as to the use to which the research is put, the status of the information they give in terms of its confidentiality and the procedures that will be used to carry out the research. In this context, the imparting of this information was very useful in that it set the boundaries of the research and force the researcher in each instance to concentrate on the purpose of that particular data collection exercise.

The biases that the researcher brings are more difficult to address. There are several reasons for this. Firstly, the researcher was a member of the organisation that was

carrying out the implementation. Central to the research is the ability of the organisation to change, it is almost inevitable that the researcher will have views on this process as it affects him. Secondly, there is the issue of being employed by the organisation and the implied pressure on the neutrality of the researcher that this may bring. Thirdly there is the prospect of the researcher "going native". Again the issue central to the research is the development of a hidden culture. The researcher may be tempted to collude with this view in order to get confirming data especially if he has sympathy with that culture. The primary measure taken to combat this has been the use of "peer debriefing." This involved the regular meeting with research supervisors in order to discuss research progress and issues.

There has also been concentration on the conceptual elements of the research. This stressed the fact that the research was not a "case study" of how well the NHS and Community Care Act (1990) was being implemented, but rather a study of those factors that effect any implementation.

#### **4. 6. 6 The search for negative evidence.**

The researcher must continually ask himself if there are there any data or combination of data that constrict or are inconsistent with his explanation? In particular there are three specific points within the research where this should be done on a formal basis. These points are at the review and construction of the pilot, the review of the pilot and the final data analysis process. The results of these reviews can be seen in the analysis chapters.

#### **4. 6. 7. Is the research representative?**

This is partially dealt with above, the following is an elaboration of the themes detailed there.

There are thought to be three main pitfalls which will lead to unrepresentative research.

- i. The over reliance on accessible or elite informants is associated with non representative sampling. In our case, although the sample was small, care was taken to ensure a cross section which resented the range of possible respondents.
- ii. There is a danger of generalising from non representative events or activities. The main tactics for combating this were triangulation and peer review. We consciously sought confirmation of the interpretation we put on events. This confirmation could come from other sources (generally other respondents or documentary sources) or from peer review with the dissertation supervisors.
- iii. The drawing of inferences from non representative events, particularly those which fit the emerging explanation. Once again, a heavy reliance was placed on peer review. In addition, there was an emphasis within the analysis on the search for contrasting or outliers, the systematic use of the data to generate the coding frame and systematic sampling and coding. The discussion above with reference to "prolonged engagement" and "persistent observation" is relevant. This, coupled with the wide range of informants and data sources minimises the risk of spurious generalisation. The methods of recording provide a further check in that the techniques employed clearly differentiate between the recording of fact and the drawing of conclusions from those facts. It is worth noting that the researcher has a great deal of experience and training in this type of recording.

#### **4.6.8. Assessing the quality of data.**

This research adopted the following tactics in the assessment of the of data. Firstly, the question was asked "Do any data oppose this conclusion or are any inconsistent with this conclusion?" This method was employed through the research process. Secondly "if - then" tests were used. These are the mainstay of qualitative data analysis. They propose a relationship between behaviour a and result b. To take an example from the research , we constructed pattern codes to show the conditions which had the potential to allow the development of a series of behaviours known as i street level bureaucracy. Thus if these conditions are present then street level bureaucracy is likely to develop. We can then test this proposition. Thirdly, attempts were made to rule out spurious relationships by

searching for rival explanations and relying on triangulation. Fourthly, the researcher adopted a differential assessment of data source. The quality of data will vary according to data source and researcher's knowledge of informants, some informants may be "better" than that from others. This of course depends on a number of matters. In matters of fact one would, for example, expect the senior manager to know more about budget dispositions than the fieldworker. However when it comes to assessments as to how those budget dispositions affect the empowerment of clients, then the reverse may be true.

Secondly, consideration has to be given to the circumstances of data collection. These considerations would typically include time after the event, whether first hand or reported, researcher observed behaviour or reported to him, does the informant trust the fieldworker? A further consideration is the situation where the data was collected, is it formal or informal (informal tends to be stronger), was the respondent alone or in a group?

Thirdly, is there any source of validation of the information. Validation may be available from a number of sources. The most likely is through the triangulation process. Consideration must also be given to the respondent having ulterior motives or even for a motivation to deceive.

#### **4. 6. 9. Confirmability.**

The research uses the notion of the "audit trail" to ensure that the research can be checked and that it can be replicated. Central to the idea of the audit trail is the keeping of detailed records of the process, the procedures employed in the research and a description of the processes involved in making decisions about the direction of the research. The preceding chapter is in part an attempt to provide an outline of these processes and procedures. The records which have been kept to support this are as follows:

- Raw and reduced data. A complete note of all contact and data collection in the form of field notes, contact and document summary forms and the transcribed audio tapes of interviews as well as the original tapes. The minutes of meetings and other relevant source documents were also preserved.
- Coding/analysis procedure. Records of the development of coding and pattern notes. The interim analysis and report.
- Information regarding the instrumentation. A description of instruments, pilot forms , questionnaires etc.
- Background notes/memos - notes made to supplement the above, including the research proposal, personal notes, memos to supervisors. This information is designed to enable the auditor to carry out the checks as detailed above.

#### **4.7. CONCLUSIONS.**

This chapter has outlined the rationale which underpinned the research strategy. It went on to describe research design which was selected to operationalise that strategy. This in turn was translated into a specific methodology for data collection and analysis. The chapters which follow will describe the data and the conclusions which are drawn from them.

## **CHAPTER 5**

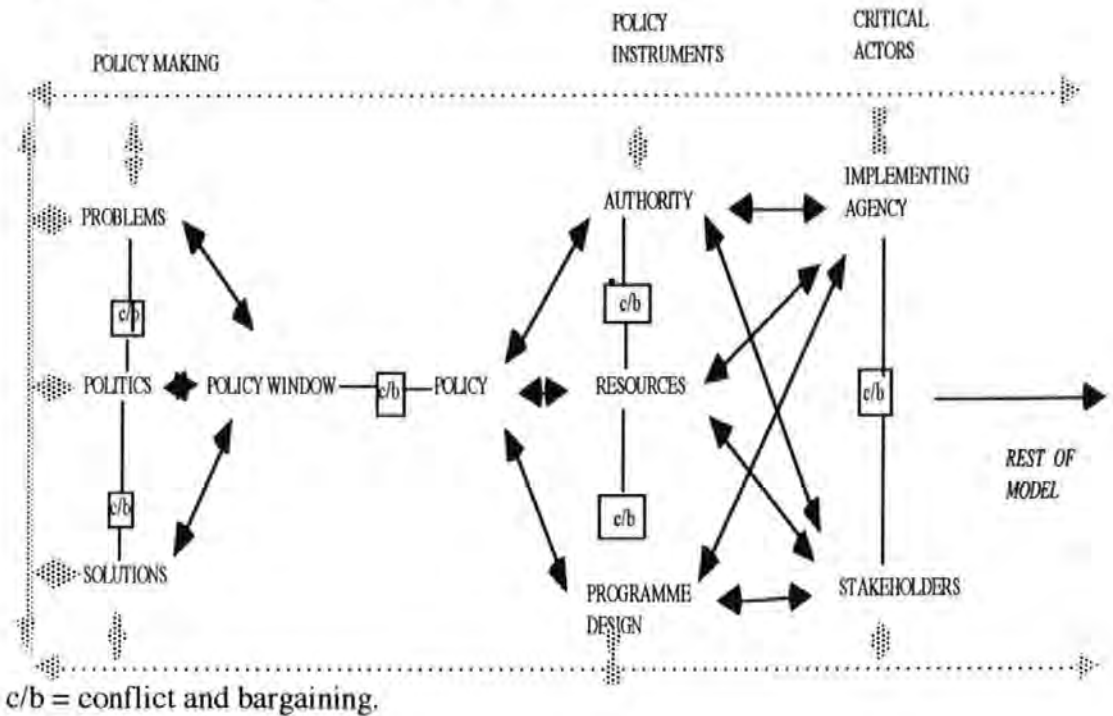
# **THE EARLY STAGES OF THE IMPLEMENTATION**

Presentation of the research findings is divided into three chapters. This serves two purposes; firstly, they follow the theoretical determinants developed and used to construct our model and secondly, the research methodology requires that we take a broad view of the area under study, and use this to refine the research questions. This chapter will present the findings of the initial stages of data collection and examine this information so that a more focused view of the research can be taken. In addition, it allows the further refining of the coding and the methodology.

The model developed in chapter three proposes that the study of implementation has three distinct areas. The first of these concerns the early part of the process, where policy is formulated, the overall design determined and where this policy is passed to the body responsible for its implementation. The second area concerns those forces that drive the implementation, the third concerns the processes by which the implementation is effected. This chapter will address the first of these areas. This is government's recognition of the problem, the design of the methods to implement that policy and the passing on of that problem to the implementing authority, in this case a local authority.

Chapter two recounted the background to the policy and its gestation and this chapter will continue that process. We will firstly examine the policy making areas of our model those designated as problems, politics and solutions. Our modification of the model stressed the importance of the policy window and the effects of conflict and bargaining on the process, thus particular attention will be paid to these areas. Secondly, the policy instruments; authority, resource and programme design will then be examined and finally the role of the critical actors within the agency and the other stakeholders will be considered. Figure 13 shows this graphically.

Figure 13. The early stages of the implementation.



The chapter has four sections. Three sections will describe a distinct area of our model as applied to the NHS and Community Care Act (1990). The fourth section will summarise the preceding three, offer an overall analysis and refine the research questions on the basis of this analysis. The policy itself is described in chapter 2 will not be repeated here.

The first of these sections will examine the policy making process. This will take the form of a description of the problems which led to the need for the policy, the political influences that determined the form of the solution and a description of that solution. Finally this section will describe those circumstances that, firstly kept the policy window closed and then opened it.

The second section will examine the three areas that determined the translation of the NHS and Community Care Act (1990) into a set of practicable guidelines that were meant to facilitate the implementation. Three policy instruments will be described. The first is authority, which refers to the amount of power conferred on the



implementors. The second is programme design which determines the target population, the needs to be addressed and the services to be provided. Lastly the amount, type and conditions which surrounded the allocation of resources will be examined.

The third section will examine the actions of those persons in the agencies that are tasked with assembling the systems that will put the programme into action. These specifically concern the senior management in a local authority and their counterparts in other agencies that had an interest in the implementation (the stakeholders.)

The fourth and final section will summarise and offer analysis of the information and use this analysis to refine the research questions providing the basis for the next stage of the research.

### **5.1. POLICY MAKING.**

Chapter two traced the history of the policy and partially delineated the problems, politics and solutions that were offered. The point at which we left the policy was at the enactment of the N.H.S. and Community Care Act in 1990 and the immediate announcement of its delayed introduction. The reasons for this delay are examined below.

The N.H.S. and Community Care Act has to be seen in the context of the massive changes introduced when the government began, in the late 1980s, to focus on public policy. There were changes in education; the first Education Reform Act (1988); changes in the health service; the N.H.S. White Paper, "Working for Patients" (D. of H. 1989 (b)), changes in the policy with regard to children and their families embodied in the Children Act (1989) as well as two major Housing Acts. Attempts were made to control local authorities, mainly through changes in the way in which finance was allocated and, in particular, through the introduction of the community

charge. In addition, there were the residual effects of the earlier housing legislation and the spectre of further local government reform. Nixon (1993) said,

*"During the 1980's the British government believed it had a mandate to introduce radical change. This was illustrated by the many new policies which were introduced ... it was inevitable that in due course the underlying changes to ideology and values which marked this period in British policy making would also effect social policies."*

*(Nixon 1993 , p. 197 -198)*

Some of these policies had direct, if unconsidered effects, others less obvious ones. An obvious effect was that of the Community Charge in delaying the implementation. The then Secretary of State, Mr. K. Clarke told Parliament on 18 July 1990 "there will be a phased timetable ... so that services can be provided at a cost which charge payers can afford". An example of the less direct effects are the changes caused by the reforms of the National Health Service, the effects of which were just becoming seen. They provided valuable lessons for the policy makers and the designers of the policy instruments on how to introduce competition, managerialism, rationing and dealing with bureau professionals.

#### **5.1.1. Problems.**

The definition of the problems became crucial when it came to the detail of implementation. Several different origins of the problem are described in chapter two. The Audit Commission report of 1986 (H.M.S.O. 1986) outlined one area. This was the relative inefficiency of existing systems in organising the care for the elderly and the dependent . The second area was the recognition by central government that a demographic time bomb was about to explode. The number of persons who were dependent on the state for their support was increasing rapidly. The financial implications began to be relevant, although this concern over cost had begun to manifest itself long before the legislation was enacted. The Guilleband Report (H.M.S.O. 1956) was often quoted as the first instance of the concern for the costs of institutional care. The White Paper on community care of 1989 reflected, " costs rose in cash terms from £10m . in Dec. 1989 to over £1000m in May 1991" (Quoted in

Means and Smith 1994: p 48). Indeed the government's instructions to Sir Roy Griffiths made the efficient use of funds central to his brief.

The final area of concern stemmed from the large body of evidence which suggested that institutional care was oppressive, and in the main, care in the community was the preferable option.

### **5.1.2. Politics.**

The political imperatives that drove the N.H.S. and Community Care Act (1990) have had a far reaching effect on the implementation. Several facets of this could be discerned; firstly the central drive of the ruling political party at the time was characterised by the need to pursue "new right" policies. Flynn (1989) in his review of expenditure trends concluded that policies were being driven by an ideology that emphasised market mechanisms, rationing and allocation, competition between providers and individual choice as opposed to collective provision. Further, that provision should be kept to a minimum to encourage opting out of state provision.

Secondly, and allied to the above were the wishes of central government to control local government. Finnester and Hill (1994) argued that Conservative government policy had countered the efforts of redistributive policies of the urban-left local authorities by assuming direct control over expenditure. Thus a determining factor of the legislation was that there must be the means of controlling the potential increase in power of local government if they were to be given the authority to administer "Care in the Community."

A third political influence was provided by the general political climate in which the policy was being formulated. A general election was due in 1992, and any major policy initiative could be seen as risky in terms of electoral popularity. The unpopularity of the Community Charge was likely to be reinforced by what contemporary commentators believed were significant increases in the tax occasioned by the implementation of the NHS and Community Care Act (1990). The Association of Directors of Social Services had announced that the implementation

would add fifteen pounds to each Community Charge bill (A.D.S.S. press statement 5, July 1990).

All these factors combined to create a climate of uncertainty within the political arena. There is a body of evidence that indicated that a great deal of conflict and bargaining was going on within central government and potential stakeholders. Clay (1989) reported lobbying by health professionals and the private stakeholders while a number of commentators (Means and Harrison, 1988; Baldwin and Parker, 1989) commented on the divergence of views within central government. Henck (1989) reported that ministers were horrified at the idea of extending the powers of local authorities.

The combined effect of these factors was to extend the period when the policy was under consideration. This allowed the policymakers time to examine methods of implementation which allowed them to control this potential increase in power before making a decision.

### **5.1.3. Solutions**

The solution offered was outlined in the White Paper "Caring for People: Community Care in the Next Decade Beyond." (H.M.S.O.1989). As discussed in chapter two it offered a complex package that attempted to address most of the problems outlined above.

*"The focus of the White Paper is on clarifying roles and responsibilities, bringing together the relevant sources of finance, delegating responsibility for decision making to local level wherever possible, improving accountability and providing the right incentives."*

*(NHS management executive letter of guidance , 16 Nov. 1989)*

The white paper outlined six key objectives :

- To promote the development of resources to allow people to stay in their own homes.

- To ensure support for carers.
- To make proper assessment of need and good case management the cornerstone of high quality care.
- To promote the development of a flourishing independent sector alongside good quality public provision.
- To clarify the responsibilities of agencies and so make it easier to hold them to account.
- To secure better value for taxpayers' money by introducing a new funding structure.

These objectives were elaborated into changes that outlined the need for the transfer of funding to local authorities from the central social security budget. The White Paper specified the local authorities as the agency responsible for assessing need and securing of care arrangements. Local authorities were tasked to produce clear plans, and make maximum use of the independent sector. Applicants for services were to be means tested to determine contribution.

The White Paper was greeted with enthusiasm by the intended beneficiaries and the organisations that were to implement it. It met the requirement of most of the professionals in that it recognised the validity of the argument of community versus institutional care and rationalised the system of delivering the services. Local authorities viewed the implementation and the upheaval it would create with some apprehension. Senior management however welcomed it. After all, it did increase their resource base and as Hood (1991), Dunleavy (1991) and Nixon (1993) argued, senior managers saw the development of the "enabling" local authority as in their interest. As far as the policy makers were concerned, it seemed to fulfil the need to co-ordinate the delivery of these services that had been so criticised for their fragmented nature.

The White Paper also provided evidence of the policy makers' intention to use it as a vehicle to address their other agendas, principally the control of local authorities.

There were indications of this intent within the White Paper. It contained the core of the ideas for the development of the private sector, means tested services, holding agencies to account for performance, new powers to ensure that plans are open to inspection and individual rather than collective provision, in fact all of the four characteristics mentioned by Flynn (1989) above.

#### **5.1.4. The Policy Window.**

Central government was faced with the fact that it had commissioned a report that addressed the problems and came up with a solution, but the solution was not entirely to its taste. Giving local authorities the lead role and the large amount of extra resource ran contrary to central government's drive to limit the power of local authority.

It is the contention of this research that the policy window was opened by the policy makers' realisation that they had found ways of disassociating themselves from the negative results of the policy by applying the lessons learned in other spheres. The ground was prepared by the refusal to "ring-fence" resources (see below), by the failure to accept the recommendation for the appointment of a Minister for Community Care and the continual denigration by ministers of local authorities' ability to manage effectively. Finnester and Hill (1993) argue that while government was unwilling to grant further power to local authorities, no suitable alternative could be devised.

The NHS and Community Care Bill was laid before Parliament and enacted on 19 July 1990. At the time the Minister responsible announced a phased introduction. The Minister's statement provided a valuable insight into central government's continued view of local authorities and the concern over the community charge that was beginning to be felt.

*"Since I announced the Government's proposals last July it has become overwhelmingly clear that many local authorities are not managing their services and spending so that they deliver good quality services effectively within reasonable spending limits. In many cases local authorities have applied excessive community care charges on their residents.*

*(Mr. K. Clarke , Statement to Parliament 19 July 1990).*

There is another explanation which is that the magnitude of the change and the need to refine the control arrangements were such that the policy instruments needed to be further developed.

#### **5.1.5. Policy Formulation and the Model**

In terms of the application of our model, the processes described begin to demonstrate that the model is a good vehicle for description and analysis. This analysis provides clues as to the areas that need further examination. These areas are:

- The ideologically driven nature of the policy. Clearly central government places little trust in the ability of local government and wish the policy to be implemented in such a way as to facilitate control over their actions while at the same time avoiding responsibility for failure. It is expected that this theme will be developed in the design of the policy instruments.
- The policy changes throughout the formulation process were influenced by feedback from both stakeholders and from external events. This was amplified by the extended gestation period of the policy. The early indications were that this would continue throughout the implementation process.
- The examination clearly illustrated the importance of the policy window. The political requirement was to keep it closed and only open it when an appropriate solution or set of circumstances could be found. This had the effect of extending the period when the policy was subject to the conflict and bargaining process.

## **5.2. POLICY INSTRUMENTS.**

The policy instruments are those elements of the system that translate the policy makers intentions into a form which can be implemented. This must be seen against the background of continual change in the detail of the policy during the design process. This was extended further by the phased implementation .

There are two factors that influenced this change. Firstly, there were those groups who lobby for advantage which included professional groups and their managers, other central government and local government agencies, public and private bodies and groups who represented potential recipients of services. It is axiomatic that this process is one of conflict and bargaining. Secondly, there were those environmental factors that affected the policy makers and allowed or forced them to change their perspective:- the Community Charge crisis passed, lessons were learned in managing the changing health service, a general election was decided and the financial position changed.

It is central to the argument put forward in this research that although this can be seen as part of the policy making process, the uncertainty, conflict and confusion that this generated will be reflected in the implementation process.

### **5.2.1. Authority.**

*"Authority refers to the amount of legal power conferred on the implementors to elicit compliance. That is, the policy will determine who will be vested with how much authority to implement its design."*

*(Hasenfeld and Brock 1991 p 466)*

Power to obtain co-operation may be expressed in a number of ways. It may be co-operative, based on mutual agreement. It may be based on incentives or bribes to ensure co-operation or based on authoritative strategies. This policy tended to follow the traditional path of central government expressing an expectation of collaboration, supported by ultimate sanction of the withdrawal or restriction of resource.



The policy clearly put the local authority in the position of the lead agency among those responsible for the implementation. Effective implementation depended on the co-operation of a large number of agencies and stakeholders. Other public agencies involved included health, housing as well as charities and private businesses. The legislation gave little authority to enforce compliance and as noted below the legal basis for enforcement lies in other legislation. Means and Smith (1994) comment that while there were many exhortations to co-operation, a simple literature review would show how the White Paper was very optimistic about the prospects for collaboration. This pessimism is further reflected by Webb (1991),

*" exhortations to organisations, professionals and other producer interests to work together even more closely and effectively litter the policy landscape" .  
(Webb 1991 p 26)*

O'Toole's and Mountjoy's (1984) work is particularly relevant here. The type of relationship was particularly important as was the idea of organisational homogeneity (i.e. are the organisations compatible?) and organisational exchange (i.e. what's in it for me?). The argument can be made that ideas of organisational homogeneity and mutual exchange tend to be less prevalent in the modern management oriented public service organisations. Hood's (1991) characteristics of "new managerialist" public organisations; smaller, more "manageable" units that are budget driven and motivated by competition, imply that their criteria for co-operation would be very much based on "what is in it for me?" It is difficult to see how the historic difficulties of co-operation in community care described by Hunter et al (1988), Wistow (1990) and Webb (1991), would be improved in these conditions. A point made at the time by the Social Services Committee,

*" We remain convinced that without greater incentives the risks associated with the introduction of competition in community care will outweigh the benefits claimed for it by the Government"  
House of Commons Social Services Committee (1990 para 444) .*

While there were exhortations to co-operation in the legislation, there were few, if any, ways that the lead agency could enforce co-operation. There could be some appeal to central government should any agency not cooperate in the compiling of the Community Care Plan or implementing the agreed services within this, but at the time of writing, this has yet to be tested. The only real power is vested in central government who had the power of withdrawal of resources should its requirements not be met. The power to enforce the detail of the legislation lay not on the act itself but in previous legislation. This was illustrated in the recent case which involved the withdrawal of support for disabled persons was brought under the Chronically Sick and Disabled Persons Act (1970) not the NHS and Community Care Act (1990) (Guardian, April 1993 and June 25 1996). This raises the issue of differential implementation as each group of potential users has the possibility of claiming different treatment according to the legislation which applies particularly to them.

### **5.2.2. Resources.**

One of the central aims of the policy was that there should be a single budget to cover the costs of care whether in a persons own home or in residential or nursing care. The practical consequence of this was that it meant the redirecting of finance from central government administered agencies to local government. The way that this sum was calculated and the basis of its allocation became (and remains) the subject of much debate. The study of how resources were allocated for this policy is an excellent example of the complexity and interrelated nature of any number of different public policies.

There are several areas that need to be examined. These are:

- the background events which influenced the allocation of funds.
- How the resources were allocated, whether there was any guarantee of stability of supply or any "strings " attached to their allocation?
- Was it clear as to the use to which they were to be put?

Means and Smith (1994) described the implementation as managing change in a climate of uncertainty. They talked of political uncertainty as the implementation was phased over time, the bulk of this was to be implemented after a general election. Furthermore, the implementation being played out against the background of the failure of the "poll tax" and the consequent struggle to reform local government finance. This resulted in uncertainty over finance and, indeed whether the implementation would go ahead. Thus we saw the allocation of resource by central government against a background of uncertainty and restraint.

The total resources for the package were to be put together from a variety of sources. The bulk of the money was to come from a transfer of funds from social security, with other transfers from other areas previously given in grant aid. In addition the local authorities were empowered to charge for services and to offset residential home charges by reclaiming the benefits of those who were accommodated. Both the amount and the method of allocating these resources were the subject of continuing controversy.

At the start of the implementation, or rather at the time of its delayed start, it was clear that resource would be central to its success. The debate continued with central government insisting that adequate resources were going to be made available countered by local authorities insisting that it was not. The debate is further complicated by the reluctance of central government to "ring-fence" this money. This led to a long period of conflict and bargaining between a number of groups. On one hand we saw the setting up of a group of stakeholders (the so called "Alphabet group" DSS, DoH, LA and Health Authorities) which aimed at seeking some agreement as to the division of resources between agencies. On the other we saw reports of "battles between treasury and health departments" (The Times 27 May 1992) about the amounts required and the need to ring fence the money. As may be expected, the DSS estimates were lower than DoH which were in turn lower than local authorities. Finnester and Hill (1993 p. 123) quote the Association of Metropolitan Authorities as expecting a shortfall of £120 million for the first year and liable to increase.

In addition there were questions about the costs that would not be met. Transfers of funds were not calculated to meet the full infrastructure costs of the implementation. Finnester and Robertson (1992) point out that there would be an estimated extra 180,000 new assessments per annum to be completed, which combined with the extra costs occasioned by the introduction of care management (see below) represented a serious shortfall of revenue. The literature and previous research lead us to believe that this would result in the unwillingness by local authorities to invest in training, new staff and information technology. Hoyes et. al. studied forty senior managers from social services departments in 1991 and found that the uncertainty made "strategic, long term thinking ... difficult and uncertain." (Hoyes et. al. 1992 p. 58).

The conditions of the supply of these resources raises a number of different points that are relevant to this research. As has been already stated, one of the characteristics of central and local government relationships at this time was the drive for effective control. In general terms this had been done by controlling the amount that local authorities were allowed to raise locally, and penalising them financially if they exceeded that amount. The money for local government was provided on the basis of the "standard spending assessment". This took the form of the revenue support grant. Part of the task of the "Alphabet group" mentioned above was to clarify the basis for the distribution. While each authority had to meet its statutory obligations, the grant made few distinctions or rules about the areas on which money could be spent, thus (within the overall limits) the authority was empowered to transfer funds from say, education to roads. The argument made above about central government's wish to avoid responsibility is relevant here. The lack of "ring fencing" of community care funds was the subject of much debate and partial capitulation by the government. There were small parts of the grant that were "ring fenced" and there were stipulations as to the proportion of the money that should be spent on private (rather than local authority) care. These changes are in themselves interesting in terms of the influence of conflict and bargaining on the policy process.

The question of resources is central to the implementation. It illustrated the continuing uncertainty over supply and central government's need to disguise their actions as well as meet other agendas. The uncertainty was reflected in a number of areas, in particular the commitment of the implementors to prepare and invest in training, systems and new personnel.

### **5.2.3. Design.**

Programme design is that element that specifies the target population, the areas of need to be addressed, and the services to be provided. The crucial question is: did the design facilitate the implementation? The starting point must be whether the intentions of the implementation were clear. There has already been discussion about the covert intentions of the policy. The influences of these covert motives need to be considered in this section.

The first area of consideration is the specification of the target population. At first sight this is a simple task, they were the elderly or disabled persons, those with mental health problems and those who cared for them. On closer examination this was not as simple as it seemed. The policy guidance "Community Care: Caring for people in the Next Decade and Beyond" (DoH 1990) devoted a whole chapter to the assessment of need, but there was little definition of what constitutes need. It supposed an ability (and will) to determine relative need and the construction of some sort of prioritisation to determine who receives what services from the state. In addition there were issues of payment and the assessment of financial means before the services were provided. Who then, were those who comprise the target population? The answer would rely on finance, the definition of need in that particular authority, the perception of the person doing the assessment and the resources available. In respect of implementation theory, it seemed that the lack of definition would provide fertile ground for those who would wish to subvert or alter the nature of the implementation.

The second area concerned the definition of what constitutes success. To what extent did the policy achieve its aims? The problem is, exactly what were those aims? Were they the clearly stated aims of better care and efficiency? Or were they the less open ones such as the control of local authorities and the introduction of managerialism? We must also consider whether the design of the policy facilitated these aims. The design process begins to clarify both the overt and the covert aims of the policy. Some of the characteristics of the policy began to be seen. The White Paper "Caring for people" (1989(a)) proposed a "more vigorous approach to management" (Caring for People, 1989(a) para. 3.4.7.), there was requirement to develop the non statutory sector to provide more choice, for innovation in meeting needs and better value for money derived to be derived from competition.

The third area to consider was the method of translating the legislation into action. Central to this method was the operationalisation of those "new right" theories into practical reality. The basis for this can be seen in chapter three of the White Paper (DoH, 1989 (a)) which set out six key responsibilities for social services Departments:

- the development of their role as "enabling" authorities.
- Individual "needs led" assessment.
- The design of individual "packages of care" to meet that need.
- Monitoring of quality and cost effectiveness of services.
- The need to assess the users' ability to contribute financially.
- A complaints system.

The first of these was the securing of the delivery of services not simply by acting as direct providers, but by developing their purchasing and contracting role to become "enabling" authorities. The aim was to create a framework that would allow the development of a "mixed economy of social care." The reform of the health sector provided a model for this. "Working for Patients" (DoH 1989b.) presents a more developed version of the creation of internal markets which in turn was used in the design of the instruments for Community Care. Social services departments were

required to separate their organisations into those which purchased the services and those which provided them. Secondly, they were required to develop and support private and 'not for profit providers'. Thirdly, they were to regulate the provider agencies through a process of service specification and contracting.

This required a fundamental reorganisation of social services departments, with the purchasing function split from the provision functions. It is interesting that the legislation does not lay down any strict requirements as to how this is going to be accomplished, rather they,

*"decided against extending compulsory competitive tendering to social care services to allow the local market to develop in a more evolutionary way."*

*(Caring for People, para 3.4.7)*

Again, there was a lack of clarity that had the potential to allow differing modes of implementation. The results of this can be seen in Wistow et. al. (1992) who examined the early efforts by local authorities to implement this facet of the legislation and highlight the variation between authorities.

The second, third and fourth points of the key responsibilities outlined in the White Paper were linked in that they were to be accomplished by the setting up of what became known as care management. This policy instrument was the result of ongoing development work before and after the publication of "Caring for People". The original idea was imported from America (Fisher 1991) as a result of interest expressed in systems of this type by the Audit Commission report (1986 p. 75.). An evaluation of the model was undertaken in a series of care management projects by the Personal Social Services Research Unit of the University of Kent in 1986-1988 (Davies and Challis 1986, Challis and Davies 1989). These studies impressed the Department of Health as an appropriate method of fulfilling the requirements outlined. The model is finally developed in "Care Management and Assessment" (DoH/SSI 1991), a document that detailed the processes that were required in order to achieve the tasks. The adoption of this particular model of care management raised several issues which concern ideology and practicability.

Care management can take two quite distinct forms, each of which reflected the interests and assumptions of those involved in its formulation and implementation. In the first case we had the professional as care manager. The manager's role was not independent of professional judgement and this judgement guided the process. In the other the care managers saw the role as one of the arranger and monitor of services on behalf of the client. The model that was accepted tends toward the latter. It had advantages for the implementation in that it implies a de-professionalisation which was likely to lead to greater self-determination for the users of the services. In addition it became more attractive as a method of control of the front line operatives. If you took away professional discretion and substituted a uniform system of assessment, purchasing of services and monitoring, then it was likely that managers would have more control over those who work at the interface with the users of the service. This form of administrative care management was viewed with trepidation by the social work profession. ( see Smale and Tuson 1993: Smale et. al. 1994)

A further issue concerned the practicability of this model of care management. The application of Challis and Davies' (1989) model was thought to have three serious flaws as a universal method to deliver community care, all of which had the potential to affect the implementation. Firstly, the research used experienced Social Workers who had controlled caseloads from which certain, more complex categories had been excluded. Secondly, the research concentrated entirely on the frail elderly with little evidence to indicate that this is transferable to other groups. The third flaw is that the model adopted is one that used only the Social Workers as care managers. Given these restrictions, the adoption of this model as a universal delivery method is likely to pose serious problems. This became particularly true when it is seen that all three flawed areas become central to the design adopted. Less experienced workers became the main workers, the method was adopted for complex cases and a wide variety of professionals were expected to be "care managers."



The fifth point concerned the need to establish arrangements for the assessment of the client's ability to contribute to the full economic costs of residential services. There was very little stipulation regarding how this was to be accomplished. There were, however, inducements to local authorities to fulfil this function in that the books could only be balanced if the authority maximised its income.

The final requirement was to establish procedures for receiving comments and complaints from service users. This had little effect on the design of the programme. However, the consequences in that the nature of the system had to reinforce the "consumer led" orientation of the programme. That is, it pushed the design towards a system which emphasised the "rights" perspective with the implication that service user had the attributes of a consumer.

#### **5.2.4 . Policy Instruments and the Model.**

The model continued to provide an excellent framework for the examination of the implementation. As the policy began to be fleshed out, the issues outlined previously gained greater definition. In addition other issues emerged;

- There continued to be an ideological dimension to the process. This could be seen in the adoption of a particular model of care management that facilitated control and which had the potential to limit professional discretion. In addition we saw the drive to introduce competition.
- The policy continued to evolve. This evolution utilised the lessons learned from other policy arenas as well as the results of pressure from stakeholders. The changing political environment allowed the progression of the policy.
- This progression was accompanied by a great deal of uncertainty. This may have led to a reluctance on the part of the implementer to invest in preparation for the implementation.
- There continued to be a looseness in definition. Looseness in definition may allow redefinition of policy by the implementers. Wistow and Knapp (1992) indicate that this leads not only to reluctance or recalcitrance, but a redefinition of policy intent in ways compatible with that of the critical actors.

### **5.3. CRITICAL ACTORS.**

At this point the emphasis in the research changed from the general to the particular. The critical actors who were examined were those in the specific local authority where the fieldwork took place. In this case the authority is a county council of a large, predominantly rural, county which has two large urban areas. The critical actors in this case were considered to be those elected representatives and officers who were responsible for assembling the programme components. Specifically, county councillors, senior officers of the council and elements of the senior management structure (particularly policy and planning) of the social services department. In addition there were those stakeholders who were considered to have an interest in the policy at this level. These include other agencies such as health authorities, housing and private and charitable organisations.

#### **5.3.1. Implementing Agency**

*"There are several characteristics of the implementing agency that influence the implementation process, especially the interests of the dominant coalition, internal structure and the availability of skill and expertise"*  
(Hasenfeld and Brock 1989 p. 486).

Our model proposes that the interests of the dominant coalition within the implementing agency should be coterminous with the interests of those who designed the policy instruments. In addition the internal structure of the agency should be such as to be able to focus power on the implementation. Finally, the expertise and skills needed by the programme design will influence the ability to translate programme requirements into technical specifications.

The structure, responsibilities, financing and methods of operation of local authorities had been going through very significant changes. Nicholas Ridley proposed the view of local authorities should move from "monopoly providers ... to enablers and monitors" (1989 p 21). Compulsory competitive tendering was making steady inroads into "in house" provision and the Local Management of Schools was starting

to have an affect. This meant that the disposable resource base available to local government was declining. The theory of a drastically changed role for the local authority was becoming a reality. What then, is the reaction of the local authority, especially those parts that are under threat? The beginning of the answer lies in the recent past.

In chapter two it was proposed (following Hambleton and Hoggett, 1990) that local government had begun to demonstrate the symptoms of the "new managerialism." There was evidence of this trend being followed by the senior managers within the local authority under study. In order that this be put into context, it is necessary to examine the events which were crucial in providing the fertile ground in which the "new managerialism" was able to flourish.

In 1987 the social services department under examination was reorganised in a radical fashion. The reorganisation can be described as following the decentralising/citizenship strategies of Hambleton and Hoggett (Hambleton and Hoggett 1984) and Stewart and Clarke (Stewart 1986; Stewart and Clarke 1987: Local Government Training Board 1987.) This aimed at a professionally based method of improving management and the decentralisation of services in local authorities. This gave an unprecedented control over the delivery and organisation of services to the managers of localised districts that included the control over finances and personnel matters.

The reorganisation suffered from two underlying problems, the first of which concerned control and uniformity of service. Local government, indeed any elected authority, relies on their employees being controlled in a simple and effective manner. The structure supports this in that it has one person (the director) who reports to the elected representatives on the social services committee. The 1987 reorganisation embodied principles of geographical devolution and autonomy for local areas, this made co-ordination and a simple control method difficult. It only becomes possible

to maintain this system as long as the political masters accept the diffusion of responsibility.

The second problem area was the reaction of the centre to the devolution of power. As stated at the start of this section, the devolution was being acted out against a background of services being contracted out with the prospect of the loss of even more power from the centre. We would have expected to see some form of reaction by the centre to retain power and resources. This was seen in the steps that the centre took to remedy the financial "crisis" of the first year of operation. There was a forecasted overspend in the first year of operation. How real this was is a matter of some debate as the financial systems to facilitate accurate forecasting by local managers were not in place. The forecast came from the centre, who reacted by reasserting their control over the financial management of the new system. This effectively deprived the new "devolved" system of one of its central strengths. As it happens the forecast proved unfounded, even though the transfer of power was too late to affect the outcome!

In spite of a balanced budget in succeeding years, there continued to be concern expressed about financial matters and some disquiet expressed about continuity of service and the reality of political control. The political protection that enabled the system to operate ended in June 1989 when the "hung" authority was succeeded by a Conservative majority with the party taking the with chair of the social services committee. In July 1989 the Chief Executive was asked by the council to carry out a review of the social services department. The reason for this was "occasioned partly by the history of financial affairs and by the need for efficiency" (Chief Executive;12 July 1989-address to social services SMT").

At the same meeting the Chief Executive echoed Hood's (1991) "doctrinal components of the new management" (Hood 1991, p4). The Chief Executive talked about the need to target resources, to improve management skills, to be better at measuring output and to effect the diminution of the power of the professional in

determining policy and spending priorities. In the autumn of 1989 the Chief Executive reported to the social services committee (Chief Executives Report to Social Services Committee Oct. 17th 1989). In general terms the report emphasised the need to clarify the role of the "Area" and to strengthen the "strategic management at the centre" in order that clearer direction be given. The Director of social services resigned without giving a reason shortly after the report of the report.

The new Director assumed his post in January of 1990 and began a process of what can be described as changing the emphasis from Hambleton and Hoggett's decentralising/citizenship and Stewart and Clarke's public service managerialist to a clear "new managerial/consumerist" approach. The issues that the Chief Executive talked about above became the touchstones of the new organisation. These were to follow closely the characteristics of "the new managerialism" described by Hoods (1991). These were, firstly, the shift from issues of policy to issues of management; secondly, the disaggregation of services; thirdly, strong emphasis on cost-cutting, an emphasis on the right to manage and human resource management practices and finally, the increase in self regulation.

In September 1990 proposals (Social Services Personnel sub committee paper 21 September 1990) were made for a significant restructuring in the way the management of the department was organised. Power and resource were to be aggregated to the centre at the expense of the periphery. Responsibility for personnel and finance became the concern of the centre and independent inspection units were created. The department "has adopted a performance management culture" (Social Services sub committee paper, 21 September, para 15)".

The top down/new management nature of these proposals could be seen in paragraphs 6 and 7 of this paper,

*" 6. In concluding that adjustments need to be made at this stage, principally to the Areas and Headquarters, we see a distinction between those parts of the organisation responsible for:*

*(a) Developing policies, priorities and initiatives within an overall County framework, ensuring that proper mechanisms are in place to implement policies, and controlling quality by setting clear standards and monitoring achievement .*

*(b) the assessment of needs and securing the actual delivery of services."*

*7. We see the former as the responsibility of the top (H.Q.) tier of the organisation, and the latter as the responsibility of the lower (district) tier".*

*(Social Services sub committee paper 21 Sept., para 17).*

In terms of the implementation, those elements of managerialism that underpinned the NHS and Community Care Act (1990) were those which the organisation would wish to see introduced. Thus, they eagerly embraced the legislation and the culture changes it presupposed. That is not to say that there did not continue to be conflict and bargaining amongst the Critical Actors. This could be seen in relation to a number of implementation issues and it became critical when the political leadership once again changed, to, this time, a Liberal Democrat minority administration in May 1993. While space precludes detailed discussion, this forum of conflict and bargaining is worthy of further study.

Over the latter part of this period a further development could be seen. This was linked, once again to the precepts of "new management" and perhaps to the threats posed by the Local Government Commission to reorganise local authorities, by the loss of power occasioned by the introduction of Compulsory Competitive Tendering and other loss of power from the centre. This is the cultivation of a "corporate identity" by the local authority. Evidence of this can be seen in a number of areas. On a purely cosmetic level, the development of corporate image can be seen: logos, the language used in communications, the start of a County Council news letter, sloganeering on signs and vehicles, the retitling of senior managers grouping (Strategic Managers Group). The reframing of functions is seen in that the traditional role of the Director as being concerned with accruing resources for his or her department is superseded by the Director who is freed up to make Strategic Decisions

at "Chief Officer" level and who then transmits and implements them within the Department. The corporate dimension becomes more important than the departmental. The in house magazine "Target 1991" reports the setting up of a "corporate Chief Officers Steering Group to oversee the essential corporate changes that had to occur." (Target no. 8 May 1990).

Tangible evidence can be seen in the minutes and supporting field notes of the meetings of the information working party. This group had been convened to decide ways of testing and implementing the requirement ("Caring for People", 1989 (a)) to provide information for potential users. It was composed of a range of personnel from within the department, including an information officer who had recently completed a research project on the best methods of accomplishing this. The minutes record (29 June 1992) that the decision was taken to adopt a range of projects, but the critical fact was that they were to be based on County Council property dispensing County Council information, rather than being based at the most appropriate (according to the research) venues. Field notes indicated that the process of the meeting was "odd" in that the first part of the meeting was concerned with a general discussion of the best methods of achieving the aims, but after a break, the Chair (a senior manager) announced that it was required by the Strategic Management Group that a corporate information policy should be adopted (although the methods were contra indicated by the research.) The corporate dimension was more important than the best solution.

The characteristics of the agency that our model suggested as being central to successful implementation were present in this case. The dominant coalition supports the implementation, in part because it suited their interests. In addition, the organisation was becoming more centrally focused, with clearer control over the operational sections of the department. This enabled them to have firmer control over the implementation.

### **5.3.2. Stakeholders**

Our model stresses that there were two important attributes that define the influence of stakeholders. The first was the number of stakeholders and the second was the degree to which they were organised. There were a wide range of stakeholders in the policy which included public and private agencies. It is worth remembering that the policy itself specifically set out to create more stakeholders, not only by forcing the local authority to open its own services to competition but encourage the development of new service providers.

The main stakeholders were, in the public sector, those who purchase services, the health authorities and trusts and the housing agencies. In the providers sector there were a range of stakeholders from, ranging from the traditional voluntary sector organisations such as Age Concern, through the campaigning organisations such as MIND and MENCAP to the purely commercial organisations such as the private residential establishments. O' Toole and Mountjoy's (1987) typology described in chapter two is relevant here. In particular, the three bases on which co-operation depended. These were, authority, where co-operation relies on sense of duty or a coercive element, common interest which relies on participants having values in common and exchange where they cooperate in order to receive something in return.

The degree and amount of co-operation will depend on each stakeholder's perspective at that time. We one would have expected, for example, the voluntary sector to be dominated by issues derived from common interest and to a lesser extent authority and exchange. In the private residential sector it could be expected that the motives would be dominated by considerations of exchange, while in the public sector motives of authority would dominate. Put in these terms the likelihood of co-operation becomes less. The early evidence is that, while stakeholders manoeuvre for their own advantage, there is a degree of co-operation to facilitate the implementation. The main evidence for this was the production of the Community Care Plan.



One of the central aims of the legislation was to overcome the organisational fragmentation and confusion that surrounded community care. Strategically this was to be accomplished by the production of annual community care plans by the local authority. They had to demonstrate that they were compiled in consultation with the other interested agencies. These plans had to show how the independent sector was to be encouraged. The first of these Community Care Plans, ("Our Plan and Your Handbook 1992-1993") was produced in conjunction with the five health authorities in the area covered by the authority. It also showed the collaboration with ten districts and city councils which were involved. It outlined the process for collaboration with voluntary agencies and the independent residential and nursing homes. Various structures were established to facilitate this planning - the formal implementation structures.

The formal arrangements disguised a mass of conflict and contra inducements to co-operation that existed at the start and continued to grow as the implementation continued. There were a number of reasons for this. Firstly the influence of managerialism and enforced competition began to change agendas from common interest and authority to that of exchange. As Hood (1991) comments, the new managerialism concentrated on management issues rather than those of policy. These were usually expressed in terms of budgetary control. Subsequently, we saw the arbitrary limitation or change in services by agencies depending on their need to address their own budget. Once again the definition of social or medical care was a good example of this. The pragmatic solutions worked out by practitioners of different agencies gave way to the managers' desire to have clearly defined tasks for their staff that could be easily costed and controlled.

Secondly, the differential interests and pressures of stakeholders helped to determine agendas and distribution of resources. The interests of the private residential home owners, for example, were clearly not coterminous with that of the policy as the fewer people in residential care meant less income. In addition they saw the local authority maintained homes operating at higher cost and in unfair competition with them.

Another differential concerned the difficulty of applying one policy to differing client groups. In the "Mental Health" sector, for example, public concern and the need to act as "fiduciary trustee" led to this group being treated differently, in that they are the only group to have had money's ring fenced. The stakeholders of this group seemed to have been able to exercise more power than others.

The third of these contra-inducements was the growth of the particularism noted above. This led stakeholders to re-consider those co-operative roles that had developed over time. An example of this was seen in the role of the Community Psychiatric Nurse (CPN). This began with the joint funding generated by the closing of the large psychiatric institutions in the 80's and early 90's. A close relationship had developed between the CPN and social workers in this field, with CPN being out-posted to social services teams. The introduction of the legislation coincided with both the tapering off of the joint funding and establishing of a "Health Trust" that employed the CPN. The "Trust" began to redefine the role of the CPN. Thus while social services managers had an expectation that the CPN would act as care managers, the managers of the trusts did not agree. They saw the nurses role as a being one of a provider rather than of purchaser. The basis for co-operation became limited as their previous collaborative approach was now constrained by a contractual relationship.

Fourthly, the position of the "not for profit" sector changed. Previously their financing depended to a large extent on "block" grants from the local authority who insisted on certain amount of control over services offered and standards. Subsequent to the implementation, there was a much more "focused" approach from the local authority, specifications became tighter, more focused on the needs of the local authority to purchase a certain type of service.

Finally, what at first seemed to be a resource-rich package soon was shown not to be so. In the area under study the second year of the policy saw a 38 per cent reduction in the original funding. Thus the potential for co-operation became more limited. It can be said that there was a dichotomy, in that the policy was supposed to introduce

competition rather than co-operation. Co-operation will work very well in a resource rich package, but if there is no profit to be made then no entrepreneur will provide the services, or at the very least there will be competition rather than co-operation.

The history of community care was bedevilled by the lack of co-operation among stakeholders. As we outlined in chapter two these were difficulties over structure, patterns of accountability, planning processes and organisational culture. The legislation does little to answer these, although there are early signs of a will to so do by at least the purchasing stakeholders. However, there are new impediments to collaboration inherent in the legislation which emphasises competition among providers rather than collaboration.

### **5.3.3 . Critical Actors and the Model.**

Again the model provided a framework with which to examine the ever more complex processes. The theoretical principles and the findings of previous research were illustrated in the implementation

The model allowed us to isolate the influence of bargaining and conflict both in the political arena and in the relationship between agencies. We saw continuing influence of political ideology at a local level. The change in political leadership to Conservative highlighted the ideological drive behind the implementation. An extreme form of care management and purchaser / provider split began to be developed. This was allied to the introduction of "new managerialist" practices . The relationships between agencies also began to change. The previous inducements to co-operation that were dominated by a sense of duty and public service change to those which are driven by the need to compete for resources and control existing resources more closely.

We saw the importance of the enhanced feedback loops in the continuing changes to the form and the detail of the implementation at the policy making and policy

instrument level. This affected the decisions of the critical actors, who continued, in turn to put pressure on the policymakers for further changes.

#### **5.4. CONCLUSIONS .**

The chapter set out to describe the events in the initial stages of the implementation. It outlined the early events and used this information to examine the efficacy of the model as a framework for analysis. The analysis was used to determine the issues that were likely to prove important in the later stages of the implementation. This, in turn was used to refine the research questions, to begin the construction of the coding and to determine the methodology for the next phase.

Central government's attention began to focus on public service. The early stage of the formulation of this policy was influenced by other policies that were being introduced. The problems of caring for the elderly and dependent had been presenting difficulties in terms of increasing cost . The generally agreed perception that it was better to care for people in the community had been growing for a number of years.

The solution proposed was, at first, politically unacceptable. This resulted in an extended period during which there was much bargaining. A solution was found, however, and a policy window was opened. These solutions reflected the "new right" ideology and central governments need to control local government. The changing of methods of financing local government assisted this control.

The policy instruments reflected this ideology and the wish to introduce a more managerialist approach to local authority operations. This approach was eagerly accepted by the senior management of the local authority who were, themselves, in the throes of introducing a managerialist approach.

The model facilitated the examination of the earlier stages of the implementation. The areas of the model fit very well with the areas of the policy and it allowed the

disaggregation and close examination of those sections. While it was difficult to produce any clear primary evidence of bargaining and conflict, contemporary accounts certainly indicate that this was taking place. The reinforced feedback loops allowed the isolation of those factors that were likely to influence the course of the implementation.

Consideration had to be given to what was happening in the hiatus between the announcement of the policy and the staged implementation. The idea of the moving policy target are very pervasive, with the substance of the policy changing as the instruments are being designed to meet the demands of a variety of actors, pressure groups and other departments. Particularly noticeable is the dynamic nature of policy when shaped to meet political ends. The need to ameliorate the effects of the poll tax, the perception that the policy was going to be underfunded and the continuing debate as to the boundaries of social and medical care were also important factors. There were also changes that could be seen which resulted from pressure by stakeholders. These include the partial ring-fencing of funds for mental health and the increasing of the proportion of moneys to be spent in the private sector from 60% (of the Standard Transitional Grant) to 85%.

The extended gestation of this policy clearly demonstrated the link between the policy making process and formulation of the policy instruments. It could also be seen that the process of formulating the policy instruments was dynamic and influenced both by the change of policy and the developments of methodology and systems from other, related areas.

This overview has allowed us to begin the process of focusing the original research questions and to begin the isolation of areas for the next stage of the research. The research questions remain those detailed in chapter two, what we intend to is to begin the process of "focusing and bounding" of the research.

The first question concerned the effect of the new managerialism on the implementation process. There was overwhelming evidence that the implementing agency avidly embraced the legislation. This enthusiasm needed to be seen in the context of the changes which local government was and is going through. These changes, principally the change to a facilitative role and the introduction of the "new managerialism", were exemplified in the legislation. Thus, they were eagerly embraced by the local authority as a method of actively pursuing these changes in a way which would suit the purposes of senior managers. This had the potential to generate conflict as the workers may very well have had a different perception of the culture of the organisation from the managers.

The introduction of managerial methods also had some effect regarding stakeholders. Each stakeholder or group of stakeholders had different agendas, some may have been supportive to the implementation, some destructive. In terms of O'Toole and Mountjoy's (1984) definition, it depended on where the stakeholder was in terms of the balance among the three inducements to co-operation. Was the balance which was struck between these three inducements such as to help or hinder the implementation? Indeed was this balance constant?

The next stage of the research will have to examine in some detail how the organisation was changed to facilitate the implementation. The purpose of this will be to determine whether this will, in turn, lead to conditions that are detrimental to the implementation. In terms of the theory of implementation, it will also serve to illustrate one of the central issues of whether modern policy makers view the policy implementation process as one which can be controlled by finding the weak links in the chain and reinforcing them, essentially a "top down" view of the process.

The second question concerned the position of the user of the service in the process, the idea of the consumer in public policy implementation. This will be covered in the examination of the issues raised in the study of the introduction of the new managerialism.

What began to emerge was the importance of organisational form. Several elements can be identified which have the potential to pose problems of implementation later. The first was the design being driven by ideological considerations, witness the purchaser / provider split and the need to have firm managerial control over the care management process. There are issues over the "tightness" of the design. On the one hand there is the need to recognise that there is a range of types of potential users: the elderly, disabled and those with mental health problems. On the other there is the perceived need to offer a uniform method of organisational design and systems of implementation. Thirdly, the delayed implementation and the uncertainty which raised questions of preparation for the implementation. Will local authorities commit resources to training, investment in equipment and new staff before the uncertainties and the resource questions are resolved? If they do not what will be the effect? The third and fourth questions concerning the covert aims of the implementation and how the feedback and changing environmental conditions had affected the policy will be addressed as part of the above examination.

The next chapter will move on in the model. It will primarily examine the the driving forces of the implementation, with a preliminary examination of the service delivery, the role of the user of the services and the correspondence index. The focus is as described above and the methods are those described in the research methods chapter.

## **CHAPTER 6**

# **THE DRIVING FORCES**



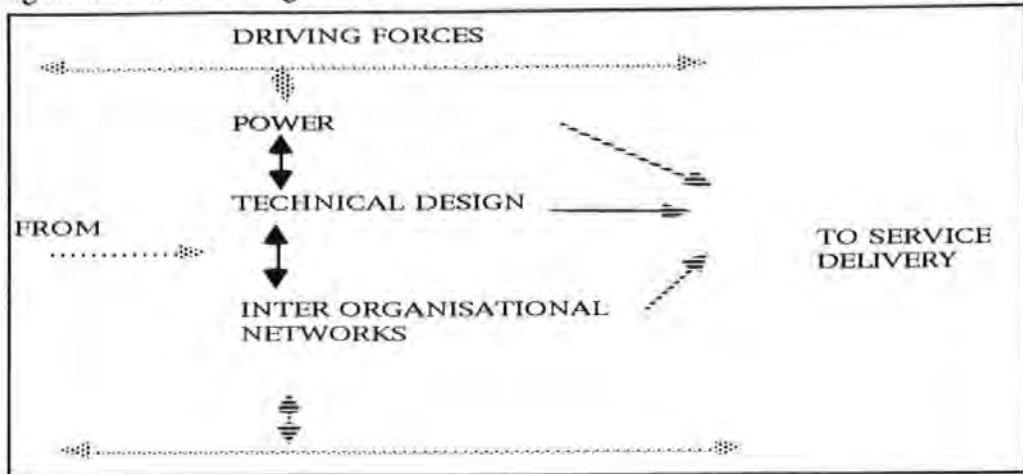
Chapter 5 used the model to examine the early stages of the implementation. It developed the original research questions and began identifying those issues that would be used as the focus for the further examination of the model and the implementation. This chapter will continue that process by moving on in the model to examine those forces that drive the implementation.

Two issues were isolated in the last chapter which were considered to have the potential to present problems in the operationalisation of the legislation. Firstly, we saw the influence of the "new managerialism," particularly culture change and the need to change the organisation to fit the ideology. Associated with this were the changes leading to difficulties in co-operation with stakeholders. Secondly, closer examination of the requirement that the implementer treats the recipient of the service as a "consumer" revealed a number of areas which may prove to be difficult.

This chapter will develop these themes. There was a change in the nature of information, in that the actual period of fieldwork had begun. The data collection spans the year before the start of the implementation to the nine months afterward. Information comes from a number of sources which included interview material, participant observation, minutes and departmental documentation.

The driving forces are split into three interrelated parts. Each of these will be addressed in turn (See figure 14.) The first section concerns the power that the implementers were able (or willing) to deploy to facilitate the implementation. The second examines the technical design of the service delivery system, in particular, the drive to adopt a particular design and whether this design was appropriate for the implementation. Thirdly, the amount and distribution of resource were thought to be critical to the implementation process, thus the allocation and distribution of resource will be examined.

Figure 14. The Driving Forces



The next section will summarise and analyse the data in more detail. This analysis will be used to provide the basis for the final revision of coding and help determine the direction of the last stage of the research.

### 6.1. DRIVING FORCES.

The driving forces in this instance were the combination of senior management and policy makers within the social services department. They provided the detailed guidance to implement the critical actors' translation of the policy and allowed the operationalisation of the policy. If the view is taken that the implementation had become as much about the introduction of a new culture as the implementation itself then this process needs careful examination. This section will offer a summary of the influences on the process and then use our model to examine the specific actions that were taken.

The first task is to put the implementation into its organisational context. The department under study was a large and complex organisation. It employed some 7,000 persons and had a budget of £365 million pounds per annum. The implementation of this legislation added to an already large range of statutory duties. These duties varied from the investigation of likely abuse in the unborn child (1989

Children Act), to the arrangement of funerals and the disposal of effects of destitute persons (1948 National Assistance Act) Not only was there a wide range type of service, there were also a number of roles. These included the direct provision of services (Children's homes, elderly persons' homes, home care services), the provision of therapy, the investigation of child abuse, the dealing with juvenile crime and even acting as an Adoption Agency.

Social services departments were a relatively new organisation, established after the Seebohm Report of 1968. They had grown in a haphazard way, with no blueprint or overarching set of organisational imperatives, reflecting the incremental increase caused by the adding of tasks by central and local government. The general perception of social services departments was that of bureaucratic, badly organised services, which made many mistakes and wasted much taxpayer's money. The introduction of managerialism described in chapter two was, in part, introduced so some of these difficulties were addressed. In this context, the introduction of the legislation can be seen as an ideal vehicle with which to introduce some of the "new managerial" precepts.

We have noted that the implementation of the legislation had been delayed and then introduced in stages. As far as this research is concerned the third stage of this implementation was the most important. This began on April 1, 1993, when the main body of the finance was transferred and the local authorities accepted responsibility. Little resource was available before this time to begin the processes of training, recruitment and reorganisation necessary for the implementation. Indeed, the main funding changes were due to take place after a general election with no guarantee that the incoming government would want to continue with the policy in its existing form. Thus, during the three year lead in to the implementation, the implementers were unwilling to commit resources to specific preparation. However, the period 1989 to 1993 was marked by a clear drive towards a particular implementation method.

It is considered that there are two principal reasons for this. The first has already been discussed in terms of the political commitment and the appointment of a director who was committed to change. The second predates the appointment of the new director. This was the appointment of a person to oversee the implementation, the "fixer" mentioned by Callista (1991) In this case there was very clearly a "fixer:" In August 1989, a senior manager was seconded to facilitate the introduction of the legislation. It was significant that this person was of high status within the organisation and was seconded with a very wide brief to be based at County Hall. This senior manager rapidly became the focus of the implementation network. The position became formalised as the Assistant Director (Policy and Planning) in the management reorganisation subsequent to the new director assuming his post.

The dominant coalition's wish to impose a particular method of implementation became clear, as did the desire to use the vehicle of legislation to introduce concepts and methods of the new managerialism. The method chosen to do this was the managerial method known as "organisational development" (see Ray 1986; Child and Smith 1987; Deal and Kennedy 1988 on culture as control) The newly named strategic management team announced:

*"SMT has concluded that the adoption of an overall "organisational development" approach is right, and the transition will be managed by existing Management teams ... two HQ co-ordinating groups - the Community Care Plan Steering Group and the Organisational Development Steering Group will monitor and drive development work throughout the Department. "*

*( Target 1991 No 7 May 1990 p. 1)*

Organisational development was originally seen as a democratic or consultative way of "unblocking" moribund organisations (Thompson and McHugh 1987) By the 1990's it had become synonymous with culture change and Human Resource Management.

*"Corporate culture, which can be defined as the way that management mobilise combinations of values , language , rituals and myths, is seen as a key factor in the unlocking the commitment and enthusiasm of employees."*

*(Thompson and McHugh 1987 p. 224)*

We began to see a style of management that aimed to make a concerted effort to inculcate the new cultural values associated with the "new public management". There was an emphasis on consumerism, value for money, efficiency, and responsiveness. The methods used were almost textbook and range from the role of the director who assumes a more heroic, symbolic role, the "John Wayne in pinstripes" described by Deal and Kennedy (1988) to the appointment of a deputy director so that the director could "concentrate more on strategic issues". (Joint report on SSD structure 21 Sept. 1990)

A range of strategies with their roots in organisational development was initiated. These aimed at combining the implementation with the culture changes required by the "new management". These strategies included:

- the introduction of a "management learning strategy", performance related pay, and core competencies.
- The introduction of "assessment centres" as a means of managerial selection.
- The introduction of "The Human Resource Strategy" (Dec.1992) The description of this in Stellar (Issue 9 July 1993) gave clear indications as to the "new management" orientation of management. It talked about  
*"The shift from a public service culture to a more business oriented approach"*  
*"The Department's commitment to excellence"*  
*"It is important to be clear about what is unchanging and governs the way things are done, e.g. values and beliefs."*  
*(Principal Personnel Officer, Stellar 9 July p. 11)*
- Quality standards, which were explicit targets for a range of operations, were introduced. These were coupled with the attempts to control output by procedural measures.
- Slogans, mission statements of a departmental culture were introduced. The work of management writers, such as Peters and Waterman (1982) is much quoted. Their "universalist" approach emphasises criteria of "excellence" and the "customer oriented company".

- There was a change of emphasis from a "bureau professional" orientation to a managerial one. Job descriptions were changed to allow managerial rather than professionally qualified persons into first line management positions.
- The movement in management orientation can be illustrated by examining the public pronouncements. There was a concerted attempt at communicating the values of management through "in house" publications. A sample of the "slogans" of these publications illustrates the movement in management style.

"Target " was published from 1990 to 1992 and was:

*"A regular publication for all the staff of Devon Social Services about the implementation of the Children Act and "Care in the Community"  
("Masthead" statement Target 1991)*

"Stellar" published from 1992 was aimed at:

*"Keeping Social Services staff informed" (Masthead Slogan Stellar)*

and finally the "Organisational Development Bulletin"

*"which reports proposals and progress and gave description of decisions of the "Organisational Development Team".  
(ODT Bulletin no. 1 p. 1)*

This illustrated the clear movement from consultation to prescription, from Elmore's (1978) "Organisational Development" model to his "System Management " model.

These publications were supplemented by a series of "road shows", designed to present the managerial view of the way things should be going. These strategems were an almost textbook method of applying the central principles of Human Resource Management, that of direct communication with staff rather than through Unions or other representative bodies, an individual rather than a collective approach.

It can be argued that the values and methods of the "new public management" became the integral to the implementation process as opposed to our earlier proposal that the introduction of a managerialist culture was a by-product which would be beneficial to the main aims of the implementation. While there was acceptance of the benefits of

the "new public management", critics (e.g. Yeatman 1987, Dunleavy 1985, Pollitt 1990, Hood 1991) questioned the supposed gains which it brought. Their criticisms addressed a number of areas, did the "new managerialism" have real substance or was it a triumph of style over substance; were the cost savings which were meant to be available real, did the loss of public service ethos outweighing the material gain and finally was it being used for the particularist advantage of senior management?

In light of this criticism, we must ask ourselves how the "new public management" will affect the stated aims of the implementation. The question of the nature of the organisational design and culture assumes great importance and indicates that we should examine these matters more closely.

#### **6.1.1. Economic Factors.**

It has been already stated that there was little specific resource available to prepare for the implementation and an unwillingness to commit existing resource in the light of the political uncertainty. The period 1989 to 1993 saw little or no investment in preparation. As we will show, the technical design of the implementation required extensive use of information technology. The delay in the allocation of funds meant that the hardware and appropriate systems could not be prepared. In addition, there was a need to employ more people, to train them, even to decide what training was required.

When the budget was allocated, there was a specific amount for services, a certain percentage of which had to be spent in the private sector and a certain percentage to be spent on infrastructure and implementation costs. The original amount, despite the general pessimism, was thought to be adequate, both in terms of the transaction costs (those required to buy or provide services) and the production costs (those for the staffing/training) The supply was conditional in that the percentage of the whole grant had to be spent in the private sector. A further condition was the production of a Community Care Plan which detailed the arrangements for community care in the area.

The basis of supply was supposedly on rational measures, decided by the "Alphabet" group, the group of officials who met to decide the formula on which the budget was based. To a certain extent it was based on the historical assessment of need (the Standard Spending Assessment) adjusted by demographic factors. However, any claim to it being either rational or stable was destroyed by the second years' (94/95) assessment that resulted in a 38% cut in the counties community care budget. (Stellar Issue 25 Dec. 94)

The initial amount allocated to the area under study was £17.2 million. £13.9 million was transferred from the Social Security budget and was to be used for the provision of services with £1.3 million of the total was allocated for infrastructure costs. The provision of this money was conditional on the maintenance of existing spending. In addition the persons receiving services under existing Department of Social Security arrangements (those in residential care paid for by the state) were to be honoured and excluded from the new arrangements. Thus the new money was to be targeted on new demands for services. In general terms the money was to be distributed to care management teams based on existing demand. There were, however, a number of issues that surrounded the allocation of the resources that had the potential to affect the outcome of the implementation.

The first of these was the basis of the allocation of funds. This was based on historical, subjective and to a certain extent political criteria. Secondly, the paperwork and complex systems to facilitate the process had to be developed and introduced. Thirdly, there were costs attached to the splitting of the purchasing and provision systems. Lastly, there was the cost of training staff for all the above.

The sum of £1.3 million which was allocated for the infrastructure costs was meant to cover the costs of a number of things. These included the new posts that were created in the "care management" teams (see below), the creation of posts to co-ordinate contracts, new managers and other staff required to facilitate the purchaser/provider



split, new financial staff to manage the income generated and the payments required by the new system. These new systems included the installation of information technology to handle the greatly increased volume of financial transactions and the capturing of the information generated by the introduction of care management.

The evidence indicated that there was a certain amount of planning and preparation in the distribution of resources. These concentrated on the establishment of a number of pilot projects. In addition there was the on-going exercise aimed at addressing issues of resource parity across teams (the Yardsticks exercise). In the event, the requirement to work within the existing system and the perceived need to implement organisational change early in the process led to an implementation that, despite the planning, gave the impression of being fragmented and badly co-ordinated. This was clearly reflected by managers.

*"The changes have been piecemeal. They haven't been communicated effectively. They say we will change a little bit then they say now we are going to change it this way or that it has been unplanned."*

*(Quoted in Landells and Mays 1992 p. 34)*

### **6.1.2. Technological Specification .**

The technological specifications refer to those processes whereby the intentions of the policy makers and the critical actors are turned into a reality. The questions we need to consider were, firstly, Was the design a specific translation of the policy makers' intent? Secondly, did it follow the philosophy of the policy makers? Finally, was the design feasible and rational?

The intent of the policy makers has been discussed above. To re-cap, the systems had to:-

- To carry out an appropriate assessment of individual need for social care, and to decide what services should be provided.
- To design "packages of care" to meet the assessed need of individuals and their carer.

- To secure the delivery of services, not simply by acting as direct providers but by developing their purchasing and contracting roles.

Translated into organisational terms this implies :-

- The need to organise service delivery to facilitate the "care management" processes.
- The need to split the department so as to implement the "purchaser/provider" divide
- The need to cope with an increased workload to carry out the new assessments.
- The associated need to design and introduce systems to facilitate internal trading and the close monitoring of the finances in individual cases.

This section will examine the development of the organisation and conclude with a discussion of some of the issues that it raises. This will be done in two parts, firstly the reorganisation of personnel and secondly, the associated systems that facilitated the implementation.

The first section traces the development of the organisation from the 1987 reorganisation. The organisational changes outlined in chapter five reflected the Stewart and Clarke (1987) model that was supported by the political party in power at the time. The administration changed to Conservative and a more centrist organisation emerged. In turn this recentralisation was given added impetus by the requirements thought to be necessary for the implementation of the NHS and Community Care Act (1990). The uncertainty of whether the implementation was proceeding meant that the organisation was unwilling to invest in large changes. Nonetheless, preparations were pushed ahead by a committed management team, in particular by the "fixer". As the requirements became clearer an extreme form of the purchaser/ provider split was adopted and it was used as a vehicle to introduce "new managerialist" precepts. The extreme nature of the form was changed when the political control changed once again. Further, there was resistance from the

workforce to some of the changes and which contributed to the new organisational form not being in place at the start date of the implementation.

We expected to see evidence of several aspects of the processes that the model proposes. The main area will be the growing difficulty of implementation if the need to meet the ideological imperatives driven by the "new managerialism" begin to distort the technological design. (See figure 4, chapter 4) This may make the fit between system design and operational requirements so difficult that it could result in imperfect implementation. Secondly, we would expect to see the beginnings of the development of a street level bureaucracy as the front line workers attempt to adapt an imperfect system to the needs of the implementation. Finally, we see the effect of change in the perspective in the driving forces. As political control changes so does the form of the implementation.

The 1987 reorganisation was radical in that it attempted to address some accepted deficiencies in the organisation of the social services department with solutions which were new and unfamiliar to most local authority managers and politicians. The central thrust was the decentralisation of services to 34 geographically based districts and the integration of all services within those districts. It should be remembered that this entailed the ending of the separation of fieldwork from residential and day services and losing financial power and control from the centre. Power was clearly vested at district/area level. The key management forums were the four District Management Groups. Figure 15 illustrates this.

As described in chapter five, the centre immediately began to reassert itself. This culminated in the 1990 recentralisation. The significance of this is discussed above. To all intents and purposes, the District structure remained, however, there was some evidence that there was a feeling at District management level that their power to influence events was being re - gathered by the centre, particularly at the expense of district autonomy and the ability of area-based management to represent their interests.

Figure 15 The 1987 reorganisation.

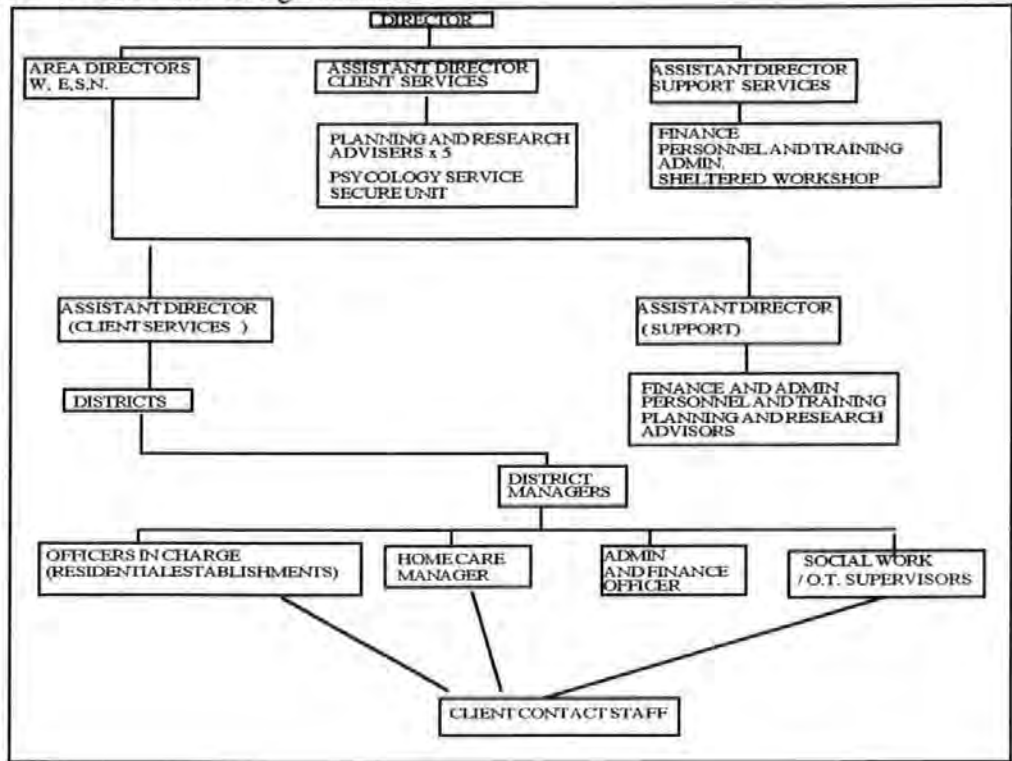
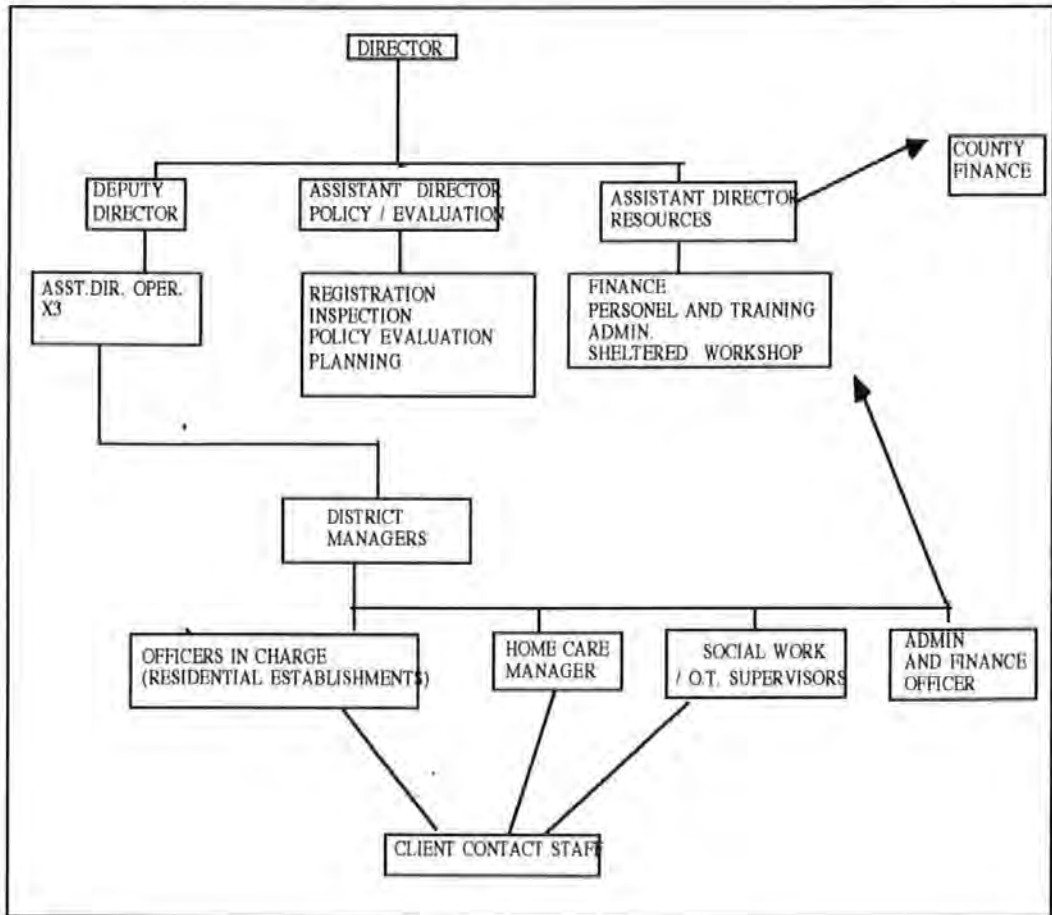


Figure 16 The 1990 reorganisation.



An examination of organisational diagrams in figures 15 and 16 shows the movement of posts to the centre with chains of command leading to the centre rather than to the district. This was particularly true in respect of the monitoring, planning and personnel functions. Further evidence could also be seen in the statements by managers. For example we heard the Director saying,

*"We need a more clearly defined role for H.Q. - a two tier organisation, HQ and District."  
(Directors editorial Target 1991, June 1990)*

and the response of one the districts

*"We fear that the two tier structure which you propose had the grave disadvantage of separating policy and planning from service delivery."  
(District response to reorganisation document 6.9 .90)*

The result was a change in organisational focus which previously saw power as close to the bottom as possible and now saw it aggregated towards the top.

The strategy that the senior management group adopted to begin these organisational changes was detailed in Target (No 7 May 1990) The overt linking of this organisational change with the introduction of the NHS and Community Care Act (1990) was seen in the February 1991 document, "A Policy Framework for the Establishment of Care Management Teams". This linked the design of the implementation to the organisational changes already set in chain. The document described the introduction of pilot studies to assess methods of designing the delivery of services and articulated the need to establish care management teams and to introduce the care management system.

In May 1991, the senior management team published its "Statement on the Implementation of Care Management Teams" This document contained statements that served to illustrate the senior management's desire to facilitate the implementation quickly, taking an extreme view of the instructions from the Department of Health.

*"There has never been any doubt in our strategic planning that we would need to undertake some form of separation in practice between the "commissioning" and "providing" functions of the department . The purpose of the pilots has never been to test whether separation should take place , but when. " (Emphasis in original)  
(SMT Document "Establishing Care Management Teams " 16.05.91)*

The eagerness to follow this guidance was further illustrated by the convoluted arguments to facilitate the establishment of "Care Management" teams before the lessons from the pilots were absorbed.

*'Experiment in this is far too complex to dabble with, and the Pilot Districts will consume the full support of H.Q., County Treasurer and County Personnel staff in this process.*

*..."Nevertheless we have only 20 months to prepare for the introduction of "Purchase of Service" which is the main operational factor which led us to conclude that we should establish Care Management Teams. To gain maximum advantage of this, SMT believes that the new teams should be allowed to form as soon as possible."*

*( Para 3.4)*

The paper went on to outline the timetable, the ground rules for action and the introduction of new posts. It also detailed the changes in existing roles, both in terms of first-line managers and to those who would eventually become providers. The Home Care Service, for example, managed at the time by the District Manager, would eventually become providers of service and therefore preparations needed to be made for them to move from the management of the District. The situation was further complicated by the requirement to apply the principles to children's as well as adult services. This served to fuel the existing organisational debate whether to split service delivery into client groups (the elderly, children, disabled and mentally ill) There was no consensus or direction within the organisation about this. The extreme interpretation of the organisational requirements required by the legislation

demonstrates a determination to follow the ideological message of the implementation.

In January 1992 "Establishing Care Management Teams- Personnel Guidance Notes" was published. This listed the changed job descriptions for staff, the introduction of new categories of staff and the criteria and qualifications for each post. There were some significant points within this document that gave some clue as to the thinking of Senior Managers. The change of title of Social Work and Occupational Therapy Supervisors to Team Managers gave some indication of the changed emphasis which the senior managers wished to place on those roles. Further evidence of this could be seen in the requirement that managers of those teams dealing with adults did not need to have a professional qualification,

*" increasingly, it would appear that the Team manager's role , particularly in "Adult services " teams, will be more "managerial" than "supervisory " ... after thorough debate , it has been decided that team managers posts in Adult services teams should also be open to those with proven competence in assessment , planning and, or providing care, plus substantial management experience"*

*(Establishing Care Management Teams-Personnel guidance notes para iii liv p. 6)*

So that professional supervision would be available a new post was to be introduced from existing resources. There were several implications. Firstly, there were those issues that surround the control of bureau professionals. By introducing non professional managers it began to be easier for managers to demonstrate the "new managerial" principle of concern for issues of management rather than issues of policy (Hood 1990) Secondly, the distancing of first-line managers from service deliverers allowed them to absorb the managerial culture with more ease.

Care Management Teams were to be developed within the existing District system. The other main element of the implementation, however, the splitting of purchasing from provision, was bound to disrupt this. Planning for this had already begun. The Deputy Directors' memo to Assistant Director (Operations) of 21 Jan. 1992 outlines

Senior Management's requirements for the purchaser/ provider split. The concern over further reorganisation prejudicing the as yet not introduced Care Management Teams is reflected in the language of the document. Each sentence contains at least one underlined command e.g.

*"Proposals must take into account of care management team's intentions".*

*"proposals must be able to be implemented within the 1992/93 District Budgets". (Emphasis in original)  
(Deputy Directors memo 21 Jan. 1992)*

A total of 17 statements were made in this way. The statements were prefaced with reference to Senior Management's Performance Objectives that indicated that the introduction of these changes was of central importance. While the introduction of Care Management teams proceeded, work began on the exact design of the purchaser/provider split.

In December 1992 the Director announced in his Christmas message that the Senior Management Team were re-naming themselves the Strategic Management Group and that the Department was to be reorganised to incorporate the purchaser/provider split. In May 1993 the political control of the local authority changed. Previous to this a clear line was to be taken in terms of the split, with the new providing organisation clearly a first stage in the floating off and the making competitive of the "in-house" services. This is exemplified by the concerted effort to close a number of elderly persons' homes in the period 1992 to early 1993. The language of the documents subsequent to the change of political control reveals a less separatist, more public service approach. The June/July "Organisational Development Structure Changes" document emphasised the need remain "One Department"

*"The new Political Administration has reaffirmed the commitment to having a strong "In House" provider function to ensure maximum choice ..."*

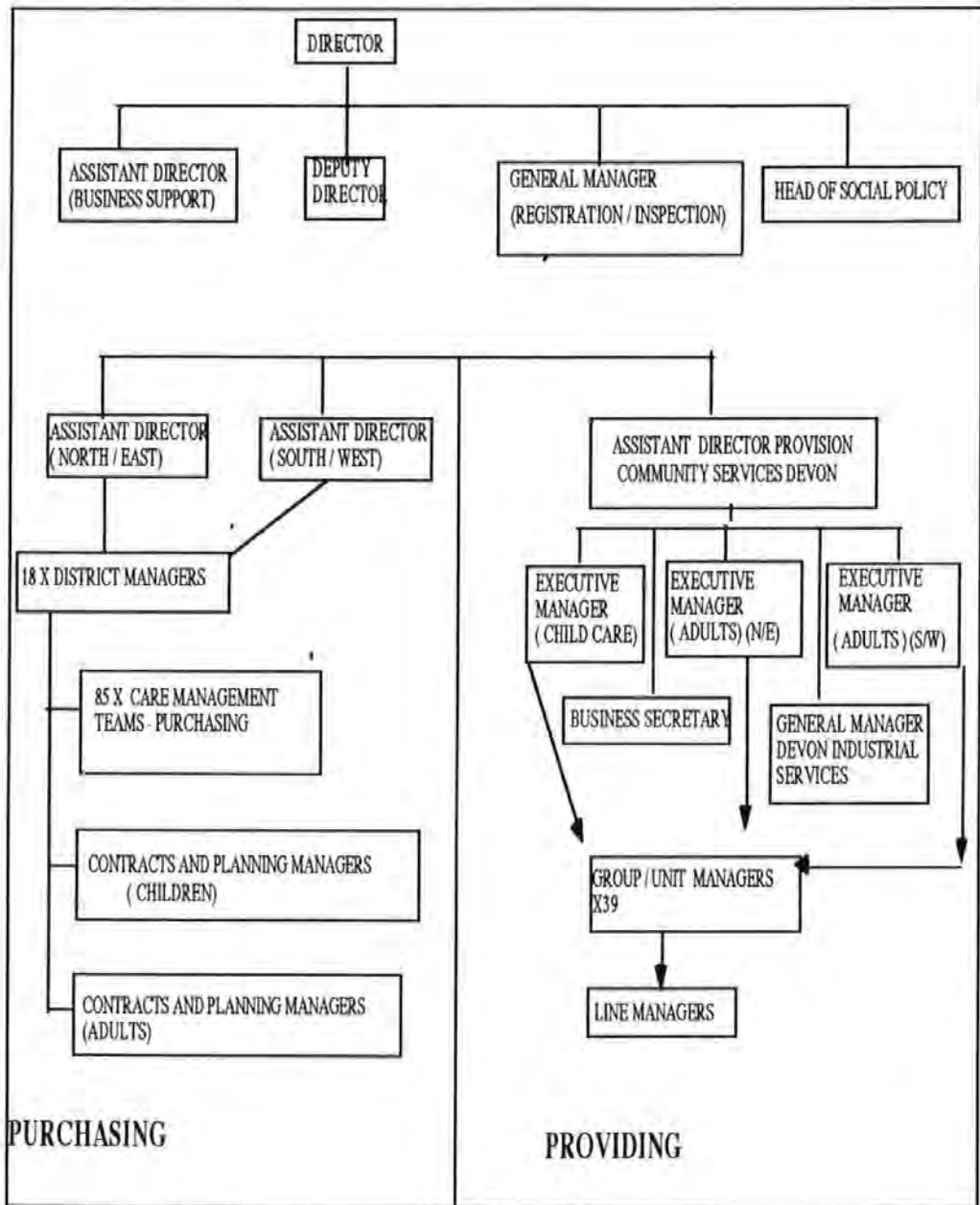
*( Para 1.2)*

*"the Management Group is determined that there will be a single Social Services Department".*

*(Para 2.1)*



Figure 17. The proposed 1992 restructuring.



In terms of implementation theory, this provided a good illustration of the way in which any looseness in the definition of policy can be reinterpreted by the implementer. Further, this reinterpretation allows those designing the form of the implementation to impose their views and ideologies on the design.

We can also detect an urgency in the need to reorganise which did not recognise the messages that the form of the technical design was not perfect. This may be interpreted as the ideology becoming more important than the implementation.

The thirty four 1987 Districts would be replaced by nine purchasing Districts, in two Divisions (North and East, West and South.) Within these districts would be eighty five Care Management Teams, each managed by a team manager, supported by practice supervisors. Each purchasing Division would have a planning and contracts team. The parts of the organisation that provide services were combined into an organisation that was to have its own corporate image and a Management board to reflect the assumption that they would be competing in a "mixed" economy of care. It should be noted that the split was still an extreme one that encompassed roles that physically remained in the purchasing teams, but were managed from outside it.

Figure 14 illustrates the degree to which the power had been centralised. The department has been "divisionalised" with the operational arm under the control of the deputy director. The director had direct control over the Policy Division, Business Support, Registration and Inspection. The strategic management group included the heads of these divisions and the deputy director but not the district managers.

This reorganisation took place in phases and, has been noted, was very much dictated by senior management. This started with the reorganisation of the district structure. Districts were combined, thus freeing District Managers to take up other appointments in the new organisation as well as offering opportunities for promotion for others within the organisation. The selection was to be done on a form of psychometric testing based on the "assessment" centre. At the same time the care management teams were being assembled. Existing first-line managers were to be assessed for the new jobs within this framework. New jobs were introduced, districts were combined and new systems were introduced

A great deal of confusion, anger and misunderstanding was evident. This was seen in the continual revision of time scales, the union activity (although they supported the changes at first) which forced a continual revision in the time scales. Other research (Landells and May, 1992) and data from field notes taken part way through this

process during the monitoring exercise of September 1993 and the pilot studies of January 1994 reflect this. One team manager expresses the point clearly,

*"My team doesn't know what's going on, they don't know who will be their boss, if they will have jobs and what those jobs will be".*

*(Field notes Sept. 1993)*

A person whose job description has been changed from social work assistant to community care worker says

*"I just want to get on with my work, exercises like this (the monitoring exercise) keep being done, I have to contribute, but nothing happens except that I get taken away from my job."*

*(Field notes OCT. 1993)*

At the end of the fieldwork, eight months after the full introduction of the legislation, the changes to the system were not finalised. However, the Department had split into purchaser and provider, the care management teams were established, the systems described below were in operation.

There needed to be new systems that would facilitate the implementation of "Care Management" as applied to Care in the Community. As noted above, this entailed new functions that included the detailed assessment of need, the placing of contracts to meet that need, the financial assessment of the potential user of services, the arranging of the transfer of funds, the payment of suppliers and the monitoring of the contracts. None of these tasks were performed before the implementation. In addition new managerial methods of control such as "Quality Standards" and other measures of performance were introduced. In Feb. 1992 the "Specification for Care Management Teams" was published. This contains the details of the systems that would be introduced. It deals with the processes and standards for Care Management. The idea of rationing through the allocation of priority was introduced. Formal standards were produced which imposed time limits on processes and detailed what the "customer" could reasonably expect. This could be seen as the first step in the introduction of systems that were designed both to facilitate the introduction of Care in The Community and an attempt to control professionals by processes.

The key to this process was the introduction of a number of forms that were meant to control the "care management" process. These forms were produced along with guides to their completion and a list of the processes that had to followed in a document called "The Care Management Pack" The original had seventeen forms, five "Assessment guides" and cards detailing eleven tasks (with three supplementary tasks) which had to be performed during the process of care management. There can be seen to be a number of aims to the introduction of the pack

- The need to introduce a standard system so as to allow the application of Quality Standards and performance related measures.
- The need to introduce a system which reflects the requirements for the processes and methods detailed in "Care Management and Assessment " (DoH / SSI 1991)
- The need to introduce methods which would facilitate "needs led" rather than "resource led" work, with the associated implication for the involvement of the user in the process
- The need to introduce a system that would utilise information technology to, firstly, allow the collection, collation and presentation of information to facilitate the points above. Secondly, to facilitate the rapid handling of the information that would be collected in the process of the financial assessment, and the setting up of contracts and the payments for those contracts. It should be remembered that this process also applied to those services that were previously internal.
- The need to set up and monitor contracts for services.

The Care Management Pack provided an excellent illustration of the imposition of managers need to control directly the processes of service delivery. Once again, when Elmore's (1978) models are applied, we see the potential for discord as it could be said that management were in "Systems Management" and the workers in an "Organisational Development" model.

The pack and the associated systems were introduced over a period up to and beyond April 1993. There were serious difficulties with the introduction. They concerned the amount of paperwork, the new systems, the complex nature of the processes, the new and unfamiliar tasks, and what was perceived as inadequate and inappropriate training. The pilot interviews and the Landells and May research indicate the bewilderment, even anger at the new systems.

*"The volume and changing nature of forms all affected working practices. Together with a lack of knowledge as to their actual use, this is causing further stress. Also identified was a lack of "applicability" to the daily circumstances of front line work .*

*(Landfells and May, 1992. Summary of findings p. 28)*

*"it's just been a complete overload of papers"*

*"because they have been afraid of going wrong and losing track of the budget they need half a dozen forms to see that everything ties up with each other ."*

*{Team managers quoted in Landells and May (1992 p. 28)}*

*" they haven't really thought through all the processes and forms ... I mean the 619 (Form of contract) is an absolute farce."*

*" there's simply too much paperwork".*

*(Community care worker, Pilot interviews Oct. 1993)*

The final element in the consideration of the design was how it intended to involve the involved the user of the services in the process. In chapter two we discussed the concepts of empowerment through "voice" (the ability to control or participate in the design of services), of "exit" (the ability to leave the service and choose another) and of "right" (the legal right to have the resources and to decide on services oneself) The design of the systems clearly indicates a wish by the designers to involve the users of the service in its delivery. However, the practical reality of this can be questioned. Indeed there seemed to be a great deal of confusion on the part of the policy makers as to what exactly is meant by empowerment.

At face value, the design of the care management system seeks to generate a system where all three of the categories of empowerment are present. Examples can be seen of "exit" for instance, the Care Management Pack instructs workers:

*"When undertaking any of the Care Management task, provide sufficient information to enable the person to make an informed choice about how the social care needs will be met"*

*(Care Management Pack Feb. 1993 Task 1.)*

Evidence of the "rights" approach could be seen in the requirement to set up a complaints procedure as well as the requirement to "include information about his or her rights" (Care Management Pack Feb. 1993 Task 1) Evidence of "voice" can be found in the requirement to set up some consultation mechanisms (forums) which allow the user the opportunity to participate in the planning process.

However, these aims were prejudiced by the other requirements of the process. Notably the need to operate a system of priority in order that control is maintained over resources. The market is distorted by the customer having to rely on the budget holder first to decide what they need and then whether it can be afforded. As Hill (1994) says,

*"The concept of need makes no sense in the language of markets, where the corresponding concept is "demand", need backed by the resources to pay."*

*(Hill M,1993 , p. 14)*

and a care manager:

*"Choice is all very well, if there is any and it can be afforded, most of my job is about firstly finding anything that the budget will stand, not offering a range of alternatives."*

*(Social worker Pilot Study 1)*

Once again, this has implications for the general theory of implementation. In terms of this example we saw the ideological need of the policy maker and implementer to view the recipient of services as a "customer." This, in turn, led to a design which had inbuilt contradictions as the workers find that consumerist concepts such as choice are countered by the need to ration services and by the need to act as fiduciary

trustee. Thus it can be postulated that the place of the consumer in modern policy implementation is contingent on other factors. This is an area which will be examined further in the final stages of the research.

### **6.1.3. Power.**

We have stressed that the ability of the implementer to marshal and deploy power in an effective way was central to the success of implementation. Thus the question must be asked as to how and to what ends was it exercised in this case? This section will examine whether the power is of sufficient scope both internally and over other stakeholders and whether the power is focused specifically on the implementation.

It is clear that the implementation was driven from the start by a "fixer." This fixer had both positional power and influence over the course of the implementation. It is also worth restating that this 'fixer' had a very clear view of a version of the implementation and the need to implement it in a particular way. This is articulated in early issues of the house magazine, "Target" which he edited.

The power to force through the new organisation and the systems for its control is not in doubt, although the overrun on the time taken and the difficulties encountered must raise doubts as to the methods employed, this was the "new managerial" and "Organisational Development" approach. We made the point that this was followed processes which, in implementation terms, were "top-down", therefore they presuppose close control over the systems and action of the workers. Thus there need to be control mechanisms to facilitate this. This goes even further, Organisational Development requires that the culture of the organisation be changed. The control mechanisms need not only to contain but also adapt.

We noted that the control methods which were employed utilised control of process. The care management forms mentioned above, combined with information technology that allow managers to trace the paperwork through the system. Performance was measured by comparison quality standards. Elmore's (1978)

"Systems management " model in fact. The quality standards reflected the "Shift from a public service culture to a more business oriented approach" (Stellar Issue 9 p.11).

The methods of controlling the actual work were more problematic. Traditionally, this had relied on professional responsibility bolstered by a system of personal supervision where the first line manager directly related to his subordinates. They rarely were present when the work took place. In the new system the line managers were expected to take a more managerial stance spending most of their time on managerial rather than supervisory functions. Thus, the role of supervision was filled by a new introduction to the care management teams, the senior practitioner. The introduction of this post caused the progress of the implementation to be halted by the Union on two occasions. This reflected what amounts to a deep, if not clearly articulated, concern on the part of the workforce and determination on the part of management to introduce this post.

Management's enthusiasm for the post seems to stem from two sources firstly, the changing role of the first line manager. Examination of contemporary documentation reflects this:

*"Team Managers will increasingly concentrate on the operational tasks of managing Care Management Teams"*  
(Stellar Issue 6.p. 6)

*"It would appear that the Team Managers" role particularly in Adult Services Teams, will become more "managerial" than "supervisory".*

*(Senior Practitioners and Community Care Workers Internal Document 1. 6. 92)*

Secondly, there was a need to have clear specialised professional control. The guidance stressed, both the autonomy of staff, "The practitioner is accountable for all actions and decisions taken in respect of any client." and the need to ensure that those actions are taken within the framework of "clear and explicit overall policies" (The Authority and Management of Professionally Qualified Staff" SMT Paper 7.10 92).



The senior practitioner offered consultation but had no responsibility for outcome or decisions taken. This was aimed at the Team Managers being freed up to concentrate on financial and planning processes, with the senior practitioners assuming responsibility for the professional aspects of service delivery. The implications of this were far-reaching. Firstly, it began to allow the Team Managers to assimilate the managerial culture. They were selected and judged for their management rather than their professional skills. Secondly it created difficulties for practitioners. As we have seen, the practitioners were professionally responsible for their actions while being subjected to tighter control over the processes by which those actions are undertaken. They were judged by comparison to quality standards which measure process rather than outcome. Perhaps Schorr's (1993) conditions quoted in chapter 2 were leading to what he called cognitive dissonance and the development of a "street level bureaucracy."

#### **6.1.4. Driving forces and the model.**

The influences of bargaining, conflict and feedback continued to be clearly illustrated. In the political arena, the leadership had changed again and, by 1993, this moderated the nature of the implementation. The push to adopt a particular design began to be resisted by those at the bottom. As we move through the implementation, we begin to see the influences described by the "bottom up" theorists, these include the beginnings of the formation of a "street level bureaucracy" and the continuing changes in the policy as a result of actions by those at street level. Further, the model continues to allow the determination of the factors which "top down" theorists would recognise.

Callista's (1986) fixer was clearly seen in the process as was his power and influence. In this context, the "fixer" is instrumental in driving the implementation onwards, however evidence begins to emerge that this drive is motivated by the need to change the organisation in a way that reflects new managerial values rather than the specific requirements of the organisation. This can be seen in the lack of attention that was

paid to the results of the pilot studies and the attempts to force through organisational changes (particularly the practice supervisor) which resulted in resistance from the fieldwork staff.

The ideologically driven nature of the process continued to be demonstrated, as did the influence of the new managerialism. The symptoms of this can be seen in the wish to impose control through formalising systems and increasing paperwork and the pressure to change the organisational culture. The Care Management Pack provided an excellent illustration of the imposition of managerialist principles. It demonstrated the wish to control the processes of service delivery and to control the bureau professional. In terms of the theory of implementation, we see a further move towards a "top down" model of implementation. In addition the beginnings of a gap between those delivering the service and those managing them can be seen. Management continued to move toward Elmore's (1979) "Systems Management" model while the workers continued to be in the "Organisational Development".

We also began to see the beginning of a lack of congruity between the design and its intended application. In terms of the next stage of the research, this alerted us to the need to pay close attention to the distortions that this may cause. In particular the development of those symptoms that characterise street level bureaucracy and the lowering of the correspondence index.

This overview raises a number of questions that need to be pursued in more detail in the next stages of the research. Our original questions were; firstly, what was the effect of the new managerialism on the implementation process? Secondly, what was the position of the user of the service in the process? Thirdly, can the covert aims of the implementation be identified? Fourthly, how has the feedback and changing environmental conditions affected the policy?

This chapter has illustrated how those responsible for translating the wishes of the policy makers into action, welcomed and embraced the ideals which underpinned the

policy. One of the main reasons for this was that they were coterminous with their plans to redesign the department to reflect "new managerialism". The change begins to move the focus of the organisation from a devolved system to one which was centrally focused.

These issues suggest several areas for further examination in the next part of the research. These concern the organisational form, the mechanisms which were set into place to control the workforce and the position of the user.

Firstly, was the design of the organisation such that it enabled the implementation, or has the ideological drive distorted it to such an extent so as to disable it? The methods of operationalisation of the policy were seen to be critical to its success. In this case, there were several elements that could be distinguished which had the potential to pose problems of implementation later in the process. The design was driven by ideological considerations such as the purchaser / provider split and the need to have firm managerial control over the care management process. In addition the imposition of culture was central to some of these questions. Thus we need to examine how far the "culture" permeated the organisation and what effect it had. Finally, the issues over the applicability of the organisational design for delivering services to a range of types of potential users - elderly, disabled, those with mental health problems etc. The design is aimed at being uniform, with uniform systems and methods of operating, but is this appropriate to such a diverse range of potential recipients?

The second area concerns the control mechanisms set in place to control the professionals. In particular, were they such that they facilitated the implementation or did they provide a fertile territory for street level bureaucracy?

Finally, the position of the user of the services seems to be ill - defined. The initial evidence betrays a confusion as to the position of the user, in terms of their entitlement to services and whether they have any control over those resources if they

are entitled. This, in turn, must question our proposed inclusion of them as an active part of the implementation process.

This has implications for the implementation itself as well as the theory which underpins it. As far as the actual implementation is concerned, we saw the ideology of the implementers leading them to view the user of the services as a consumer with the attributes of "exit", "choice" and "rights". This led to a design which is unlikely to be successful. Other constraints will limit the ability of the service deliverers to offer services in this way.

As far as theory in general is concerned, it begins to provide some insight as to the place of the consumer in modern implementation. In this case it suggests that the role of the user of the services is determined by other factors and that the users' part in determining the correspondence index may be illusory.

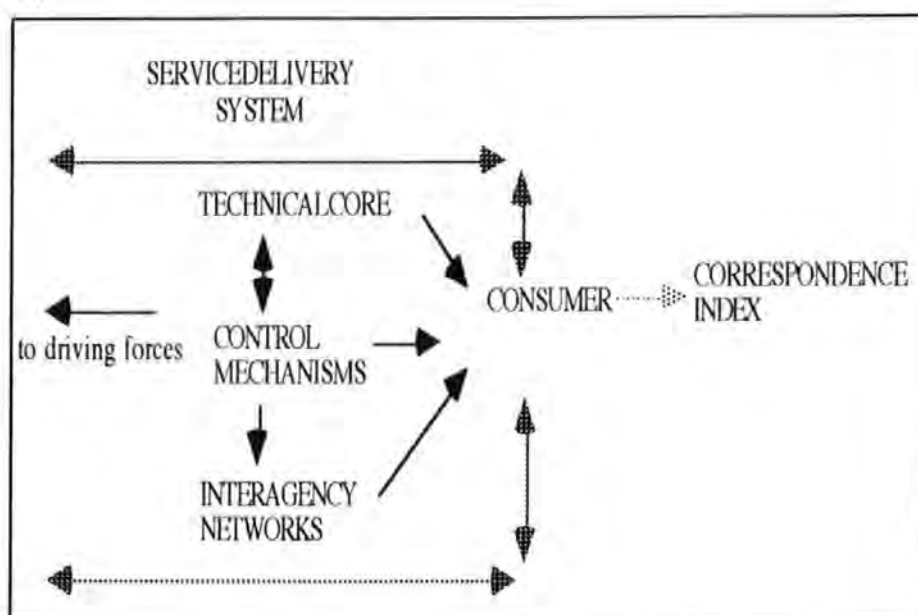
The next stage of the research will focus more closely on the issues outlined above. To do this, it will examine in detail the views of a cross-section of personnel and continue to examine contemporary documentation. This examination will use the final part of the model which concerns the processes by which the implementation is effected to accomplish this.

## **CHAPTER 7**

# **THE PROCESSES OF SERVICE DELIVERY**

The previous two chapters have examined the implementation of the NHS and Community Care Act to test the validity of our model and its implications for the study of implementation. At the same time it allowed the development of the research questions. This chapter will complete the examination of the model and provide the basis for the final presentation of data and its analysis which will take place in chapters eight and nine. The final components of the model encompass the final three elements, the service delivery system, the consumer/ user and the correspondence index, Figure 18 illustrates this.

Figure 18.



The final part of the model.

The first section is the service delivery system. This has three components; the technical core which concerns the disposition of staff and resources to carry out the implementation; the control mechanisms which are those elements which control the output and the actions of the service deliverers and the interagency relationships, those networks which facilitate co-operation with other agencies.

Each of these areas will be examined in turn in order to develop further the questions isolated at the end of chapter six. These are, does the design facilitate the

implementation? Is the operationalisation of the design "tight" enough? Is there any evidence of the development of a "street level bureaucracy"?

The second section concerns the correspondence index and the place of the consumer in its construction. The correspondence index is the mechanism which is used to determine the relative success of the model. In order to judge this success there must be some discussion regarding the definition of measures of success. A simple definition would be "the proportion of the eligible population who receive services." As we have seen this is not so simple- who are the eligible population? How is their eligibility determined? What services? What about choice? Does the judgement consist of something less clearly stated such as cutting budgets or introducing greater efficiency? Or even in our case the degree to which the user is treated as a consumer. In order to answer these questions we will examine two aspects. Firstly, definition of eligibility, paying close attention to those factors, both formal and informal which affected the definition. Secondly, we will examine how resources were allocated and the factors which determined this allocation.

## **7.1. SERVICE DELIVERY SYSTEM**

### **7.1.1. The technical core .**

The technical core refers to those elements of the organisation that were directly responsible for carrying out the changes required by the legislation. In this case it was the purchasing arm of the social services department.

The purchasing arm was to be reorganised into 85 care management teams, each of which would have a team manager and a specified budget. Each team was to be staffed by a mix of professionally qualified social workers and occupational therapists, unqualified staff (community care workers), senior practitioners and administrative staff. The qualifications of these varied depending on the area to be served. The "rules" had been changed to reflect the perception of a different type of work within each team. Thus an adult team who dealt mainly with the elderly could,

for instance, hire more (low cost) community care workers at the expense of qualified professionals to process the greater volume of work that was thought to require less skill. In addition, as mentioned above, teams that dealt exclusively with adults could appoint non-professionally qualified persons as team managers. The increased administrative workload was to be supported by an administrative system, the exact nature of which was still to be decided. A central information technology system was available for the handling of financial and other data. The purchasing team were responsible for facilitating the provision of care management within a defined budget.

The structure or organisational form was designed according to the requirements of the policy makers. Specifically, it facilitated the making of a "mixed economy" of care with the local authority acting as the enabler. The question must be asked if this particular form was appropriate for the implementation?

The design of the technical core presented difficulties both in terms of structure and the systems required to facilitate its operation. In terms of systems, the introduction of the "mixed economy of care" led to the need to establish a system which would facilitate the purchase of services. The system applied to the purchase of service from private sources as well as from those which were previously integral to the department. This required that new processes and procedures be introduced. Services available at little or no administrative cost now required ordering, contracting, arranging for payments to be made and monitoring. This had to be formalised and controlled through procedures which involved the completing of a number of forms. In addition these required new skills such as the setting up of contracts, financial monitoring and negotiating with suppliers. The vast quantities of data generated, and the requirement to produce management information meant that new information technology had to be introduced which, in turn, required the acquisition of new skills. The introduction of these financial and other systems were in addition to those systems which facilitated the operation of the care management and quality control processes.



The new procedures and systems were seen as extremely difficult to operate by the service delivery staff. This in turn was reflected in the workers' perception of the effectiveness of the technical core. The research identified a number of these issues. There was concern about the amount of paperwork. A Team Manager reflects a widely quoted belief. "We were just staggered by the amount of forms which we have to fill in, and how could we be expected to do that." This is echoed by Social Worker, "far too much paperwork, it stops ... me doing my job" (Social Worker Pilot 1)

There was also concern about the nature of the forms. All of the Team Managers interviewed commented on the disjointed and confusing nature of the forms.

*"They have tried to tack the financial forms on to the care management forms, with the result of confusion, duplication and an inability to make sense of them"*

*( Team manager d )*

*" On one hand the financial forms are unworkable and on the other the assessment forms are simplistic, put together they are impossible"*

*( Social Worker 2 t )*

The purchaser / provider split was also a cause of concern. There was disbelief as to the economy and practicability of some of the complications introduced by this. A Team Manager described the process of obtaining home care which previously was obtained by a simple verbal request to a fellow line manager in the same room/building. The new procedures meant that a complicated and time consuming process had to be carried out. This consisted of finding the cheapest/most appropriate service provider, filling in a number of forms and only then beginning to arrange the service. The general conclusion was that the effort was disproportionate to the gains.

The fruits of the unwillingness of management to commit resources in the delayed and uncertain period before the formal start of the implementation began to emerge. The amount of training and preparation for the new systems was a cause for concern and there was concern about the new roles. The fieldwork spanned the period of six months, three months either side of the start of the implementation. The considerable

anxiety about the preparation which took place before the implementation was clearly seen during the monitoring process. The workers were either confused,

*"w e have been shown the new forms, but I don't know if I am going to be able to cope with them."*

*(Field notes Oct 1993)*

or showing the signs of street level bureaucracy,

*" I'll deal with them as I have always done, do the job then fill them in when I have time."*

*( Field notes Oct 1993)*

There was also widespread expression of the lack of faith in the ability of those who were responsible. The following quote was made in one form or another in all the sites where information was gathered.

*"They had an extra two years, you would have thought that they could have organised the training"*

*( Interview CCW 1 , E)*

In terms of the perception of the workers there was a grave concern over the changes.

This applied to structure - a Social Worker responds to a question about the structure,

*"I don't think that Senior management has thought through the process properly - the lot, if we did everything they wanted the workload would not be manageable."*

*(Pilot interview 1)*

There was a further area of difficulty, in the distribution of resources. This was evident in the way that personnel was allocated to teams, the equipment they were given to do the job, the training they received and the way that the budget was distributed to individual teams.

The new care management teams were designed on the basis of existing units. The allocation of personnel and resources to care management teams was done by district managers. These were agreed by the district management group and "licensed" by the assistant director ("Specification for Care Management Teams" Feb. 1992). There was no evidence to suggest that the central problem of resource disparity was addressed in this process. Neither was there any evidence that any "rational" comparative measures were used. Budgets for the purchasing of care followed the same pattern, although there was evidence that demographic data was used in

distributing them. There was widespread concern that the total resource would be inadequate to deal with the volume of the new work.

In some cases, particularly where the team was newly established, there was no resource allocated to outfit them with information technology until after the implementation. In the pilot interviews, one team had been formed from an existing generic (children and adult combined) team. They had received no priority in the allocation of resources. There was one main-frame link, not enough desks to go round and the need to wait until the end of the financial year (six months) before the new staff could be appointed.

*"It's a joke, they expect me to process all these forms, meet the quality standards, and provide choice when I have no way of putting the forms on to the computer, no staff to fill them in and only half the budget I need"*

*(Team manager, pilot 1)*

There was further evidence of this during the inspection

*"It's hit and miss, because nobody seem to know exactly what we need ... we will have a problem at the end of the financial year."*

*(Field notes Team manager)*

The picture was one of a confused, pressured workforce. In terms of the implementation, it can be seen that the technical design is complex and, as far as the workforce is concerned, difficult to operate. There were two significant points. Firstly, we saw the beginnings of the workers turning inwards, of them beginning to resolve problems by making their own systems for achieving the task. Secondly, the centralisation of the organisation described in chapter five continues, this brings in its train a distancing from the workforce. This distancing becomes more and more evident as managers become preoccupied with strategic issues and issues which surround change, including the necessity to re-apply for their own posts.

### **7.1.2. Interagency networks**

The interagency networks were those relationships with other agencies whose co-operation was needed to facilitate the implementation. These are, in part, the informal

implementation structure described by Hjerm and Porter (1981). In this case, there was a number of agencies who had an interest in the implementation. The nature of the networks varied along a formal-informal continuum. The traditional method of the fieldwork was to maintain these networks through informal co-operation. The implementation had begun to force this towards the more formal end of the continuum. As we have seen the technical design put a premium on control and on the ability to define what workers did. This, in turn, disallowed the individuals' relationships that were previously central to doing the job. This was exacerbated by the need to follow commercial rules in the contracting process. The providers were in competition, with a commercial, contractual relationship with the providers which made it more difficult for those purchasing to enter into informal networks. Relationships had to be clearly defined, both to facilitate control of field workers and to disallow any stakeholder from gaining commercial advantage. Thus co-operation is formal and its course proscribed through the contracting process. We hear managers commenting,

*"Relationships remain good at local level with individual social services and health staff, there are clearly problems with the protocols and service agreements that must be addressed."*

*("Facing the Change" 1993 p. 17 para 9)*

There was also concern that at local level there was a lack of consistency by managers both within their own and in other purchasing agencies. In addition, there was confusion as to the exact nature of the co-operation that was required,

*"Local managers can only make progress when they have the support, in their own management structure, of people who are really committed to community care. Lip service agreement at a higher level becomes very transparent when these issues (of co-operation) are faced at a local level."*

*("A Profile of Change" 1993 p. 18)*

Further anxiety was raised over the relationship with other agencies and stakeholders.

For example concern was expressed over attempts to influence placements,

*"Since April 1 they (the residential home owners) have been grovelling to us because they want our custom."*

*(Pilot no 4 )*

However, there was some evidence of a good working relationship at ground level,

*"I do think there is a good relationship between voluntary agencies, health and social services at my level seem to be working toward common aims."*

*(Pilot No 2)*

Our model postulates that one of the measures of successful implementation may be the degree of co-operation between agencies to attain common goals. There was prima facie evidence that the managerialist approach was beginning to undermine the co-operation that was previously present, at the very least there seemed to be some restrictions as to the formation of appropriate implementation structures.

### **7.1.3. Control Mechanisms**

We follow Scott and Meyer (1984) in that we see three control mechanisms which are linked to certain aspects of the programme. Firstly, in structural control, the programme was controlled by adequacy of facilities, the qualifications, competence and experience of personnel. Secondly, control by process was control by means of monitoring of the processes involved. Finally, outcome control described those control mechanisms that related to the number of eligible clients dealt with.

There was clear evidence of structural control in two areas. Firstly, planned structural control refers to the putting into place of structures or the training of personnel to produce a particular outcome. Secondly, there were unplanned structural controls where deficiencies led to limitations on the implementer and their ability to carry out tasks. In the former category we saw the attempts to change the organisational culture of the organisation and the workforce. This was, in effect, the attempt to replace the bureaucratic ethos and controls with those derived from a new managerialist/commercial approach the techniques of which have already been described. In the second category we saw the introduction of priorities to control the access to services. While this could be seen as in keeping with the intent of the policy, the control of the application of these priorities is a structural control. By this we mean the change of the level of priority by which the potential "customer"

becomes "entitled" to services related to the needs of the organisation rather than other factors. In addition we saw that there is very little choice in some areas. This was partly due to underdeveloped services (private services need time to develop) but as much to do with the lack of resource to make it attractive to potential service providers (the concept of the resource-starved policy not attracting stakeholders). The two views are echoed by different levels in the organisation. The fieldworkers seemed to be cynical - as one said,

*"They control the budget by making it harder to get services- they up the priorities."*

*(Pilot Study 4)*

and noted during the monitoring,

*"The rhetoric is fine, but they don't really want to meet actual need only need as defined by us, or rather client need as compared to what we are prepared to offer. We may want to wrap it up in fancy language about unmet need, but in the last analysis we only provide resources to meet what we consider is appropriate."*

*(Field notes Nov. 1993)"*

On the other hand managers, perhaps because of their greater commitment, were more optimistic:

*"No, we do not have the range of services at present, but given time we will be able to provide a good range of services"*

*(Pilot Study No.1 )*

Process control has already been discussed. This is the suggestion that part of the documentation's intention was to provide a process by which semi-autonomous workers could be controlled. In addition we saw the introduction of the practice supervisor to help to put this into effect. As we shall see this was only partly successful. There was also an argument that there was an unintended control effect attached to this in that the actual time taken to process these forms limits the amount of time available to do any actual productive work. This was certainly one of the most frequently recurring comments from fieldworkers.

The monitoring exercise revealed both the extent to which workers were attempting to circumvent these time restrictions and the collusion of the monitoring teams in these controls. A specific example taken from field notes illustrates this. The monitoring team's task was to examine a number of files from each care management team. These files had been selected as a stratified random sample from records held on the central computer. In every district visited, one or more of the files did not have the required amount of paperwork to facilitate the required analysis. The monitoring team immediately asked the team for another, more appropriate file to be presented. The collated results did not reflect this. The quote given above by the Social Worker who filled in the papers in a way which was convenient to them illustrates this, as does the description given below of the team managers' methods of dealing with overlarge caseloads given below.

In terms of outcome control, we saw the introduction of performance and quality standards. These were a series of quantitative measures by which the efforts of workers were compared to certain measures of output. As far as the workforce was concerned these gave rise to all sorts of concerns and difficulties. They also provided the clearest evidence of the growth of street level bureaucracy. The concerns were about the practicality of the measures, given the perceived deficiencies of the system. An example could be found in the requirement that all "open" cases (cases which are receiving a service) had a care manager nominated. The consequence of this was that a large number of people who had received services in the past and whose files were kept open, had to be subjected to the full rigour of the care management process. This resulted in workers or managers having caseloads of two hundred or more. In order to meet targets, all of these had to be subjected to the formal processes of care management. The managers who were interviewed, and those who were talked to during the monitoring process had various methods of dealing with this. One constructed dummy members of staff and allocated these cases to them, doing dummy processes to balance the books. Another arbitrarily deleted the cases without even checking whether they were receiving services. The effectiveness of these methods of outcome control must be subject to some question.

The three areas of control which have been described serve to illustrate further some of the difficulties of the introduction the attempts to control formally bureau professionals. The evidence would indicate that the attempts to impose control mechanisms, while apparently successful in controlling budgets and producing the right papers, have less control in reality. The idea of a street level bureaucracy becomes very real.

In our model, the next area concerns the influence of the consumer. This will be dealt with in some detail in chapter 8. The next section of this chapter will examine the correspondence index, that is those measures which specify the success of the implementation.

## **7.2. CORRESPONDENCE INDEX.**

The assessment of the correspondence index must first of all determine what exactly what success is - is it Hasenfeld and Brock's (1991) definition which proposes that it is the degree to which the needs of the population processed for services match the services they get? Or is the organisational objective of reaching the end of the financial year without overspend, or even the implementation of organisational change to suit the ideological necessity of the policy makers? Or is it the extent to which the consumer plays a role in determining the services which they received? The question must be rather which is the most convincing of those definitions and does one occur at the expense of another?

### **7.2.1. Eligibility**

The criteria for eligibility for services were determined by a number of rules. Firstly, in March 1991 the authority produced "Caring for the people of \*\*\*\*\* in the 1990's" which set out the priorities for

*"Those people, who without the active intervention of the  
Department , would be  
FIRSTLY ... in danger of physical or emotional harm  
SECONDLY...at risk of losing their independence*



*THIRDLY... unable to maintain a satisfactory quality of life"*

*(\*\*\*\*\* County Council March 1991)*

This position was modified a number of times and appears in the Care Management Pack as four groups (A, B, C and D.) The first three categories were "entitled" to an assessment but were not necessarily entitled to services funded by the local authority. Some of these were means tested, some were not. In addition there were complications in terms of responsibility under other statutes - for instance if someone who, "Could benefit from Social Services, but who could live fulfilled lives without them" (Care Management Pack Task 3), was not entitled to services. However if they "appear to be disabled" then they are entitled to an assessment under the Disabled Persons Act 1986. There were also indications that the entitlement varied according to resource availability and a number of other factors. Firstly, political factors, both local and national. One social worker reported that

*"we do an assessment, they do not meet the criteria, are not entitled to Home Care, but their son complains to their councillor and lo and behold services become available."*

*(Pilot interview 2)*

Secondly, peer group pressure and professional particularism may affect who got what service. This was reinforced by some of the comments from the pilot study.

*"I'm a specialist in disability, it goes without saying that under the new system where I have to deal with all sorts of client, I can argue a case (for resources) better for those with a disability. than those without a disability."*

*(Pilot no. 6)*

Thirdly, there were the clear organisational determinants and administrative imperatives that are outlined above which affected entitlement.

### **7.2.2. Allocation**

One of the central planks of the implementation was in changing the way that services were delivered from a "resource-led" assessment of need to a "needs-led" assessment of need. There were some significant difficulties in this process of change. Foremost, there was the definition of need. In chapter 2, the concept of need and the differing

definitions were discussed. In those terms, the definitions employed in the implementation were essentially normative. The guidance contained in 'Care management and Assessment' (SSI 1992) used about four hundred words to allow local authorities to set their own definition .

*"Need is a complex concept which has been analysed in a variety different ways. In this guidance , the term is used as a shorthand for the requirements to enable them to achieve, maintain or restore an acceptable level of social interdependence or quality of life, as defined by the particular care agency or authority."*

*(p. 11 para 10) (their emphasis)*

It goes on :

*"Need is a dynamic concept, the definition of which will vary over time in accordance with :*

- changes in national legislation*
- changes in local policy*
- the availability of resources*
- the patterns in local demand*

*(para 12)*

and on:

*"Need is a relative concept ... it has to be defined at a local level "*

*( Para 13)*

The guidance does however say:

*" ... Care management seeks to recognise the unique characteristics of each individual need and to develop individualised rather than stereotyped, responses to those needs within the constraints of local policy and resources."*

*(p. 11 para 17)*

The local authority guidance did little to amplify this essentially permissive guidance. There was no definition in the Care Management pack and the Quality Standards documentation contains only the statement "Assessments undertaken by the Care Management Team will ...be adequate to define their Social Care needs." (Quality Standard- Care Management p. 1)

There was, however, a series of "Assessment guides" which are used as, "A working document to inform your judgement". (Care Management Pack Task 6)

This essential ambivalence left the driving forces and service deliverers with the opportunity to interpret the legislation in a way which,

*" enables them to give greater preference to ideological  
fiscal and political considerations."*

*(Hasenfeld and Brock 1991 p. 469)*

In particular it may allow discretion on the part of the service deliverers to interpret need and therefore the allocation of service.

At the centre of this was the position of the service user. The user, in terms of the implementation, was meant to be some kind of consumer who had some form of control over the service that they received. It seems clear that the need which is met is normative, and the norms are decided by those who control the resources. The role of the user of the service is limited to commenting on the processes- whether the right procedures are followed.

### **7.3. Service delivery and the model.**

Once again our model facilitated the tracing of the complex processes of the implementation. The emphasis changed to reflect "bottom up" processes and the model proved adequate as a framework which allowed the simultaneous examination of the "top down" influences of the managers and the "bottom up" influences of the fieldworkers. We were able to isolate the particular strands which have affected the implementation. The place of the user becomes clearer as does the effect of the technical design and the problems of inter-organisational co-ordination. Finally the feedback loops allowed the researcher to trace the complex influences through an extended dynamic implementation process.

A number of factors emerged which influenced the course of implementation. The first of these was occasioned by the difficulties which surrounded the technical design, particularly in terms of procedures and paperwork. This took away the

amount of time which the fieldworkers had available for what they perceived as the implementation. The new tasks which the organisational design introduced added to this load of procedures and paperwork. This had the dual result of alienating the workers and further limiting the time available to do the job. Secondly, the need of the "new manager" to introduce more rigid control methods, to de-professionalise, to introduce a more appropriate mix of skills led to a decrease in what has been described as the public service ethos. Thirdly, the imprecision over definitions, particularly "need" contributes to the uncertainty on the part of the field worker as to exactly what they were meant to be doing. Finally, the introduction of a market in care has led a lessening of the potential for the formation of implementation structures.

The design of the service delivery units and the supporting systems was where these issues came together. This caused a great deal of concern and put a great deal of pressure on those who were delivering the services. There was mistrust of the motives of management, some doubt as to their competency and certainly a suspicion as to the motives for the much heralded culture change. This suspicion was fuelled by practitioner's perception that the market oriented culture was not working, the benefits were not apparent. They were faced with an increased workload, even scarcer resources and the definitions and quality standards varied according to the whims of management.

There is evidence of these conditions leading to the growth of a "street level bureaucracy." A selection of quotes from fieldworkers illustrates this,

*" the clients only get a service because we have clever ways of doing it -we have been able to work around it ( the controls /paperwork)"*

*(S. W. Pilot 1)*

*" They ( the senior managers )don't know what we do on a day to day basis."*

*(S.W Pilot 2)*

" Managers can control what you don't do through budgets etc. , but they can't control what you do on a day to day basis.."

( Field Notes Nov. 93)

" They have no control over what we do - we can do as we think professionally right and fill in the forms in a way which suits them."

(Field notes Dec. 93)

The managerial or ideologically driven nature of the design continues to be seen. We began to see evidence of the links between driving forces and the service delivery system postulated in the model which was discussed in chapter 3. This proposed that an implementation system which has concentrated power and a well developed and integrated technical core will maximise the correspondence index. Looking at figure 16 a move towards cell (3) can be discerned, with the implication that the correspondence index will be lowered.

		POWER	
		CONCENTRATED	DISPERSED
TECHNICAL/ ECONOMIC	CERTAINTY	T= highly integrated I = highly coordinated C= structure , process and outcome (1)	T= moderately integrated I= somewhat integrated C= process and outcome (3)
	UNCERTAINTY	T = somewhat fragmented I = moderatly coordinated C = structure and process (2)	T= highly fragmented I= uncoordinated C= structure (4)

Figure 16. Driving forces and service delivery (after Hasenfield and Brock 1991)

T = technical core            C = control mechanisms

I = inter organisational network

This has clear implications as to the design of the final phase of the research. The drive toward a particular organisational form had the potential to make the implementation less effective. In addition, there seemed to be a distancing of the workforce from the management who in turn continued to see the implementation in

terms of cultural change. This tended to provide fertile ground for the development of a street level bureaucracy.

The final area of the research will move on to the examination of the issues that have been isolated and developed in this and previous chapters. These issues are those which were identified originally in this research as having the potential to influence implementation in the era of modern policy implementation. These areas were:

- The influence of the "new managerialism," in particular the issues of the imposition of culture and the imposition of ideologically driven organisational design.
- Secondly, has the service user any influence on the process of implementation?
- Thirdly, the examination of the effect of the ideology which drives the implementation.
- Fourthly, a consideration of the dynamic nature of the policy process.

In the process we will continue to examine our model of implementation. In particular the ability of the model to facilitate analysis of the often conflicting "top down" and "bottom up" influences that are present in this phase of the research.

## **CHAPTER 8**

# **THE FINAL STAGE OF THE RESEARCH**

The preceding three chapters used our model to describe the implementation of a particular piece of legislation. At the same time a research process was pursued which allowed the researcher to narrow the focus to those areas which were thought to be central to the process of modern policy implementation.

Two main areas have been identified. These were, firstly, the wish of the implementers to use policy as a vehicle to pursue a particular model of service delivery and secondly, whether the user or consumer of the service has an active role in the implementation process. This chapter will examine these themes in more detail. Data is drawn almost exclusively from the main body of the interviews undertaken during the latter part of the fieldwork.

The first section of the chapter examines the influences of the "new managerialism" on the implementation. It was established that the implementation is bound up with the need to change the organisation to reflect "new right" values. This change was characterised by the imposition of the "new managerial" style of operation. In this section the effects of this change will be examined. There are several strands to the argument which the section will address in turn. Firstly, the adoption of "Human Resource Management" techniques will be examined. Secondly, the assertion that the implementation is coterminous with the need to change the "culture" of the organisation will be investigated. Lastly, and related to the second area, we will address the perception that a particular form of organisation needs to be adopted to suit the ideology of the policy makers.

The second section will address the position of the service user. The position of the user was critical to the consideration of this study. Were they merely the recipients of the services or a part of the process? The final section will relate the findings the research to the model and make some preliminary observations as to the implications for the general theory of implementation.



## **8.1. DOES THE "NEW MANAGERIALISM" AFFECT IMPLEMENTATION?**

The problems of implementation which surround the introduction of the "new managerialism" are expressed well by Dunleavy and Hood (1994)

*'One of the perennial problems of reform is the pervasive pressure for across the board obedience to fashionable management models ... If the history of public management tells us anything, it is that much of the cloning and imprinting will be inappropriate to particular cases" .*

*(Dunleavy and Hood 1994 p. 150)*

### **8.1.1. The adoption of Human Resource Management techniques.**

The central plank of the new managerialism is the adoption of what is called Human Resource Management (Farnham 1993). This is characterised by the following:

- The assertion of the "right to manage". The assertion of greater managerial control over public enterprises and the importation of management techniques (and in some cases managers) from the private sector.
- The blurring of boundaries and structures. Human services are characterised by a high degree of professional socialisation, which identify with the team, the department, the profession. Human resource management stresses the need to blur these boundaries, to introduce new working practices, new skills that reflect the preoccupation with financial expertise, contracting etc.
- The de - emphasis of traditional personnel functions. This is the move from collective bargaining and a uniform system of employment to an individualised contract, based on performance-related measures.

Human resource management implies a "top down" or unitary perspective of implementation. In this context the difficulties can be expected to be manifested in the relationship between field staff and management which in turn leads to the need to emphasise control systems and the potential for conflict and inappropriate implementation.

The processes and techniques that were introduced to pursue this "right to manage" are centred on the control of process and the introduction of systems to collect management information. This became further complicated by the introduction of the paperwork needed to implement the mixed economy of care. Monitoring of output and quality control was intended to be accomplished through the review of this paperwork. This monitoring used "Quality Standards", this introduced the right of the services users to complain if those standards were not being met. The traditional role of the first line manager as monitor of professional standards was no longer possible. Their main task had become more concerned with controlling finance and producing management information than in directly monitoring standards. In some cases professionally qualified managers were being replaced by persons with managerial qualifications. The professional monitoring function was to be assumed by practice supervisors.

The data indicated a clear difference in perception of the style, processes and appropriateness of the control systems between the various groups of staff interviewed. Senior managers placed much faith in the processes that had been set in place as vehicles for control and as mechanisms for the transmission of culture. A selection of responses from three senior managers serves to illustrate this:

*"with more targets being set through the various appraisal schemes we will know ."* (if the staff are performing adequately)

*(Interview SM3)"*

*"It (the paperwork) is a management tool for assessing personal work performance in key areas..)*

*(SM5)*

*"We have a culture that needs to be changed"*

*(SM2)*

*"We are moving towards a consumerist organisation."*

*(SM2)*

There was some recognition that there is no way of checking what goes on at the worker and user interface, but the remedy for this was seen as the user being made

aware of their rights and having an ability to complain about any deficiencies in their treatment.

*"In the future we will have a system that allows the consumer to complain directly and remedy any deficiencies."*

*( Interview SM3)*

There is no questioning that the methods were not right. The outcome was seen as inevitable. It was merely a matter of making adjustments to the process. This is, in essence, the archetypal "top down" view of the process of implementation, a modified version reflecting of Hjerm and Hull 's (1982) position, in that managerialists were no more able to see the world in other than a "single authority, top down" manner than were bureaucrats. That is, all managers have to do is to arrange the chain of events in an appropriate way and inevitably implementation will follow.

There were, however, some differences among those interviewed as to the degree to which they had adopted the new culture. The difference seemed to be between "driving forces" and the "services delivery" areas of the model. Yet again we saw echoes of Elmore's (1978) thinking, with managers were in one model (systems management) and workers in another (organisational development). The first-line managers were closer to their roots, in that they expressed some ambivalence about changing from the dominance of the professionally qualified worker point of view to that of the "new managerialist". Those more divorced from the actual work displayed a clearer commitment to the new culture. Evidence of this was outlined in the preceding chapter. It was interesting that the fieldworkers did not make this distinction. They saw their district managers as remote and powerless in the face of the new culture. Notwithstanding the disclosures during the interviewing process, the public presentation of the district managers was clearly supportive of the new managerialism.

Team Managers were much less accepting of the new methods. All those interviewed were professionally qualified. There was belief that the only real way to control professionals was through their self regulation and that the imposition of process

control that involved a mass of paperwork was inherently dangerous. This statement from a team manager is typical,

*"There is no way I can control what a social worker does with a client. It must be based on trust in their professional ability and the traditional supervision relationship."*

*( Interview T.M . d.)*

The professionally qualified workers had different concerns. There was a feeling that professional control was being replaced by a concern over "managerial issues". This was a persistent theme of the professionally qualified workers in all districts:

*"Success is judged by the length of the waiting lists"*

*(Interview SW x 2)*

*"it is all about money ,you are continually told that this or that is a very expensive , there is no recognition of your professional judgement" .*

*(Interview OT d.)*

*"it is to do with control of budgets."*

*( Interview SW 1)*

There was a belief that the growth of paperwork would lead to less time doing their job:

*" a lot of what I do I find increasingly I can't do because of the demands of paperwork."*

*( Interview SW x2)*

*"I deal with clients faster than I deal with paperwork, and I find it difficult to prioritise at the same time."*

*(Field Notes Nov. 93)*

They also felt that quantity not quality was what was important to management:

*" if I had done the paperwork, then they would say that I had provided a service*

*( Interview SW w )*

There was also a perception that new functions were being introduced without proper training or support, or even that they were not appropriate to their professional training:

*" I entered Social Work for different reasons- I didn't enter to do a lot of adding up and taking away."*

*( Interview SW 1 d)*

The greatest burden seemed to have fallen on those least prepared to carry it out. The new post of Community Care Worker had been introduced to process the bulk of the

"low grade" assessments which came with the legislation. There was the impression of them being overwhelmed. A selection of interview quotes gives the strength of this recurring theme in the research:

*" I find the amount beyond belief , it is so complicated and time consuming ."*

*( Interview CCW1 d)*

*" The amount of paperwork it entails makes it impossible to do."*

*(Interview CCW 1 x)*

*"It's too confusing for anyone to check - my manager understands it less than I do so I do as I have always done and then (as a Social Work Assistant ) and fill ed in the paperwork later."*

*( Interview CCW TM)*

*" I process the work with the client faster than I do the paperwork - I only fill in what I have to when I am chased for it."*

*( Interview CCW x2)*

A lessening of the emphasis on the established procedures of negotiation with unions and professional bodies could also be seen. The implementation process was characterised by the attempt to appeal directly to individuals rather than through the more traditional methods. The succession of road shows, publications, communiqués and messages followed the precepts of Human Resource Management. The increasing resistance to the changes provides illustrations of the management's determination to pursue this line. In December 1992, the largest union (Unison) expressed its opposition to the selection process for the new team managers. Senior management's answer to this was, in the Director's Christmas message, to tell staff that they were going ahead anyway. This was a direct appeal to the workforce rather than engaging through the traditional negotiating procedures.

Human resource management sees organisations' best interests being served by co-operation and contracting, with the division between function and department becoming weaker. The weakening of the professionals' hold on the function of the organisation meant that new skills become more important, especially those

associated with budgeting and contracting (Farnham 1993). Evidence of this could be seen variously in the new job descriptions for new line managers, of the selection methods, as well the use of private sector selection techniques

Fieldworkers were expected to reflect these values and skills. The phrase "skill mix" began to appear in memos and other documentation. This meant the introduction of those with new skills to complement those of the professional. The newly introduced methods of performing functions were based on easily monitored forms that emphasised simple processes and the ability to collect information in a standard way. This allowed the employment of less highly trained personnel. Thus the "skill mix" is taken to mean a deskilling by the professionally trained personnel and a threat to their positions. Once again the perception of this differs across the range of those interviewed.

The professionally qualified worker saw a threat to their skill:

*"Social Workers and OTs are being replaced by Community Care Workers - on the basis that they can fill in forms ."*

*(Interview OT d)*

*"We employ unqualified people because they are cheap and more accepting, we give them these assessment forms to tick off the boxes. They cannot have any idea of the underlying problems."*

*(Interview SW 2 x1)"*

*"Community Care workers are cheap-they balance the budgets."*

*(Interview TM e)*

However, they do welcome people to perform the new tasks

*"I believe the general feeling is that we would all feel better if there was some system whereby the financial assessment was done by someone else."*

*(Interview SW e)*

*"I was not trained in the provision of financial assistance - someone else should do it."*

*(Field Notes October 93 Monitoring exercise)*

*" There are number of new peripheral tasks which don't actually use my skills , the introduction of Community Care Workers should solve that."*

*(Interview OT x2)*

Community Care workers themselves can be divided into two groups. Those who were appointed to be Community Care Workers and those who were converted to Community Care workers from other jobs. The newly appointed workers expressed belief in the validity of the role while those who had been re-deployed were more cynical in that they felt the new system was, at least in part, an attempt to do the Social Workers' and Occupational Therapists' jobs for less pay:

*"I do the same work as an OT for half the pay"*

*(Interview CCW 1)*

*"I am not at all sure whether I should be doing such complicated responsible work."*

*(Interview CCW b)*

Once again, the first line managers seemed to reflect the difficulties of being at the interface. They welcomed the opportunity to be more innovative in the range of staff employed and the ways of deploying their skills but expressed concern about issues of deskilling, and of the difficulties of maintaining professional quality services with less trained people. In addition there was concern about the role of the practice supervisor, the new post that was meant to ensure adequate professional supervision. The implications were, of course, that the introduction of this post would mean that the first line manager would no longer need a professional qualification. All team managers interviewed felt strongly about this:

*"The new job is about managing budgets not about managing people I don't know if that will work in Social Work.."*

*(Interview T.M . d)*

*"we need to deal with the volume - the only way to do this is to break down the barriers , to focus skill, to give the easier work to the less well paid - it's essential."*

*(Interview T.M. e)*

*"I have some concern about the amount of supervision that is necessary for the vast amount of work that the community care workers are doing."*

*( Interview T.M . x1)*

Both senior managers and district managers saw this area as the key to successful implementation. They subscribed to the idea of the volume of work requiring more, less qualified workers and a more appropriate mix of skills where professional ties were less important than organisational ones.

*"We have to address the balance in relation to workforce planning and that our reliance on traditionally trained and qualified staff would not be the answer to the problem."*

*( Interview S.M 1)*

*"there is an issue about skill mix within the district ... this is being recognised by the appointment of non-qualified staff. There is potential to see change and growth in our skill mix reflect the very different demands being placed on us ."*

*(Interview S.M 6)*

*"Demands of the job are different in community care to what they were in terms of traditional Social Work. ... you need to change your skill mix to deal with this."*

*( Interview SM3)*

*"People are professionally precious and they need to accept that there are new ways of doing things ."*

*( Interview SM1)*

Other symptoms of the change to "Human Resource Management techniques could be seen. Performance-related pay was introduced for managers, the ability of line managers to fill vacancies with people of different skills or qualifications to their predecessors was introduced, and there was the ability to use short-term or temporary contracts. The personnel function is seen less as a controller of uniformity and more as:

*"An advisory, consultancy service for managers complementing the service delivery function rather than being seen as a separate entity."*

*(Interview Personnel manager SSD)*

In terms of the research there was never any doubt that a conscious change to Human Resource Management was central to the strategy of the organisation. The need to develop a human resource strategy is articulated in the \*\*\*\*\* Social Services Business Plan of 1993 (\*\*\*\* 1993 Article 9). The implications of this in terms of the implementation begin to emerge and are discussed below.



### **8.1.2. Is the implementation coterminous with a "culture change"**

The idea that strong corporate cultures exist and that they are one of the reasons for excellent performance is axiomatic in the new management (see Deal and Kennedy 1988). These ideals find clear expression in the writings of such management writers as Peters and Waterman (1982) whose work "In Search of Excellence" is pervasive in this field. These are the fashionable management models described by Dunleavy and Hood (1994) above. The universal attributes of success are seen to be an attention to customers and managerial excellence. Thus culture has to be changed to emphasise "excellence in management" and being "customer oriented". Of course the idea of a customer or consumer orientation fits in well with the overt aims of the legislation, as it would do, coming from the same ideological roots! If one adds to this the perception that the culture of social services was overly bureaucratic and dominated by professional interests, then the conditions are ideal for the imposition of a new managerialist/consumer oriented culture. The question becomes whether the interests of the imposition of culture become detrimental to the implementation.

There had been a conscious effort to incorporate this into the implementation. It was particularly noteworthy that the main mover in this early conversion was the person who became the "fixer" in the implementation. The events described in relation to the period between 1989 and 1993 are relevant. The change in emphasis of the new administration provided fertile ground for the growth of the new managerialism.

There are two aspects to this that are relevant to the implementation. Firstly is the process of attempting to change culture significant in the implementation? Secondly is the nature of the culture such as to affect the implementation?

Changing culture, while seen to be central to organisational change of this nature, is in itself an interesting one, in that some writers on management and organisations advise caution in doing it (see Child 1984, Thompson and McHugh 1990). The process of culture change generally presupposes the destruction of its predecessor,

and while this may allow the imposition of the new it may also destroy elements that are still necessary. In this case we saw the need to destroy that which was perceived as an inefficient, organisation centred culture to a managerial or customer oriented one. Dunleavy (1991) sees this process of "throwing the baby out with the bath water" as destroying a central part of what makes public services work, what he calls the public service orientation.

The process of imposing the new culture has been described. How then was this perceived? There were significant differences in the perceptions of those interviewed. Senior managers were clear in their need to introduce the new culture, there were any number of references to the new culture in publications and managerial pronouncements. In interviews, senior managers were unequivocal, both in terms of the nature of the change and the processes required to get there.

*"We must move from the old bureaucracies of the 1960's and 1970's to a market led one ; we cannot afford to let anyone or anything to stand in our way."*

*(Interview SM. 2)*

*"There is a lot of resistance to the changes - there is no alternative to the customer culture ."*

*( Interview SM.)*

*"We are moving toward a consumerist organisation, away from a heavy bureaucratic body, where the decisions are devolved."*

*(Field notes Senior Manager at Management Conference July 1993)*

The Director's statement at the management conference (see below) was perhaps the clearest indication of senior management's orientation. There was no shadow of doubt, no questioning that the policy and methods of its implementation were correct.

District managers were less wholehearted about the process. Although they accepted the need to change and the direction of that change, they saw the difficulties and were less "hard-nosed" about methods.

*"We need to get into the changed culture, but getting there is difficult, morale is slowly sapping, people's feelings and commitment is slowly being squashed."*

*( Interview SM 3 )*

*"it is difficult to carry people along with us, we seem to alienate the very people we need to support the changes, team managers, supervisors. If we are not careful we will lose the goodwill of the first line managers."*

*( Interview SM6)*

The first line managers were at the interface of fieldworkers and management. Senior managers saw them as a target for cultural change and in most cases they resented it. Five out of the six line managers interviewed recounted the statement made by the Director at the management conference (as did those interviewed by Landells and May, 1993). He opened the conference by stating that all those there were present because they had elected to be managers. If they did not like the style of management then they could get out. The managers interviewed saw this as symptomatic of the "macho" orientation of senior management.

*"It ( the statement ) is typical of the attitude, there is no recognition that we have something to offer in terms of the changes. They only want to hear things which fit into their scheme of things, anything else is seen as whinging or a direct challenge."*

*(Interview T.M e)*

*"There is no consultation - SMG's motives are about their agenda not ours."*

*(Interview T.M d)*

*"They don't care about the reality, you just have to be seen to be managing- it's about budgets not people. "*

*(Interview T.M. b)*

Their interview answers reflect confusion, even anger. They knew that the culture was being changed but they had no clear idea of the direction in which they were going on why they were on that particular route.

*"I don't recognise any culture, they (the management) put out literature about excellence, but what organisation doesn't"*

*(Interview T.M. x 1)*

*"the culture could be described as ruthless, unlistening , hard."*

*(Interview T.M. t 1)*

From one line manager who had management training,

*"At this stage it is a total bureaucracy. It pretends to be open system management but it's closed, only the senior managers count, what they call consultation is meaningless."*

*(Interview T.M b)*

While line managers supported the ideas of efficient management and a consumer orientation, they were sceptical about the practicability of the culture. The substitution of the traditional methods of control by personal supervision to that of control by the monitoring of paper was seen as time-consuming, even dangerous. There was a great deal of scepticism about the organisation's ability to provide the resources necessary to ensure the choice necessary to change the client into a customer. There was frequent mention of the reality of having to operate according to statute in relation to mental health and the infirm elderly,

*"The quality standards are , as far as I am concerned, a work of fiction, they are impossible to achieve "*

*(Interview TM d)*

*"I get concerned that I spend all my time signing bits of paper which workers spend all their time filling in, this is meant to ensure that they are doing their job and empowering the consumer. I prefer the old methods where I spend more time with them , they trust me and we both know what's going on."*

*(Interview TM e2)*

*"It is useful having the forms to focus your mind , to remind you to engage with the user, but they are beginning to be used as the end rather than the means."*

*"It generates twice as much work for the team and slows everything down'."*

*(Interview TM t)*

Field workers seemed to be unaware of the motives of the culture change, but they were even more sceptical about the practicality of implementing it in a way that the management wanted. They too were supportive of the need to empower the user of

the services and to be as efficient as possible, however they did not see that as senior managers prime motive. They saw the move towards managerialism as being part of managers' agenda for an undefined but threatening purpose.

*"It is political (the culture) the managers become embroiled in finance and management and lose touch with us let alone the client."*

*(Interview S.W.2 b2)*

*"It is managerial, the fieldworkers have no say in what is going on."*

*(Interview OT x2)*

*"From the senior management point of view they would see that they have done a wonderful job, but a lot of people are being managed by people who don't understand - things are becoming a little mutinous."*

*(Interview SW 1 t)*

*"The culture is hard and has little concern for the individual, either as a member of staff or a client. I don't feel empowered so I don't know how we can empower the user."*

*(Interview SW 2 d1)*

*"It is whitewash outside, it is to do with how people see what we do, to presenting the right image for politicians."*

*(Interview OT 1)*

There was agreement that the implementation meant moving toward an organisation that values strong (efficient) management and a consumer orientation. There was, however, a clear difference in the perception of whether that was desirable or practicable. This ranged from cynicism at the bottom through confusion in the centre to unquestioning belief at the top. What was clear was that senior management saw the way forward as the imposition of the culture layer by layer. The layer that was being converted during the research was that of the team manager.

The argument whether management equates the implementation as coterminous with changing culture cannot be gainsaid. What was less clear was the degree to which this imposition aided or impeded the implementation. The argument can be made that the preoccupation with form leads the driving forces to unhelpful decisions. An example of this is the desire to insert an extra level of managers (the practice

supervisors) which could be viewed as an attempt to move the existing first line managers up the hierarchy. This would of course allow them to be more culturally correct, especially as they would have had to have gone through a process that emphasises the management culture to be re-appointed to their new posts. These appointments were made from the money supplied from the infrastructure budget. The alternative was the appointment of more first line staff. There was certainly a strong feeling among workers and first line managers that managers were more occupied with presentation than the reality of service delivery.

*"it is to do with how people see what we do , presenting the right image for politicians"*

*(Interview OT 1)*

*"I think it (the culture ) is politically motivated"*

*( Interview TAM x2)*

*"senior managers are completely out of touch and obsessed with image"*

*(Interview SW2 e)*

### **8.1.3. Does the ideology of the policy makers determine an inappropriate organisational form?**

The need to introduce a market was central to the implementation. Competition was seen as central to saving money and increasing efficiency. Did the imposition of this result in an organisational form that was inappropriate to the implementation? Indeed did it result in an increase in efficiency?

This need to introduce competition has resulted in the complete reorganisation of social services departments as described in the previous chapter. The reorganisation not only re-deployed personnel, but introduced new systems to facilitate the new organisation's operation. Once again a significant difference in perception of the changes could be seen in the different levels of the organisation.

Senior managers, as may be expected, were positive about the changes and the new systems, seeing only the need to adjust the system to allow for any teething problems. There was no questioning of the necessity of the organisational changes or their

extent. The only determinant seemed to be the political will that effects the changes described previously. It is important to remember that the particular and extreme separation between purchaser and provider was not the only way of doing it (as Knapp et al. (1992) point out. The research reflected the senior managers' unquestioning acceptance of the need for the reorganisation. The lack of success of the reorganisation was attributed to both those below them in the hierarchy and those in political control,

*"We are well on our way, we have the structure right ... but some of the Social Workers are struggling with the new roles."*

*( Interview SM1)*

*"From the point of view of Social Services we have a clear idea about how we need to be organised but the County Council is centralist and controlling, this will impede our progress'.*

*(Interview SM2)*

The same acceptance applied to the new systems,

*"There were problems when it was brought in but we have solved them."*

*(Interview SM5 referring to improvements in forms)*

*"The whole system is designed to meet client need and all in all it will achieve this."*

*(Interview SM1)*

As in the previous cases, this perception differed slightly at District Manager level. They accepted the need to introduce competition and the financial benefits that accrue. They did, however, see the reorganisation as being controlled by those at the top with them having little input or effect on the eventual form. Doubts were expressed about the extreme nature of the split, and what were seen as the unnecessary expansion in the number of managers in the provider side. There was also some criticism about the mechanisms that were introduced to facilitate the changes - the paperwork and other systems. They were concerned about the effect of implementing the new systems, particularly in view of the inadequate preparation and the proliferation of paperwork. This in turn was seen as having an effect on morale.

The first line managers agreed with the theory that competition should deliver some benefits, and that the first stage was to facilitate that competition by opening up their own services to competition. That said, they expressed confusion, anger and frustration as to the purpose and the results of the changes. They saw much effort being put into changes for little result. Again, there was a clear feeling that the changes were top down, and that the motives that drove the changes were determined by the Senior Managers. There was also clear evidence that they felt that the form of the reorganisation and the systems that were required to make it work were unwieldy and not helpful to the implementation.

*"They (senior managers) are out of touch, Care Management and the split (between purchaser and provider) make things impossible, there are five forms where there was one before."*

*(Interview T.M e)*

*"If it is about needs led and choice then where are they - they seem to be using resources to appoint managers to the provider side ."*

*(Interview TM b)*

*"Why do they need to put family aides and home care on the provider side when the strength is in the flexibility which comes from having them run locally ."*

*(Interview TM t)*

*"It seems as if they were unwilling to look at other models - look at GP. 's they are purchasers but they still retain the ability to offer local provision."*

*(Interview TM x)*

At worker level there was, again, a belief in the potential of the reorganisation to provide positive results and again there was evidence that the workers felt that this potential had been subverted by the nature of the reorganisation. The concerns generally centred on the volume of work that the implementation generated. In particular, the paperwork necessary and the introduction of new tasks for which they were not trained. In addition, they clearly felt that they had no control over their work and they were not consulted about the changes in the organisation. The workers made little differentiation between managers. They felt that the first line managers were sympathetic and "on the same side", the district manager levels were remote and



concerned with their own agendas and, perhaps more relevant, they viewed senior managers as having motives that were derived from the pursuit of their own self interest.

## **8.2. DOES THE INVOLVEMENT OF THE USERS AFFECT THE IMPLEMENTATION PROCESS?**

### **8.2.1 What shapes the nature of empowerment?**

If there can be said to be a common thread which runs through the legislation, then it is that of strident rhetoric coupled with ambivalence in definition and execution. Nowhere is this more obvious than in the definition of the attributes of the user. Yiannis and Gabriel and Lang (1995) say,

*" Different traditions and discourses have invented different representations of the consumer each with its own specificity and coherence , but wilfully oblivious of the others."*

*(Gabriel and Lang 1995 p 2)*

If one takes the legislation at face value and view the beneficiary of public policy as a consumer then those beneficiaries have a direct effect on the implementation of that policy. If they are prevented from exercising their rights as consumers, then, in terms of our model, the correspondence index should be lowered. As Gabriel and Lang suggest, the understanding of this position had several roots that were not necessarily complementary:

- Firstly, there was the position that the introduction of competition presupposed a need to address the user of the service as someone who had the attributes of a consumer.
- Secondly, the perception of professionals that the user of services should be empowered to participate in decisions about their lives.
- Thirdly, the new managerial perspective that saw the attention to the customer as one of the universals of successful organisations.

- Lastly, the perspective of those who see users of services as having clear rights that the implementing agency should fulfil, those rights being enshrined in legislation.

As has been stated, these definitions are not necessarily complementary. The distinctions between "voice", "exit" and the "rights" perspective has been discussed earlier in this work. It will be demonstrated that all of these perspectives exist within the implementation process under study and they are not only uncomplimentary, but that this will affect the implementation. In terms of the model the degree to which the user of services is involved will indicate the degree to which they are an active part of the model.

In its pure meaning a consumer has the resource and the ability to choose from a number of similar products to meet their need. Not only can they do that, they can also choose not to purchase or purchase a different product altogether. The consumer of social services has none of these choices. The care manager has the resource, the choice is limited to what they wish to provide and they do not wish to purchase another product. This is Le Grand's (1990) "Quasi market". The process is as follows. The person begins by presenting themselves at the office of those who hold the purse strings. The first stage is the determination of eligibility to enter the process. In terms of our model, do they qualify to become part of the correspondence index calculation? The care management system and the associated systems attempt to do this, based on what is perceived to be a uniform system of assessment. This is then used to determine the "need" of the applicant. Our applicant first will have to divulge enough information to allow an preliminary decision to be made on an initial categorisation of entitlement (are they the correct priority?). If this decision is favourable, then further assessments are made using predetermined formats. The applicant is required to share further information about themselves and their financial and other circumstances. As a result of these assessments, a statement of need is produced by the worker, which is agreed by the applicant. In terms of the pure consumer, the applicant has managed to get to the supermarket where the goods may

be available. In terms of empowerment, the type of supermarket has been chosen by the worker. It is the workers' organisational norms which determine the type of resource which is made available.

The shopping list still has to be constructed. The "package of care" is constructed by the worker who is expected to discuss with the applicant the range of product available to meet their need. This discussion also includes an assessment of the financial resource available. Finally the worker and the consumer should agree the range of goods to be purchased.

These choices are subject to a range of influences which have little to do with the attributes of the consumer. They are thought to be as follows:

- How is eligibility determined?
- What is the influence of the design of the processes?
- Is it affected by the skill and attitudes of those involved?
- Is it affected by other legislation?
- Is it affected by pressure from the general public or politicians?
- Is it influenced by the needs of other agencies?
- Is it affected by the amount of type of resource available?

### **8.2.2. Eligibility.**

The first aspect that needed to be examined was the definition of eligibility. Our model of implementation saw the definition of eligibility as a critical one. An imprecise definition allowed the implementers latitude in the interpretation of the policy. Therefore, the understanding of the definition by the implementers should be examined. Thus, we must ask whether the definition of the user was a clear one and whether the understanding of it was uniform. There was no definition within the legislation and the allocation of services depended on need, which in turn was determined by what was meant to be an objective assessment. The confusion and difficulties surrounding this were partially described above.

The research interviews examined the implementers perception of need. Of the definitions given, it could be expected that a person who was a true consumer would have their expressed need accepted. There were modifying factors to this, however, particularly from the view of the organisation. There was no clear pattern in terms of the perception of the definition, indeed it was significant that there was no agreement about what need was in terms of this implementation. The nearest common thread was that most respondents talk or imply a normative model of need. There was no consensus about what was the norm. Managers talked about the need to ration, to redistribute and to control expenditure, and in order to do that they saw norms as determined by the organisation and a uniform system of information collection to compare to those norms to organisationally set standards.

Fieldworkers with a professional qualification, on the other hand, saw the norms as being those determined primarily by their professional standards and the organisational systems as at best a useful aid at worst an irrelevant imposition.

*"The assessment forms are too simplistic - they are designed to fit people into a common framework, you need more time and flexibility to carry out a professional assessment."*

*(OT1 x2)*

*"They talk in terms of needs led assessment , but I believe it is still finance led."*

*(SW1 d)*

Unqualified workers, in general, welcomed some guidance as to how to determine how to assess eligibility, although they were felt they did not have enough preparation for these tasks.

*"They make life easier , clearer for us -we can tell people what they can have."*

*(CCW x2)*

What was common to both of these is that they did not see the potential user as the determinant of their needs, but focused on the need to prioritise in order to meet the needs of the organisation.

Thus we saw that access to the system, whether the consumer allowed even to go to the supermarket, was based on the priority that you were allocated. The definition of need was imprecise leading to an imprecision in the allocation of priority and, as postulated by our model, the opportunity for the implementers to impose their own views. In short, the opportunity for the development of a street level bureaucracy.

### **8.2.3. Technical Design.**

The technical design can affect empowerment in two ways. Firstly, the volume and complexity of the systems may make it difficult for the workers to facilitate empowerment. Secondly, the actual design of the system may have some effect.

As we have seen the application for services is subjected to management determined processes that are meant to be uniform and standard. Uniformity has the purpose of ensuring equity in the assessment and the resource allocation process as well as collection of management information. A further requirement was the need for the forms to be processed by less qualified workers. This led to the forms used being very basic, very prescriptive and very detailed. The actual design of the paperwork incorporates, indeed insisted, on the involvement of the user in the process through such mechanisms as signing assessment forms and the participation in meetings. There was, however, an unanimity amongst the workers that the volume and the time pressure that they were put under were such that the empowerment of the user is threatened. Indeed the qualified workers felt that their professional orientation would lead them to practice empowerment but the amount of paperwork ate into the already limited time available to do this. There were signs that the documents' designers misunderstood the time and skill needed to facilitate real empowerment. This will be discussed further below.

*'We are bombarded with work, the requirements to do assessments within three days and the amount of paperwork it entail makes it impossible -we have to look for shortcuts wherever possible.'*

*(SW2 t)*

*"Getting the user involved takes time - the very commodity we don't have - the pressure is intense ."*

*(OT x2)*

*"The design of the paperwork seems to indicate that you should get the user involved , but they don't seem to realise that it takes time. "*

*(SW d)*

*"The assessment forms are very simplistic and follow a specific model of need which most professionals do not accept ."*

*(SW1 w)*

#### **8.2.4. Workers skills and attributes.**

The workforce had persons with a range of qualifications, training and skills. The research reflected this in that there were divisions in terms of empowerment along one axis according to professional qualification and experience and on another that seemed to vary when the person was appointed, pre or post the implementation. This was particularly true for those appointed as community care workers as opposed to those who were transferred from other jobs.

Differences could be seen in the conceptual model which each group of professionally qualified workers use in their work with the client. The interviews revealed that the training and orientation of the Occupational Therapists tended to lead them to use a medical model in their assessment and allocation of resources. They saw the world from a medical perspective. Thus a person who presented as requiring a service is viewed as someone with an inability to cope with their situation as a result of some kind of deficit or disability. Assessment, therefore, consisted of a diagnosis of their physical condition and the care plan would consist of a series of measures to cure this:

*"I feel that the assessment forms are a good start , but they are no substitute for the schedule we used to use , the problem is that they do not reflect the depth of knowledge required."*

*(Interview OT b)*

*"Users should be engaged in the process after all they are in the best position to tell you what is wrong however they cannot be aware of how to remedy this , that's our job'.*

*(Interview OT 1)*

Social workers, on the other hand, had been trained to take a social view of their interactions with the potential user of the services. That is, the social worker assumed there was no direct diagnosis or cure. Assessment was a complex matter that is concerned with isolating those conditions that disabled the person and helping them to construct measures to ameliorate this.

*"I don't think it helps, we are taught to see the client as central, that are there to help them identify what it is will improve things."*

*(Interview SW e)*

The implications in terms of the attitudes to empowerment, particularly toward the central question of definition of need, were clear. The medical model implied that the expert was able to diagnose through a clearly articulated set of procedures, empowerment means engaging the user in this process, but the final arbiter was the worker who uses their professional norms to diagnose and allocate resources. The social worker saw things differently in that they saw empowerment as the process whereby the client was enabled to articulate those things that disabled them.

There was a marked difference in the attitude of the newly appointed, but unqualified workers. They saw empowerment as inevitable if the procedures were followed correctly.

*"Clients get involved by taking part in the process of filling out the forms - they have to sign to show that this is being done."*

*(Interview CCW e)*

This was aided by (in general) the allocation of work. They dealt with the one group of people, the elderly, who had a realistic choice in the range of services they get.

#### **8. 2.5. The effects of other legislation, public and political pressure.**

Social services departments are responsible for a wide range of legislation. Some of this legislation involved the authority acting on behalf of society to protect

individuals from themselves or others. This implies a need to impose actions on individuals, sometimes against their wishes. Was this compatible with the idea of empowerment, of the user as consumer?

Again the interviews revealed a clear difference between levels within the organisation. Senior Managers were consistent in their view that the requirements of the law and duties toward the general public could be reconciled with the need to treat individuals as consumers. They saw the appointment of advocates, the setting up of effective complaints procedures and the procedures themselves as instrumental in doing this,

*"We do have duty in law to protect individuals from themselves and the public from those who may be a danger to them. However, we can attempt to ensure they have an input into the services they get. The Mental Health Act for instance, insists on the appointment of advocates."*

*(Interview SM3)*

*"In the case of a confused elderly person, we have a duty to ensure that their views are found out and followed, even though this may not be what others want."*

*(Interview SM4)*

Line managers and fieldworkers, while they expressed a wish to empower people, felt that they, if necessary, had to act as society's guardians. In part, this seemed to be motivated by a desire for self protection. This was particularly true for those who worked in the field of mental health,

*"My role under the Mental Health Act is very clear, I act in conjunction with the medics to protect individuals from themselves and society from individuals - while the idea of empowerment is very close to my heart the Mental Health Act takes precedence."*

*(SW2 b)*

Or as another social worker put it,

*"I'm not about to engage a psychopath with an axe in conversation about his needs."*

*(SW 1 w)*



Linked with this limitation was the need to take into account of public and political pressures. The workers felt that they were pressured to take particular courses of action that sometimes were not those which were not those which the client /consumer wanted.

*"I remember a case where a slightly batty elderly woman, whose home was a mess who needed a lot of support . While it was risky it was clear that she wanted to stay at home. Her son was a councillor and he felt she should be "in a home" I was put under a lot of pressure to accede to his wishes. rather than hers."*

*(CCW 1 t)*

*"A category C case will always become a category A if an MP or councillor becomes involved."*

*(OT t)*

#### **8.2.6. The effect of resource availability.**

The research clearly demonstrated that the allocation of resources was a key factor in the shaping of the nature of empowerment. Once again there were several facets to this. Firstly, the amount of time it took to facilitate empowerment. All the workers interviewed felt that the processes required to empower people takes time and time is exactly what the proliferation of paperwork deprived them of,

*"they expect these things happen immediately - there is no allowance for the time that these things take."*

*(Interview SW 1 e2).*

A second factor was the availability of resources to meet the need that had been assessed. The official position was that services are determined by needs rather than resources. This presupposes that there was a range and quantity of resource to meet this need. In terms of the example given at the start of this section, if you arrive at the supermarket you should expect the shelves to be stocked and your purse (held by your care manager) to be full enough for you to be able to select from the range available. The interviews, once again, highlighted the difference between management and workers on this. Managers held that the introduction of the market and the

efficiencies introduced by new managerialism had the potential to provide the range and quantity of resources to meet this need.

The research indicated that all levels were acutely aware of the need to control the use of resources. There were differences in what were perceived as the reasons for this. Senior managers saw the control as part of the implementation, as necessary to its operation. They acceded to the "new right" views that saw the need to limit public expenditure. Furthermore stated that these deficiencies could be made up through better "targeting" of services and efficiency savings.

*"There are not enough resources to meet need as it is currently seen. We need to be clear about our priorities, to be more efficient in order to free up more resource where it is needed."*

*( interview SM1)*

*"It is clear that the public purse cannot meet all the demands that are put on it . There must be a clear system of determining eligibility, with people paying according to their resources."*

*(Interview SM6)*

*"No , there are not enough resources - there never have been and never will we need to be more efficient be more flexible - about personnel as much as anything ."*

*(Interview SM3)*

District managers also saw the need to restrict resources, but more as determined by the needs of central government rather than as part of a planned part of the implementation:

*"The original resources were just about adequate, but look at what happened in the second year. We could cope with the first year by efficiency savings and working harder. If we get cut any further it is difficult to see how we can get things back without cutting services."*

*(Interview SM 4)*

At least one made a direct link between increased efficiency and rationing:

*"It's odd really, we get more efficient, clear up waiting lists, have better assessments then we run out of money and can't offer services and then we prioritise because we have run out of money- we may as well not be efficient'.*

*(Interview SM6)*

Line managers and fieldworkers were much more cynical about this. They saw the whole implementation as resource control. The benefits that they had expected in professional terms were seen as not being forthcoming, mostly because of the need to control finance:

*"There's a lot of money around at the moment - but wait until next year its about rationing as much as anything." "*

*(SW1 e)*

*"Care in Community is about controlling the cost or the service as much as client need ."*

*(SW2 d)*

*"It's so that the managers look good, it looks like people are being looked after when the reality is that the lack of resources mean you cannot. Basically they are shutting the hospitals and something has to be done with the people. It is an exercise in trying to bluff the public."*

*(SW1 w)*

They also perceived that it was impossible to carry out the intentions of the implementation given the resource restrictions.

*"On paper it is about meeting client need , but the reality is that we are controlling costs for the government and senior managers."*

*(Field notes from SW during monitoring exercise)*

*"Care in the community is about controlling cost, it is all very well doing complex assessment, involving the client, making a care plan if at the end of it your managers says that it can't be afforded."*

*(Interview OT x1)*

It was seen that once again there was significant difference in perception. The driving forces saw it as legitimate, as part of the implementation. On the other hand the first line managers saw things differently, in that the implementation was clearly undermined by the need to address issues of rationing and limited resources.

The workers and first line managers were clear that this was a critical area, and there were indications that the lack of resource was influencing the degree to which they empowered the client. as one Social Worker put it :-

*"Why work overtime to do this (empower) when you know that whatever you and the user agree on as needed will only be met if the management think they can afford it - and that varies from day to day."*

*(Interview SW b)*

### **8.2.7. Category of service user.**

The implementation was aimed at a range of people who were divided in terms of their characteristics. These included, age, infirmity, mental health, disability. The perception, treatment and allocation of resources to those within these categories have differed in the past. Examples of this could be seen in the large amount of resource invested in the learning disability category in the recent past and the hierarchy of status accorded to the various groups (this ranged from the relatively high status of work with children and the mentally ill to the relatively low status of working with the elderly). This, in turn, had led to a disparity in the allocation of resources. The reorganisation brought in its train a significant reorganisation of the way that resources were allocated, bringing in new resources particularly for the elderly. Did this lead to increased empowerment? Or to a difference in the degree of empowerment between these groups?

The first area that was examined was the allocation of resources in terms of personnel. A number of workers and first line managers expressed concern that the allocation of resources in the reorganisation favoured the traditional biases toward child care and mental health, with the new money being invested in unqualified workers. Thus the increase in the volume of work was borne by unqualified workers. The implications of this in terms of empowerment are those which were outlined above - the less qualified workers tended to view empowerment as a process.

The second area to be considered is whether the empowerment of each group was affected by the characteristics of that group. As part of the interview process, each respondent was given a scale that described characteristics of empowerment. They were asked to allocate a category to each of a range of six 'types' of client. Once again response varied with the position of the respondent.

Senior managers and newly appointed workers saw the level of empowerment for all groups as uniformly high. Senior managers were clear that the aim was to give all categories of client the ability to decide what services they wanted, subject to eligibility. They talked in terms of consumers' rights, the ability to complain,

*"it's our job to ensure that customers know what is on offer, they should be empowered to make choices for themselves"*

*(Interview SM1)*

Community Care Workers were less clear about the reasons for empowerment, again they believed that if the processes were followed then empowerment resulted.

There was a variation in the response of line managers and fieldworkers. These responses showed little pattern. All those interviewed acceded to the theoretical need to empower those they worked with, but the practical reality of this made them unwilling to put this into practice. The only area of consistency was that workers generally gave a higher score to those who lay within their own speciality. When asked about this the response they responded that it was more possible to do what was necessary if you had the skills and training to so do.

*"I know how to work with these people, I know what they are capable of."*

*"I am trained for this..."*

*(Interview OT e)*

It should be noted that most workers and all line managers dealt with more than one client group. Again resources figured heavily in the responses. Workers felt that they could be given more time and more adequate resources.

We have seen that the degree and nature of empowerment will vary along a number of dimensions. The result may very well be that the individual workers became the arbiters of empowerment. A further complication was that the nature of this will vary along the axis described. Again, this tends to reinforce our proposition that imprecision in definition will lead to the implementers imposing their own views on the implementation.

### **8.3. PROCESSES AND THE MODEL**

Our model allowed the tracing of the complex processes of the implementation. The emphasis changed to reflect "bottom up" processes and the model proved adequate as a framework which allowed this examination. We have been able to isolate the particular strands which have influenced the implementation. The place of the user becomes clearer as does the effect of the technical design. Further, the model allowed observations of the top down and bottom up influences, thus demonstrating its utility as a tool for combining both approaches. Finally the feedback loops allow the researcher to trace the complex influences through an extended dynamic implementation process.

It has been shown that the three strands of the new managerialism were central to the implementation. The symptoms of Human Resource Management - the assertion of the "right to manage"; the blurring of boundaries and the move away from traditional personnel functions could all be seen. At the same time the attempts to change the culture of the organisation have been demonstrated. It is clear that the ideology determined the organisational form and the systems designed to facilitate the implementation.

It was difficult to determine the extent to which this organisational form is detrimental to the implementation. The strong evidence that those charged with the implementation, the field workers and their line managers, had grave doubts as to appropriateness of the organisational form is countered by the senior managers who saw the changes in form as helpful and appropriate.

If the position of the user was central in judging the success of the implementation, then the research began to demonstrate that there are reasons to doubt the success. The difficulties can be traced to the beginning of the process, in that the definition of what is actually meant by involving the user was not spelt out in a way that was clear and acceptable to all concerned. The policy makers/ driving forces saw the users as consumers, on the other hand the fieldworkers (in general) saw the involvement of users as central to the way they worked. The implementation gave the users reasons to believe that they could influence the process, this was reinforced by the introduction of measures to secure their rights (complaints procedures). This view, however, of them as customers was undermined by a range of factors which come into play .

Perhaps the main variable was the amount and range of resource which was available. A priority system had been established by the driving forces to facilitate the rationing necessary. This had necessitated the introduction of a standard set of assessment procedures which allowed the employment of less well trained or qualified trained persons to carry these out. This led to the weakening the power of the bureau professional while at the same time providing for their control. In addition the perceived need to introduce competition described in the previous section introduced more procedures and paperwork. The need to control, and shape the culture of the workforce had led to a rigidity in the application of these procedures. Finally the role of the authority as fiduciary trustee sometimes led workers to be influenced by their duty towards society rather than that of the individual - society became the customer.

This set of circumstances tended to allow those who were carrying out the implementation, the workers and their line managers, to have some discretion in terms of the implementation. The form of this discretion was determined by the controls and systems which had been established by the driving forces. These were determined by the need to restrict resource which in turn led the establishment of priorities and were themselves varied in order to reflect the resource available. The

need to control personnel and engineer a "mixed" economy of care led to more complex systems. This, in turn, restricted the amount of time which the worker had to engage the user. The combination of these circumstances tended to reinforce the discretion of the implementers and once again we saw the development of the signs of a street level bureaucracy.

The extended nature of the implementation gave the opportunity for a range of factors to influence it. Of these, the change in the resource base was seen to have the most far reaching effects. The other factors: political changes, the influence of the stakeholders and the actions of the workforce also had some influence in the latter part of the implementation.

It can be said that the change in resources is fundamental to the changing nature of the implementation. If one, however, begins to consider that the unstated aims of the implementation, particularly central government's desire to control public expenditure and to control the actions of local government, then it might be judged a success.



# **CHAPTER 9**

## **CONCLUSIONS**

The work has examined the implementation of public policy in a social services department. In order to do this we adapted an existing model of the implementation process to use as a framework. The policy chosen was a piece of legislation that had been recently enacted and at the time of the research, was in the process of being implemented. The research had two aims. The main aim was to isolate and explore those factors that shape contemporary policy implementation, the second to assess a modified political economy model of implementation as framework and heuristic device for studying these processes.

This concluding chapter has three sections. The first section will review the research with the aim of providing an overview of findings. The second will extend the analysis of these findings, and examine the implications for implementation theory. The third section will examine whether our model provided both a valid theoretical framework and was an appropriate vehicle on which to base the research.

### **9.1. AN OVERVIEW OF THE RESEARCH.**

The first stage of the research process was a review of the implementation literature. Issues were isolated and research questions formulated. The first of these issues was the definition of implementation. While it was thought that implementation is a distinct part of the policy process, it was claimed that implementation could not be separated from it, that it was not necessarily part of a linear process of formulation/ adoption/ implementation. Rather each implementation should be viewed as unique, and its study tailored accordingly.

The chapter went on to describe the development of implementation theory. Three generations of research were identified. The first generation, termed the "top down" perspective was characterised by the view that implementation was a unitary process, in which the implementers role was to identify the weak links in the implementation chain and reinforce them. The second, "bottom up" generation saw the implementation process as being determined by the actors at the bottom. It was subject to a variety of influences which shaped the nature of the implementation. The

final generation attempted to reconcile the two perspectives in order to provide models for implementation analysis. A model was identified which had the potential for development as a research tool.

There were thought to be two areas where implementation research needed to be developed. The first was its theoretical pluralism, in that there was no universally accepted theory of implementation, no agreement over of the crucial variables. Secondly, the range of the research was restricted. It tended to be cross sectional rather than longitudinal, and it relied too heavily on case studies of a single policy type. Further, it attempted to categorise implementation in absolute terms in that policies were regarded as successful or failures when, in fact, there were degrees of success or failure.

This information was used as the basis for the discussion of the issues which needed to be examined in contemporary implementation. The ideological drive which lay behind modern policy was liable to lead to a number of problems which were particular to its implementation. These were the basis for the research questions. These questions concern firstly, the position of the recipient in the implementation. Did the ideology which saw the recipient as a consumer mean that they played an active part in the implementation process? Was success to be judged, at least in part, by the involvement of the consumer? Further did this vary with the type of policy? In our case the policy under consideration embodied a number of situations which implied a different type of policy outcome within one broad policy. Put simply, the deliverer of the services may confront the dilemma of attempting to reconcile the need to protect individuals from themselves or society from individuals against their wishes, while at the same time having to treat them as customers.

Secondly, the new public policy was dominated by considerations of financial efficiency, and central government's arms length approach to service delivery. How then should policy success be measured?

Thirdly, how did the imposition of the "new management" techniques affect implementation. We saw the need for managers to be seen to be in control, to impose a particular organisational form may have had far reaching effects.

The second chapter moved on to describe the antecedents and the early parts of the formulation of the NHS and Community Care Act (1990) This was, in fact, the start of the study of the implementation in that it was a description of the early policy making process. The history shows that the policy had four main roots. These were:

- The individual good argument - institutions were destructive and people tended to favour home care.
- The planning argument - the new legislation aimed at avoiding the difficulties of previous attempts at "care in community" which had foundered because of structural, procedural, financial and professional differences between agencies.
- The ideological argument which saw this type of service belonging within the family rather than provided by the state.
- The financial argument which saw the costs of these services rising out of control and needing to be constrained.

This examination raised issues which allowed the further development of the research questions. These became the following:

- What were the effects of the "new managerialism" on implementation?
- Did the incorporation of the "user" affect the implementation process?
- Could an examination of the processes account for the covert or non-stated aims of the policy process?
- This policy was developed and implemented over a long period of time. Did it provide an illustration of the interrelated nature of policy and implementation?

The third chapter developed and modified Hasenfield and Brock's (1991) model of policy implementation for use in the research. The basic premises of this model were accepted and integrated into the revision. These presumed three dominant modes of theoretical explanation. The first concerns the relationship between policy making

and the systems which respond to the policy; the second concerns those forces which drive the implementation especially the power relations within them, and the third, the fit between the design of the programme and its practicality of purpose.

The model was amended in the following ways. The idea of the "policy window" was incorporated into the model. The user of the services was included as an active part of the implementation process, the feedback loops were strengthened to reflect the belief in the dynamic nature of the process. Finally the idea of implementation as an arena where conflict and bargaining was endemic was accepted and built into the model.

The fourth chapter described the research methodology.

The fifth chapter was the first of the chapters generated by research. It uses the model as its framework in that it begins by examining the first "dominant mode" of theoretical explanation. This was the interaction between policy making, policy instruments and the organisational systems which respond to them.

We saw in chapter 5 how the formulation of the policy was influenced by a number of factors and the policy itself began to reflect these influences. We also saw that there were delays in operationalising the policy, caused by various political factors. However, political circumstances change and the "policy window" opened. The methods of operationalising the policy reflected its ideological underpinnings in that it emphasised the need to introduce a more managerial approach to local authority operations. The model chosen reflects the policy makers' wish to introduce competition and to reduce the direct services offered by the local authorities. It was also demonstrated that there was a great deal of conflict and bargaining going on between the potential stakeholders in this process. The senior managers of the implementing agency strongly supported it, seeing it as a convenient vehicle for their wider ambitions of introducing more efficient methods of management in local government.

This examination also allowed the further development of the research questions. Areas began to emerge which were of crucial importance to the next stage of the research. The idea of a different culture between professionals delivering services and those managing them began to emerge, as did the meaning of "new managerialism". The form of the operationalisation began to raise questions as whether the design was fit for its purpose. The extended nature of the implementation already began to demonstrate the interactive nature of policy formulation and implementation.

Chapter 6 moved to the next "dominant mode", that of the forces which drive the implementation. The driving forces were those individuals and groups in the implementing agency and stakeholders who formulated the exact design of the service delivery system and made the necessary arrangements which turned that into reality.

The ideologically driven nature of the design of the implementation begins to be more apparent, as does the influence of the "new managerialism". The "new managerialism" showed the same tendency to view the organisation as a "single authority/ top down" entity as did its predecessor in local government. This, in turn, manifested itself in a design which may have been inappropriate to the implementation. Issues of organisational culture assumed great importance to those who were driving the implementation.

The allocation of resource while giving the impression of being planned and rational, was seen by those who delivered the services as haphazard and not addressing their needs in terms of preparation for the implementation. In addition, the continued influence of the policy makers on the implementation process was seen through their alteration of the resource basis part way through the process.

Issues of power began to be important, as they were seen by the driving forces to be central to their perception of the "new managerialism". The power of the driving

forces to put the changes in place was evident. The commitment of the senior management, particularly that of the "fixer" was also evident. What became more contentious were the methods of controlling the professional workforce. We saw the introduction of various methods of control, in particular the introduction of process controls.

The findings detailed in chapter 6 identified the need to pursue certain areas in the next stage of the research. Firstly, we began to see the first signs of an inappropriate organisational design which had the potential to distort the implementation in a number of ways. Secondly we needed to consider whether the use of these control mechanisms encouraged street level bureaucracy. Lastly the position of the user continued to be ill defined and problematic with the consequent implications for their place as a part of the implementation structure.

In chapter 7, we examined the final "dominant mode" of the model, which was the delivery of services. This encompassed the areas of the service delivery system and the correspondence index. The focus of the research moved to the consideration of those factors which could be said to be "bottom up". The managerial and ideologically driven nature of the service delivery became more evident. As a result, we saw evidence of the beginning of the alienation of the service deliverers and mistrust of management and the systems which they had introduced. This led directly to the final chapter which contains the findings of the bulk of the research interviews. It focused on firstly, the influences of the "new managerialism" on the implementation process and secondly, the position of the service user.

It is intended to address the findings of this final chapter by returning to the original research questions and by using the findings of all the research chapters. It is considered that some of the effects are amplified by the length of the implementation process, therefore the analysis is preceded by an account of the events which provide the background to the detail of the processes of the implementation.

The research has two aims. Firstly, the exploration of distinctive features of contemporary policy implementation and secondly, to test the facility of a model of the implementation process as a tool to do this. The final form of the research questions were as follows;

- contemporary policy is affected by the prevailing ideology, which sees the user of the services as a consumer. This consumer has certain attributes, particularly that of choice. If this is the case then it has implications for the implementation, in that any assessment of the success of the policy must include an assessment of this.
- Secondly, policy often has aims which are not essentially part of the stated policy. Modern policy embodies certain aims derived in part from the prevailing ideology. These have the potential to distort the implementation. In the example chosen, the main factor was the need to reflect "new right" values in the legislation. Thus concerns of economy and efficiency became paramount. Economy is expressed in terms of the domination of budget considerations and efficiency in the need to introduce what were seen as modern management methods.

One of the features of this policy was the extended period between firstly, the identification of the problem and the suggested solution. Secondly, between the suggested solution and its adoption as policy and lastly between the adoption and the actual implementation. This made it ideal for the study of the dynamic nature of the implementation process. This section examines this using interview data as well as contemporary documentation. The changing conditions were described in chapter 5, as were the reasons for this, therefore the focus will be primarily on the internal aspects of the implementation.

The implementation began in 1991, but as had been shown, the preparation for it started much earlier. This period was also characterised by a change in the nature of the management of public services, the introduction of the "new managerialism". The extended implementation was perceived by management as an opportunity to pursue a



strategy which they called an "Organisational Development "strategy. This was seen as allowing the gradual and planned development of the organisation to meet the emerging circumstances. However, the carefully planned implementation became a series of reactions to events that impinged on it. Those at the top, however, persisted in viewing it as planned, those at the bottom viewed it as a mess!

The early influences on the process were recounted in chapters 6 and 7. Notwithstanding this, it is worthwhile remembering that the delay and the eventual phased implementation had several important "knock on" effects. Firstly, the period before the formal start (April 1993) is characterised by an immense effort at familiarisation with the new requirements, by planning and training, a degree of reorganisation and the introduction of new staff. This process established a number of new systems to operate and control the new care management teams and the basis of a purchaser and provider system. The complex process of establishing these teams, and freeing up managers and resources had led to combinations of districts, and a feeling in some teams of completeness-the reorganisation is done. As one social worker put it.

*"It was quite a struggle, we had been told about it for at least two years, then it was done and we thought we could settle down to deal with the problems of the new Act".*

*(Social Worker 2 x2)*

On the other hand there was anger, misunderstanding and frustration that teams had been arbitrarily divided. Some believed that resources had not been fairly shared out, consultation had been minimum, others expressed a great dissatisfaction that they had been lumped together inappropriately once again without consultation. A team leader said:

*"I don't understand the rationale, look around you. We have only one computer. All the rest went to the child care team, as did most of the qualified workers ... We were not consulted about joining this district".*

*(Team Manager d)*

and a community care worker:

*"Until last month I was a manager of thirty (Home care) staff now I am a community care worker- I don't know how to do this job and my workers are being managed by someone twenty miles away - it is stupid."*

*(Interview CCW b)*

Secondly, early investment in new posts and training (partly due to uncertainty) and a lack of co-ordination ( SMG minutes April 1993 - October 1993) had led to great difficulty. The workers and first line managers demonstrated a range of reaction, which generally expresses a distrust in the competency of the managers. There is an uncanny echo of previous statements from social workers

*"They have had an extra two years to plan and to give us training - what would have happened if we have had to do this two years ago."*

*( SW 1 t)*

and a team manager;

*"It's clear that the people organising the systems and paperwork have not been talking to one another. The financial forms do not fit with the others - what price management when they can not do even this with two years to prepare."*

*( Interview TM e)*

and a district manager:

*"The line managers had some training, the workers a little , but none of them have had enough."*

*(Interview SM 3)*

At the start of the implementation the workforce and their line managers were at best cynical and at worst distrustful of the ability of their managers.

The provision of resources by central government was, as always, central to this. In 1993 the allocation of money was perceived nationally to be just about adequate. In the area under study, it was thought to be good. The difficulties surrounding the infrastructure allocation were more to do with the lateness of allocation rather than its paucity (see below) Therefore, the early part of the research, while revealing some apprehensions, did not indicate any disquiet. The allocation in 1994-1995 reflected a change in the methods of calculating the Standard Spending Assessment which

resulted in a 38% cut in the grant. The result was that the available resources had to be more narrowly targeted. The main bulk of the interviewing took place between the announcement of this and its implementation. The implications of this were beginning to be realised by staff. The reaction (inevitably) varies, senior managers were determined to press on with the 'organisational development' which was not yet completed, seeing the need to finish this and begin to achieve the efficiency savings which allowed more resource to be allocated to service delivery:

*" Things will be tough for the next year - we must target resources more narrowly and clearly, when the gains from the restructuring come on stream we will be able to afford more. "*

*( Interview SMI)*

Line managers were less sure:

*" I am not convinced - we are just getting to grips with the priorities , we are making the adjustment to being "needs led" and they change the definition of need."*

*( Interview TM 1)*

*" Perhaps the whole restructuring is wrong, they are bringing in more managers in the provider side, and practice supervisors and at the same time cutting the money available for services- they should cut management."*

*( Interview TM d)*

Field workers saw the prospect of less resources as a further blow to their confidence in the ability of managers. They were bewildered as to what how they were to interpret the legislation:

*" The money for next year is going to be cut , we have given them all this publicity about coming to us for services , choice and all that and all they are going to get is sorry , why do we bother ?"*

*( Interview OT d)*

*" It is a shambles - managers are more concerned with their own jobs than organising properly - if all the money they have spent on reorganising, on consultants on assessment centres was spent on services we wouldn't be in this position."*

*(Interview SW2 x2)*

A view repeated in a number of ways:

*" If you want a manager , they are all away being assessed  
for their new roles - for more pay I may add ."*

*(Interview CCW e)*

The political effects of the early part of the implementation have already been described. These were the uncertainty generated by the general election in the middle of the implementation, the political necessity of finding an implementation method which allowed the control of local government's increase in resources and the ideological imperatives to use the implementation as a method of furthering those aims. The effects of this continue to be seen throughout the implementation. The resource limitations described above could also be described as political.

The other area was that of local government. The Conservatives lost control of the Council in 1993 and the Liberal Democrats assumed the chair of the social services committee. The main area of change which could be discerned was the alteration in the degree of the purchaser/provider split. The previous council was determined to make a clear split, to "float off" many of the provider functions of the local authority.

This line became softened and we began to see talk of "one department"

*" The new Political Administration has affirmed the  
commitment to having a strong "In House" provider  
function to ensure maximum choice to our carers within a  
mixed economy of care ."*

*(Organisational Development ; Structure Changes 1993/  
94 : July 1993)*

This further complicated the "Organisational Development process." The process thus far had been based on the freeing up of resources by losing some over capacity and making efficiency savings. In addition prices were to be driven down by the introduction of competition, particularly in the residential care sector. Accurate figures are difficult to obtain , but it is estimated that local authority care was about 20% more expensive than private. The new party line made this rationalisation less possible. Thus the envisaged gains were less attainable. In addition the structure had to be further altered to accommodate this revision of view.

The resource restrictions also meant revisions in the structure and in the definition of eligibility for services. At the end of the fieldwork there were indications that further cuts were planned, and the organisation which had started as a careful logical development was once again being altered in response to these influences.

Thus the planned organisational change and implementation were being influenced by a number of factors, This had the effect of both undermining the changes which were in progress and further damaging the fieldworkers' faith in management and consequently their will to facilitate the implementation.

Three stands of the "new managerialism" are identified; the attempts to change culture, the use of "Human Resource Management" techniques and the perception that a particular form of organisation needed to be adopted to suit the ideology.

It is clear that, while the majority of workers accepted the need to change cultures, there was a difference in perception between the different levels of the organisation as to the nature of the culture. The managers envisaged the introduction of a culture dominated by values derived from consumerism and efficiencies derived from the introduction of private sector management techniques. The workforce, particularly the professional workforce, were at first sceptical about this. This scepticism turned to disbelief when the systems employed were perceived as time consuming and inefficient. The workers disbelief began to turn to alienation when methods to prioritise services began to restrict the much heralded consumer choice. This was reinforced when these rationing mechanisms were tightened to reflect further resource restrictions. The driving forces continued with their plans, believing that when the implementation was completed, efficiency savings would give gains which would make the process finally work

The introduction of "Human Resource Management" techniques were centred on the "right to manage", the blurring of boundaries between professions and the de-

emphasis of traditional personnel functions. The methods introduced to pursue this “right to manage” relied on the introduction of methods of collecting management information and using this to control the actions of the workforce. It also established procedures with which to quantify action taken by workers and to reward appropriate actions (performance related pay) The quality standards and the examination of paperwork were aimed at controlling the processes by which services were delivered.

The research indicated a clear difference in perspective about the effectiveness of this. Senior managers placed much faith in these methods, with correct outcomes seen as inevitable. This was, in effect, the archetypal “top down” view, with managers seeing implementation as a matter of arranging the links in the chain and of identifying and reinforcing the weak links. There was, however, a different perspective from the workforce. They saw their professional control being replaced with the imposition of managerial measures. The paperwork was seen as an additional imposition with the lack of training for new functions seen as symptomatic of managerial inefficiency.

The blurring of boundaries was seen in the introduction of measures to facilitate what managers termed “skill mix” but which some workers called “deskilling.” Once again we saw a clear difference between management and workforce. The managers saw this as essential to successful policy implementation. The introduction of less skilled and qualified workers to carry out the bulk of the “low grade” work, the introduction of managers with business rather than social work qualifications, the blurring of boundaries between professional and non-professional roles were all seen as critical. The workforce saw things differently, although their views varied between grades. While professionally qualified workers welcomed the introduction of unqualified workers to do the bulk of the work, they were less supportive of the new roles which they were being asked to perform and the replacement of qualified with unqualified workers.

The final area of the new managerialism examined was the introduction the new organisational form. In particular, was the form appropriate to the tasks which it had

to facilitate? The requirement to introduce competition and a "mixed economy" of care resulted in the complete reorganisation of the department. In addition the implementation required an increase in the number and volume of systems required to facilitate this. This, in turn, led to an increase in the range and volume of the paperwork required. It was also noted that the model adopted by the department under study had adopted a position on the extreme end of the spectrum of the purchaser/ provision spectrum.

The perception of the appropriateness of the organisation varied. The managers were positive about the changes. The perception that senior managers had a vested interest in social services as an enabling rather than providing organisation was confirmed by the research. This, in part, was modified when the political control of the authority changed and a less extreme view was taken. The question was not the rightness of the organisation, rather the recognition of the adjustments which needed to be made to make them work. Again a clear "top down" view of the implementation. The workforce had different views. They saw the changes as potentially positive, but undermined by the actual design of the new organisation and the systems which were put in place. They also saw the changes as adding to the volume and complexity of their work.

On a practical level, the technical design was perceived by the workers as adding to the amount of paperwork, thus reducing the amount of time they had to deliver services. The new tasks and the increased paperwork and procedures had the dual effect of alienating the workers and further limiting the time they had to do the job. The need for the "new manager" to introduce more rigid control methods, to de-professionalise, and to introduce what they saw as a more appropriate "skill mix" led to a decrease in what has been described as the public service ethos. Indeed there was evidence of the growth of a street level bureaucracy. A selection of quotes from fieldworkers illustrates this:

*"The clients only get a service because we have clever ways of doing it, we have been able to work around the paperwork."*

*(SW d)*

*"They ( the senior managers) don't know what we do on a day to day basis."*

*(O.T. e2)*

*"Managers can control what you do through budgets etc. but they can't control what you do on a day to day basis."*

*(CCW e)*

*"They have no control over what you do."*

*(SW e)*

We maintained that modern policy implementation has a hidden agenda which is concerned with the furthering of "new right" ideology and that this would have a significant effect on that implementation. We used the example of the introduction of "new managerialism" as the example of this to illustrate the point. The research clearly established that the implementation was so intertwined with the requirements of the "new managerialism" as to be almost indistinguishable. It is difficult to determine the extent to which this was detrimental to the implementation. There was clear evidence that field workers and their line managers were alienated and beginning to follow their methods of working. While the development of street level bureaucracy does not imply an unsuccessful implementation, if the methods and work practices adopted by those street level bureaucrats are contrary to the needs of the implementation, it then becomes problematic. In view of this, attempts to change culture should be examined carefully. In this case, the change in culture was specifically aimed at the skill and value base of the professional workforce. This was reinforced by the adoption of a managerial (rather than a professional) oriented system of care management (see James 1994) Thus a major motivation for professionals to deliver services in an appropriate way (the bureau professional's public service ethos) was being undermined by the introduction of the "new managerialism precepts." Given these conditions there is indeed the potential for the implementation to be undermined by the introduction of the new managerialism.



The second area used in exploring the implementation was the position of the service user. We saw that there was a range of factors which affected the position of the user of the services. A complex range of issues were isolated which affected this position. Perhaps the main variable was the amount and range of available resource. A priority system had been established by the driving forces to facilitate the rationing necessary which had necessitated the introduction of a standard set of assessment procedures that allowed the employment of less well trained or qualified persons to carry these out. This had the dual effect of weakening the power of the bureau professional and at the same time providing for their control. In addition the perceived need to introduce competition described in the previous section introduced more procedures and paperwork. The need to control and shape the culture of the workforce had led to a rigidity in the application of these procedures. Finally the role of the authority as fiduciary trustee led them to be influenced by their duty towards society rather than to that of the individual.

This set of circumstances tended to allow those who were carrying out the implementation, the workers and their line managers, to have some discretion in terms of the implementation. The form of this discretion was determined by the controls and systems which had been established by the driving forces. These were driven by the need to restrict resource which in turn led to the establishment of priorities which were themselves varied in order to reflect the resource available. The need to control personnel and engineer a "mixed" economy of care led to more complex systems. This, in turn, restricted the amount of time in which the worker had to engage the user. The combination of these circumstances tended to reinforce the discretion of the implementers and once again we saw the development of the signs of a street level bureaucracy.

If the position of the user was central in judging the success of the implementation, then the research began to demonstrate that there were reasons to doubt the success. The difficulties can be traced to the beginning of the process, in that the definition of what is actually meant by involving the user was not spelt out in a way that was clear

and acceptable to all concerned. The policy makers/ driving forces saw the users as consumers, on the other hand the fieldworkers (in general) saw involving users as a professional necessity. The implementation gave the users reasons to believe that they could influence the process, this was reinforced by the introduction of measures to secure their rights. However this view of them as customers is undermined by the range of factors which came into play .

## **9.2. THE FINDINGS APPLIED TO THEORY**

How then will this analysis be of use to students of implementation? Are there any essential differences in the implementation of public policy under the "new right"? The well documented political and ideological obsession of the 1980's of generating choice in all areas of government has led to all sorts of anomalies and difficulties. The provision of choice, the description of the user of services as a consumer has led to the application of market logic to sectors in which it may not be appropriate. (Hambleton 1988; Lock 1994; Hutton 1995)

We must determine the aims of the policy before we can address issues of implementation? In the policy under study the aims were complex and led to a number of contradictory outcomes. We saw ideology as a determining factor in the formulation of policy. Any policy must incorporate the central tenets of that ideology, the creation of a market in services, efficiency and economy, a need to reduce state expenditure. This in turn was operationalised into an organisational form which reflected these values. These could be seen as the underlying aims of the implementation. These hidden agendas had a clear effect on the process of the implementation. One of the results of these multiple, sometimes covert agendas was the need to define the policy in less than precise terms.

On the one hand we had the stated aims of the policy, the rationalisation and better delivery of services to a range of people. On the other there was the implicit aim of controlling public expenditure, controlling local authorities and introducing a more efficient way of delivering services through competition. In terms of judging the

implementation, what should the analyst judge? The first decision for implementation theorists must be: what were the aims of the policy and indeed whether the less obvious aims of the policy should be considered? This done then the relative importance of each element needs to be considered. For example, was resource control more important than user participation.? It is intended that we address each area in turn and through these examine the implications for the study of implementation.

The first area to be considered is the clear association of the new public policy with new managerialism. There can be said to be a continuum that has, at one end the introduction of the principles of the new managerialism as a clear aim. As such the introduction of these measures should be part of any judgement of the success of the implementation i.e. it should be part of the correspondence index. At the other end of this continuum was the proposition that the introduction of new management is coincidental, that the development of local government was such that it would have happened anyway and its introduction should be judged on whether it aided or hindered. This once again illustrates the dilemma of the analyst. This research took the view that the introduction of the "new managerialism" was a clear aim and therefore its introduction should form part of any judgement of the success of the implementation.

The introduction of managerialism did, however, highlight and reinforce some implementation theories. In particular we saw two concepts as of prime importance. Firstly, that ideologically driven organisational change may lead to inappropriate forms which may, in turn, lead to dysfunctional implementations. There were clear signs that, in this case the results of previous research will be borne out-the adoption of an extreme position was likely to blind the implementers to deficiencies and thereby made the implementation less effective. This became reinforced by the emphasis on "culture" as the determinant of a persons acceptability in an organisation. The acceptance of organisational culture in a thriving successful organisation is seen as essential both for the person accepting it and for the prospects of the organisation.

However, if an organisation attempts to introduce a culture which is alien and dysfunctional then those results may not be positive.(see Ogbonna, 1996)

Secondly, the limitation to interagency co-operation in implementation was highlighted. A characteristic of managerialism is the wish to define clearly , evaluate and quantify tasks and functions. The "conflict of interest" described by Walsh (1995) meant that all sorts of decisions were based on resources rather than service imperatives. Thus we saw, in times of resource limitation, decisions to limit services in the areas of co-operation which in turn were determined by formal contract. These, in turn, were determined by competition rather than co-operation. Further, the cost/benefit analysis of this decision was likely to be based on the needs of the agency rather than the implementation.

The second area we examined was the inclusion of the user in the process. Did this mean that the calculation of the correspondence index must be made to include the user of the service as part of the system, or even that the degree of participation is in itself a part of the correspondence index? Clearly, the intent of the policy was that in one form or other the user of services should be seen as a consumer or a customer rather than as a passive recipient of services. However, what was clear is that the way that the individual was involved in the process was subject to so many factors and variants as to make the influence they had at most variable, at least negligible. The policy makers and driving forces saw the control of resources as more important than the involvement of the user. The conclusion must be that the user of the services should be part of the system, but the practical consequences were such that it is difficult to see how they could be. One could, however, propose that it is another variable which could be considered when assessing the effectiveness of an implementation. In addition the theorist must consider whether the type of implementation was a factor. In this case, the situation becomes confused as there were elements of several types within the policy.

In terms of the study of implementation, there were few new insights to be gained from the study of the processes. It did, however, provide clear reinforcement of the view that managerialism views implementation as a "top down" process, with the key being the control of the "weak links in the chain". It saw an ordered view of the world where implementation is a process whereby the manager had control of the elements of the implementation. If they controlled them properly the implementation would be successful. This control was expressed as the "right to manage". The question became whether the scope and extent of the implementers power was sufficient to make the implementation happen.

The evidence indicated that the "top down" perspective was as unlikely to explain implementation failure under contemporary, managerially determined organisations as it was under a bureaucracy. The factors determined by Sabatier (1986) :- clear and consistent objectives; adequate causal theory; processes structured to ensure compliance; committed and skilful officials; support of interest groups and stable socio - economic conditions, only go part of the way to explaining the difficulties of the implementation. Indeed a "top down" perspective becomes even more complex with the inclusion of the user as a consumer and the need of central government to disguise its actions. In addition, there was evidence that the acceptance of the organisational "culture" implies an unquestioning acceptance of the infallibility of the managers. The widening gap between those who accept the culture and those who delivered the services began to be expressed in terms of growing disaffection, low morale and the beginnings of a street level bureaucracy:

Finally, Elmore's (1980) concept of "backward mapping" could be clearly seen. He argued that the likelihood of success in implementation was lessened as the number of transactions increased. The "top down" perspective views implementation as a hierarchically ordered set of relationships with policy failure due to lack of compliance. Attempts to ensure compliance increased the number of transactions and therefore increase the likelihood of failure. The increase in the number of transactions could clearly be seen in this implementation, as could the results in

terms of imperfect implementation. The last concept proposed by Elmore was the central role of "effective bargaining". He maintained that bargaining is continual and central to effective implementation. Therefore, if the bargaining did not finish neither did the implementation, as seems to be the case in this instance.

While there were some vivid illustrations of the elements of the bottom up perspective, the attempt to explain matters from a "bottom up" frame of reference offers just as incomplete a picture. There were some indications that a managerial approach exacerbated some of the problems of a "bottom up" approach. We have already discussed the development of a street level bureaucracy. It could be argued that the development of implementation structures will be impeded by managerialism. The budget based particularism and the emphasis on organisational rationale rather than programme rationale make the development of these structures less likely, both on a "driving forces " level, and on the service deliverer level. It may even be suggested that there may be an addition to Hjern and Porter's (1981) programme and organisational rationale, that of managerial rationale. If we follow Nixon's (1993) argument it could be maintained that managers are more interested in issues which are central to them as managers rather than those of the organisation or those of the programme (see also Hood 1991, Gyford 1991). Certainly, the evidence may be interpreted in this way. One could even consider that Thrasher and Dunkerley's (1982) units of social exchange would include managerial advantage.

There is no evidence that the examination of this process will reveal the "philosopher's stone" in terms of the study of implementation. It rather has the effect of introducing variables, once more reaffirming the difficulty of viewing implementation as a purely 'top down" process. On the other hand, the introduction of managerialist techniques has introduced powerful new controls which will potentially aid "top down" implementation. It becomes clear that this implementation can only be explained with reference to an integrated "top down" and "bottom up" perspective.

### **9.3. DISCUSSION OF THE RESEARCH METHODOLOGY.**

#### **9.3.1. Is our model suitable for general use in implementation study ?**

The model was constructed to serve two purposes. Firstly we wished to develop the central features of Hasenfeld and Brock's (1991) model while incorporating a number of features which were seen as central to contemporary policy implementation. Secondly, we wished to use the model as the basis for the research design.

The original model was based on the three dominant areas of theory. Firstly, those which concern the interaction between policy making, the policy instruments which convert that policy into a form which can be operationalised and the operational systems which respond to this. Secondly, the forces which drive the implementation and finally those processes by which the policy is delivered. We added to this by incorporating a new area which concerned the place of the service user. In addition we adapted the design of the model to incorporate a policy window, reinforced and extended feedback loops and a more extensive recognition of the prevalence of conflict and bargaining. These modifications were intended to facilitate our intention to study contemporary policy implementation and the integration of features of the "top down" and "bottom up" schools.

The first area revealed a number of points worthy of note. The central point concerns the nature of policy making by a body which combined a "new right" perspective with a managerialist approach. This concerns one of the central theoretical debates in policy making, that is, whether policy is made incrementally or rationally. It is our contention that the "new right"/ managerialist would view policy making and its implementation as a rational process. In terms of this research, evidence of this could be seen in the prescriptive nature of the organisational form required (the purchaser/provider split) and the requirement to adopt a particular instrument to deliver it (care management). It follows, then that the "new right/ managerialist" viewed the implementation process as a "top down" process with a single unitary source of policy. While the research did little to contribute to the incremental / rationalist

debate, it did illustrate the view of the contemporary policy maker as a rationalist. This became more apparent as the implementation moved on, and we saw the clear requirement to exercise control over the workforce in order that a particular form of organisation was adopted and for the adoption of a particular culture. It should, however, be noted that despite the rational approach, the policy still changed in response to external stimulus, in fact it was incremental. We saw the policy changing in response to lobbying (for example, the change in the amount which must be spent in the private sector) , as well as responding to political need (as in the delay and eventual phased implementation) and the changing of the policy instruments in response to the lessons learned in other areas of policy (in this case the introduction of internal markets into the N.H.S.)

The other main theoretical theme which could be discerned in this early stage was the increased potential for conflict and bargaining. We began to see an intensification of the processes of conflict and bargaining, with the potential for co-operation lessened by the need to introduce measures which stressed the introduction of the market. Existing theory served to explain this, but the processes of contemporary policy implementation were beginning to change and heighten the conflict which took place. In terms of this implementation, it provided a clear indication of a potential area of difficulties.

In terms of the practical design of the model, the reinforced feedback loops allowed the influences to be identified and the policy window provided a good tool for the determination of the influences which allowed the policy to move forward. In addition, the model provided a good framework which aided the identification of those issues which became important in the later stages of the implementation. In particular we saw the delay and indecision which resulted in a lack of investment by the implementing agency, the changes in the funding arrangements which had similar results, and the imprecision in definition which provided a hostage to fortune in terms of the implementation. These were overlaid by the clear desire to follow a particular organisational design which had the potential for difficulties for the implementation.



The second theoretical area concerned the use of power in driving the implementation through, the disposition of resources and the design of the delivery systems. Once again we saw the central importance of power as a determinant of implementation. The importance of the appropriate and well directed power was seen, as was the importance of the "fixer". We also began to see some of the "bottom up" influences, for example the formation of implementation structures, and the beginnings of the increased tensions between levels of the organisation described by Hanf (1993) In addition we continued to see complex patterns of conflict and bargaining which were being played out over resources. These were exacerbated by the increased particularism and the competitive nature of the model being introduced. We also saw the construction of a technical core which owes as much to the requirements of the ideologues as it did to the needs of the implementers. In turn, one of the central theoretical aspects of the model is illustrated, that of technical rationality, the fit between the design and the intended purpose. The technical core required new systems which were complex, difficult to operate and incorporated new features. In part, this complexity was required because of the managers' need to assert control. In addition we saw the results of the delays and the consequent lack of commitment of resource in the signs that the workforce felt ill prepared for the tasks they were being asked to perform.

The model in allowed the simultaneous examination of the "top down" and "bottom up" influences. The depth of the management commitment to a particular organisational form and the associated culture was becoming more clear. It should be noted that the systems emphasised the view of the consumer as an integral part of the process. The reaction of the workforce to the "top down" influences began to be seen. The continued processes of conflict and bargaining could be seen, and at this stage we saw the start of the intra-organisational bargaining which emphasises competition for the resources in the new, divided organisation.

The final area concerned the processes by which the services were delivered. We included the consumer in this area, setting them in place as integral to the delivery system. Evidence of existing theoretical concepts in action could also be identified in this area. We move to a "bottom up" perspective. We began to see differences in orientation between different levels within the organisation. The separation between management and field workers began to widen and, once again the model provided a framework to examine this. The managerialist approach continued to emphasise competition and generated further difficulties for the field workers in terms of interagency co-operation. The managerial / ideological driven nature of the implementation continued to be seen and the lack of "fit" between the service delivery system and the driving forces clarified. The reality of the place of the user in the system becomes clear. While the systems and, indeed, the rhetoric emphasises the part which the users play in the implementation, their ability to so do is undermined by a number of factors, primarily the need to ration services while responding to restrictions.

Our model proved adequate for identifying and isolating those areas which were critical in the implementation. We were able to identify and confirm the existing theoretical basis as well as the relevance of the modifications which were made. The theory does not differentiate in terms of "top down" and "bottom up" and we were able to apply them in a way which allowed the integration of both perspectives. The specific alterations which were made fitted into the framework well and aided the analysis. In particular, the place of the consumer of services was able to be examined.

In terms of research design, the model proved an ideal framework. It provided the basis for the "focusing and bounding" process adopted, with each stage defined in chronological order. The overarching theoretical concepts allows the researcher to reflect back and forth between stages. This is aided by the feedback loops. The categories and divisions within the model proved a sound basis to begin the exploration of the many variables of the implementation process. In addition the theoretical orientation of each stage was valuable as a basis for understanding,

interpretation and analysis. It provided an excellent vehicle for the examination of implementation which aimed to combine a "top down" and "bottom up" approach.

In overall implementation terms it did provide further illustrations of several areas which have been well researched. The interactive nature of policy and the actions of the implementers was clearly seen. From a "top down" perspective, we saw changes in resource, improvements in models of service delivery as having clear effects on the implementation. In addition there was evidence of conflict and bargaining at all levels. This led to modifications to the distribution of resource, the design of the service delivery system and the formation of implementation structures.

It is considered that the model allowed the isolation of the various factors. The assembly of the elements of the model and the means of connecting those elements within proved rigorous enough to allow the integration of the three theoretical aspects. The relative influences of a "top down" and a "bottom up" approach were able to be discerned and accounted for.

There are other features which proved valuable. The policy window is a good mechanism for explaining the delay and eventual introduction of policy. The feedback loops provided good illustrations of a number of points. The conflict and bargaining, although visible in the research, was one of the areas which was under researched.

We must conclude that the model proved more than adequate for the study of implementation. The divisions and the linkages provide a sound basis for a research design. The developmental, process oriented nature of the model allow it to be used in a wide variety of settings.

### **9.3.2. Reflections on the research.**

This research has been exploratory and as such there are no conclusive findings. It reviewed the area and attempted to establish a basis for further, more detailed study.

In the opening chapter we detailed the areas which the literature considered to be lacking in implementation study. This work does little to address them, rather it adds to them by extending the range of variables. It did, however, achieve what it set out to achieve. A model was constructed, a method designed and research carried out. The results obtained provided a valid answer to the questions which were asked.

There are implications for further research. The central questions of what is implementation, when it begins and when it ends were highlighted. This process in relation to the N.H.S. and Community Care Act began in 1989 and shows no sign of ending. The incremental changes on the basic design and resource allocation mean continual change in the technical design and even the definition of success. The question of the position of consumers remains unanswered. It may be more fruitful to address this from the perspective of the variation of type of policy. That is: does the involvement of the user vary with the type of policy? Aspects of the influence of the new managerialism still have to be resolved. The question of control of the bureau professional remains unanswered. The signs of a development of a street level bureaucracy were clear in the research, but the process was by no means complete.

There are limitations as to the generalisation which can be made from the work which are imposed by the research methodology. The research took place in one authority, which had a particular perspective on the central aspect of the research. This raised the question of how far the research can be transferred into the mainstream of implementation theory. It was also limited by time considerations, in that the implementation was not complete when the fieldwork was finished. Wittrock and De Leon's (1986) criticism is applicable to this research in that the process of implementation was by no means complete when the fieldwork is ended. This becomes evident when events subsequent to the end of the fieldwork are examined. Further resource cuts resulted in the redesignating of those who received services, and of further changes in structure.

Notwithstanding this, the research provides a step in the solution to one of the central problems of implementation theory, that is the construction of a unified framework of analysis. The model which we constructed and tested was useful and allowed us to examine a complex implementation process. There needs, however, to be further research before its general value can be fully assessed.

## BIBLIOGRAPHY

- Aaronson, D.C., Diennes, C.T. and Musheno, M. (1984). Public Policy and Police Discretion. New York, Bateman.
- Alexander, E., (1985). "From Idea to Action; notes on a contingency theory of the policy implementation spiral", Administration and Society 16, (p. 403 - 426)
- Allison, G.T., (1971). Essence of Decision, Boston, Little , Brown.
- Anderson, J.E., (1975). Public Policy Making, New York, Praeger.
- Audit Commission (1986) Making a Reality of Community Care, London, H.M.S.O.
- Baldwin, S., and Parker, G. (1989). "The Griffiths Report on Community Care" in Social Policy Review 1988-89 eds. M.Brenton and C. Ungerson, Longman.
- Bardach, E. (1977). The Implementation Game; What Happens After a Bill Becomes Law, Cambridge Ma., M.I.T. Press.
- Barnes, M. and Wistow, G., (1991). Consumers, Citizens or Survivors; User Involvement and Cultural Change in Community Care, Leeds. Nuffield Institute.
- Barrett, S and Fudge S. (eds.)-(1981) Policy and Action; Essays on the Implementation of Public Policy. London ; Methuen.
- Barrett, S. and Hill, M., (1984) "Policy, Bargaining and Structure in Implementation Theory", Policy and Politics No. 3 , (p. 219-240)
- Billsberry, J. , (1996) (ed.) The Effective Manager , London, Sage.
- Bosanquet, N., and Propper, C. , (1991) "Charting the grey economy in the 1990's", Policy and Politics Vol. 19 no. 4. (p. 269 -82).
- Bradshaw, J. (1972) "The Taxonomy of Social Need" in G. McLachlan (ed.) "Problems and Progress in Medical Care", Oxford, OUP.
- Browne, A., and Wildavsky A., (1984) "Implementation as Mutual Adaptation." in J.L. Pressman and A. Wildavsky (eds.) Implementation , Berkeley, U. of California Press.
- Browning, R.P., Marshall, D.R. and Tubb, D.H. , (1980) "Implementation and Political Change" Political Studies Journal , No. 8 (p 616 -312).
- Bryman, A., 1988) Doing Research in Organisations, London, Routledge.
- Bullock, C. S., (1981) "Implementation of an equal opportunities programme" in D.A. Mazmanian and P. Sabatier (eds) Effective Policy Implementation. Lexington Ma. Lexington Books.
- Callista, D., (1986) "Linking policy intention and policy implementation" Administration and Society , Vol. 18, no 2 (p. 263-286).

- Child, J., (1984) Organisations, London, Paul Chapman.
- Child, J., and Smith, C., (1987) "The context and process of organisational . transformation" Journal of Management Studies, Vol. 24, no.4, (p. 363-393).
- Challis, D. and Davies, B., (1989), Case Management in Community Care Aldershot, Gower.
- Clay, T., (1989) "The threat to community care", The Guardian 24 July.
- Clayton, S.,(1984) "Social Need Revisited", Journal of Social Policy, 12, 2. (Pages 215 - 234).
- Common, R., Flynn, N., and Mellon, E. (1992) Managing Public Services : Competition and Decentralisation., Oxford, Butterworth-Heinemann.
- Davies, B. and Challis, D., (1986) Matching Needs to Resources, Aldershot, Gower.
- Deal, T., and Kennedy, A.(1988) Corporate Culture, London, Harmsworth, Penguin.
- Denzin, N.K., (1972) The Research Act: A Theoretical Introduction to Sociological Methods. New York, McGraw Hill.
- Department of Health , (1968), Health Services and Public Health Act. London, HMSO.
- Department of Health, (1989), Caring for People: Community Care in the Next Decade and Beyond, London, H.M.S.O.
- Department of Health, (1989b), Working for Patients, London, H.M.S.O.
- Department of Health, (1990), Caring for People: Community Care in the Next Decade and Beyond- Policy Guidance, London, H.M.S.O.
- Department of Health and Social Security, (1971), Better Services for the Mentally Handicapped, London, H.M.S.O.
- Department of Health and Social Security, (1975), Better Services for the Mentally Ill, London, H.M.S.O.
- Department of Health and Social Security, (1981), Care in the Community : A Consultative Document on Moving Resources for Care in England. London, H.M.S.O.
- Department of Health and Social Security, (1983), Care in the Community and Joint Finance, L.A.C.(83)(5). London, D.H.S.S.
- Department of Health and Social Security, (1986), Making a Reality of Community Care. London, H.M.S.O.
- Department of Health / Social Services Inspectorate, (1991), Care Management and Assesment - A Summary of Practice Guidance, London, H.M.S.O.
- Derthick, M.,(1972), New Towns in Town, Washington, Urban Institute.

- Drucker, A., (1989), The Principles of Management, Oxford, Heinemann.
- Dunleavy, P., (1985) 'Bureaucrats, budgets and the growth of the state', British Journal of Political Science, 15, ( 299 - 328).
- Dunleavy, P., (1991) Democracy, Bureacracy and Public Choice, Hemel Hempstead, Harvester.
- Dunsire, A. (1978), Implementation in a Bureaucracy: The Execution Process, Oxford, Martin Robertson.
- Edwards, G. C., (1980), Implementing Public Policy, Washington, Congressional Quarterly Press.
- Elliott, R. H., (1981), "The Policy Adoption /Implementation Spiral", International Journal of Public Administration, 3 (1)(13 -141).
- Elmore, R.F., (1978), "Organisational models of social programme implementation"; Public Policy 26, (p. 185 - 228).
- Elmore, R. F. (1980) "Backward Mapping: Implementation research and Policy decision" Political Science Quarterly 94, ( 606 -616).
- Elmore, R.F., (1985)"Forward and backward mapping: Reversible logic in the analysis of public policy" . In K.Hanf and T.A.G.Toonen (eds) Policy Implementation in Federal and Unitary Systems, Dordrecht, Martinus Nijhoff.
- Farnham, D. and Horton S., (1993), "Human Resource Management and Employee Relations" from D. Farnham and S.Horton. (eds) Managing the New Public Services", London, McMillan.
- Festinger, L.,(1963), "The Theory of Cognitive Dissonance" in W. Schramm The Science of Human Communication., London, Basic Books.
- Finnester, G. and Hill, M., "Delegating implementation problems: social security, housing and community care in Britain.", in M.Hill, (1983) (ed) New Agendas in the Study of the Policy Process, Hemel Hempstead, Harvester Wheatsheaf .
- Finnester, G and Robertson, G., (1992) "Adding up and taking away", Social Work Today, 23 (38) (p 16-18)
- Fisher, M., (1991) "Defining the Practice Content of Care Management" Social Work and Social Services Review. Vol 2 no 3, (204 - 230).
- Flynn, N., (1989) "The new right and social policy ", Policy and Politics vol. 17 no. 2, (97 -110).
- French W.L. and Bell C.H., (1990) Organisational Development, New Jersey, Prentice Hall.
- Friedman, A., (1977) Industry and Labour; Class Struggle at Work and Monopoly Capitalism, London., Heineman.
- Friedman, M. and Friedman, R., (1985) Free to Choose, London, Secker and Warberg.



- Flynn, N., (1990) Public Sector Management, Brighton, Harvester Wheatsheaf.
- Foa, U.G. ,(1971), "Interpersonal and Economic Resources," Science, 171 (345-351).
- Forster, N., (1994), "The Analysis of Company Documentation" in C. Cassell and G. Symon (eds) Qualitative Methods in Organisational Research, London, Sage.
- Gabriel, Y and Lang,T., (1995), The Unmanageable Consumer, Sage, London.
- Glaser, B and Strauss, A., (1967), The Discovery of Grounded Theory, Chicago, Adline.
- Goffman, E., (1961), Asylums, Harmsworth, Penguin Books.
- Gold R. (1958), "Roles in sociological field observation." Social Forces Vol 36 (3) pp 217-223.
- Goggin, M. L., (1986), "The too few cases / too many variables problem in implementation research", Western Political Quarterly no. 38, (328 - 347).
- Goggin, M.L.,(1987), Policy design in the politics of implementation: The case of child health care in the American States , Knoxville, U. of Tennessee Press.
- Goggin, M.L., Bowman, A., Lester, J.P. and O'Toole, L., (1987), Theory construction and testing in implementation research, Washington D.C. National Science Foundation.
- Goggin, M.L., Bowman, A., Lester, J.P. ,and O'Toole, L., (1991), "Implementation theory and practice - Toward a third generation" American Political Science Review , Vol 85, No1 (267-344).
- Griffiths, R., (1989), Community Care: An Agenda for Action, London, H.M.S.O.
- Guilleband Report, (1956), Committee of Enquiry into the Cost of the National Health Service. London , H.M.S.O.
- Gullick , L., (1977) quoted by H. Kaufman, in The 1978 Budget: Setting National Priorities, ed. J. Perchmann , Washington D.C., Brookings Inst. (400).
- Gunn, L., (1978), "Why is implementation so difficult", Management Services in Government, November 1978.
- Gyford, J.,(1991), Citizens, Consumers and Councils, London, McMillan.
- Hambleton, R., (1988), "Consumerism, decentralisation and local democracy" Public Administration 66, 2. Summer (125-148).
- Hambleton, R. and Hoggett, P., (eds) (1984) The Politics of Decentralisation: Theory and Practice of a Radical Local Government Initiative , Bristol, SAUS.

- Hambleton, R., and Hoggett, P., (1990), Beyond Excellence: Quality Local Government in the 1990's, Working Paper 85, Bristol, SAUS Publications.
- Hambleton R. and Hoggett P., (1993) "Rethinking consumerism in public services" Consumer Policy Review 3, 2 (103-111).
- Hanf, K., (1993), "Enforcing environmental laws; a comparative analysis of England and the Netherlands" in M. Hill (ed.) New Agendas in the Study of the Policy Process, London, Harvester Wheatsheaf.
- Hanf, K., and Toonen T.A.G., (1985), Policy Implementation in Federal and Unitary Systems, Dordrecht, Martinus Nijhoff.
- Hanf, K., and Sharpf, F.W., (eds.) (1978), Intergovernmental Policy Making: Limits to Coordination and Central Control Beverly Hills, Sage.
- Hargrove, E.C.(1985) The Missing Link, The Urban Institute, Washington D.C., Congressional Quarterly Press.
- Harbin, G., Gallagher, J.J., Lillie, T., and Eckland, J., (1992) "Factors influencing state progress in the implementation of Public Law", Policy Sciences 25, (103-115).
- Harrison, M. L., (1991), "Citizenship, Consumption and Rights; A Comment" Sociology, 25, 2, (209-13).
- Hasenfeld, Y., and Brock, T., (1991), "Implementation of Social Policy Revisited". Administration and Society. Vol 22, No. 4 (451-479).
- Hencke, D., (1989), "Why the delay over Griffiths will lead to more concessions", Social Work Today, 13 July (9.)
- Hill, M., (ed)(1983), New Agendas in the Study of the Policy Process, Hemel Hempstead, Harvester Wheatsheaf.
- Hirschman, A. O., (1970), Exit, Voice and Loyalty; Responses to Decline in Firms, Organisations and States, Harvard, Harvard University Press.
- Hjern, B. and Hull, C., (1982), "Implementation Research as Empirical Constitutionalism", European Journal of Political Research, 10 (105 -115).
- Hjern, B., Hanf, K. and Porter, D., (1978) "Local networks of manpower training in F.R.G. and Sweden", Introrganisational Policymaking, London, Sage.
- Hjern, B. and Porter, D. O., (1981), "Implementation Structures: A New Unit Of Administrative Analysis" Organisational Studies Vol 2 No 3 (211- 227)
- Hood, C., (1976), "Administrative Analysis", Hemel Hempstead, Harvester Wheatsheaf.
- Hood, C., (1991) "Public management for all seasons" Public Administration 69, Spring, (3-17).
- House of Commons Social Services Committee, (1990), Sixth Report . Community Care : Choice for Service Users, (444), London, HMSO.
- Hoyes, L., and Means, R., (1991), Implementing the White Paper on Community Care Bristol, SAUS.

- Hoyes, L., Means, R., and Le Grand, J., (1992) Made to measure? performance indicators, performance measurement and the reform of community care Bristol, SAUS.
- Hunter, D.J., McKeganey, N. and MacPherson, I.A., (1988), Care of the Elderly, Policy and Practice : Aberdeen , Aberdeen University Press.
- Hutton, W., (1995) , The State We're In, London, Cape.
- Hume, D., (1882) Essays Moral, Political and Literary Vol.1 in T.H.Green and T.H. Grose (eds) London , Longmans.
- Ingram, I., (1987), "Implementation. A Review and Suggested Framework" in A. Wildavsky, and N.B. Lynne, (eds)Public Administration - the State of the Field, Chatham, N.J., Chatham House.
- Jackson, K., and Blunkett, D., (1987) , Democracy in Crisis, London. Hogarth Press.
- James, A., (1994), Managing to Care: Public Service and the Market, London, Longman.
- Kingdon J. W., (1984), Agendas, Alternatives, and Public Policies, Boston, Little, Brown.
- Krippendorff, K. (1980) Content Analysis: An introduction to its methodology, Beverly Hills, Sage.
- Kuzel, A.J. (1992) "Sampling in Qualitative Enquiry" in B.F. Crabtree (Eds.) Doing Qualitative Research.. Newberry Park, Sage
- Laing and Buisson, E., (1992), Laing's Review of Private Health Care, London, Laing and Buisson.
- Laing, R.D., and Esterson, A., (1964), Sanity, Madmness and the Family London. Tavistock .
- Landells , M., and May, T., (1993) , The go between ,unpublished research. University of Plymouth.
- Lane, J. E., (1983), " The Concept of Implementation." Statsvetenskaplig Tidskrift 86, ( 17-40).
- Le Grand, J., (1990), "Quasi-Markets and Social Policy", Bristol, SAUS.
- Lester, J.P., Bowman, A., Goggin , M.L., and O' Toole L.J., (1987), "Public Policy Implementation; Evolution of the Field and Agenda for Future Research" Policy Studies Review Vol.7 No 1 (200 - 216).
- Lincoln, Y. and Guba, E., (1985) , Naturalistic Enquiry, Beverly Hills, Sage.
- Linder, S.H. and Peters , B.G., (1987), "The Design Prescription on Policy Implementation; The fallacies of misplaced prescription", Policy Studies Review, (p.459 -475).
- Lippincott, R. and Stoker, R., (1987), "Policy Design and Implementation Effectiveness", Policy Sudies Journal, Vol 20, No 3, (376-387)

- Lipsky, M., (1971), "Street level bureaucracy and the analysis of urban reform" Urban Affairs Quarterly 6, (391-409).
- Lipsky, M., (1980), Street Level Bureaucracy, New York, Sage.
- Lock, S., (1994), "A new approach to consumer policy", Consumer Policy Review 43. (159-168.).
- Lowi, T.J., (1964), "American Business, Public Policy, Case Studies and Political Theory" ,World Politics 16(4).
- Lowi, T.J., (1975), "Party, Policy and Constitution in America" in W.N. Chambers, and W.D. Burnham (eds), The American Party Systems, New York; OUP.
- McFarlane, D., (1989), "Testing the Statutory Coherence Hypothesis", Administration and Society, 20 (395 -422).
- McGarrell, E.F., and Schegel, K., (1993), "The implementation of Federally funded multijurisdictional drug task forces: organisational structure and interagency relationships" Journal of Criminal Justice, Vol 21 (231- 244).
- Martin, C. L., (1992), "Perspectives of Service Consumers, their Multiple Roles and Challenges" Journal of Consumer Studies and Home Economics 16, (139 -149).
- Majone, G., and Wildavsky, A., (1978), "Implementation as Evolution" in H.E. Freeman (ed) Policy Studies Annual Review, Vol 2, Beverly Hills; Sage.
- Marshall, C., and Rossman G., (1989) (1st.Ed.), Designing Qualitative Research, London, Sage.
- Maynard-Moody, S., (1989), "Beyond implementation: Developing an institutional theory of Administrative policymaking", Public Administration Review March/ April (137-143).
- Maynard-Moody, S., Musheno, M., and Palumbo, D., (1990), "Street Wise Social Policy; Resolving the Dilemma of Street-Level Influence in Successful Implementation" Western Political Quarterly, March 1990, (833 -848).
- Mazmanian D.A., and Sabatier P.A., (1983), Implementation and Public Policy Glenview, Ill., Freeman.
- Means, R. and Harrison, L. (1988) Community Care : Before and After the Griffiths Report, London, Association of London Authorities.
- Means, R., and Smith , R., (1994) Community Care: Policy and Practice London, McMillan.
- Miles, M.B., and Huberman, A.W., (1994), Qualitative Data Analysis Sage, London.
- Miller, H., (1990), "Weber's action theory and Lowi's policy types in formation. action and implementation", Policy Studies Journal, Vol. 18, No 4.
- Ministry of Health, (1948), Childrens Act 1948, London, H.M.S.O.
- Ministry of Health, (1948), National Assistance Act 1948, London, H.M.S.O.

- Ministry of Health, (1956), Report of the committee of enquiry into the cost of the National Health Service ( Chairman C.W. Guillebaud) Cmd. 9663 London , H.M.S.O.
- Ministry of Health, (1959), The Mental Health Act, London H.M.S.O.
- Ministry of Health, (1962), A Hospital Plan for England and Wales, Cmnd 1604 H.M.S.O. London.
- Ministry of Health, (1962), The Health and Welfare Report , H.M.S.O., London.
- Ministry of Health, (1970), The Chronically Sick and Disabled Persons Act. London, H.M.S.O.
- Murphy, J., (1973), "The education bureaucracies implement novel policy", in A. Schindler (ed) Policy and Politics in America, Boston, Mass., Brown.
- Nakamura, R.T.,(1987), "The textbook policy process and implementation research" Policy Studies Review, Vol7. (142-154).
- Niskanen, W.A., (1971), Bureaucracy and Representative Government, Chicago, Adline Atherton.
- Nixon., J., (1993), "Implementation in the hands of senior managers; community care in Britain" from" M.Hill (ed), New Agendas in the Study of the Policy Process, Hemel Hempstead: Harvester Wheatsheaf .
- O'Toole, L., and Mountjoy , R. S., (1984) "Introrganisational Policy: A Theoretical Perspective." Public Administration Review, 44, Nov /Dec. (491-503).
- O'Toole, L.J., (1986), "Policy recommendations for multi actor implementations" Journal of Public Policy, 6. (181-210).
- Ogbonna, E., (1996), "Managing organisational culture: Fantasy or reality" in J.Billsberry, (1996)(ed.) The Effective Manager, London, Sage.
- Oldman, C., (1991), Paying for Care: Personal Sources of Funding Care, York, Rowntree.
- Palumbo, D.J., and Hallett , M.A., (1993), "Conflict versus Consensus Models in Policy Evaluation and Implementation", Evaluation and Programme Planning, 16 (11-16).
- Palumbo, D., Maynard-Moody, S. and Wright, P., (1984), "Measuring Degrees of Successful Implementation: Achieving Policy Versus Statutory Goals." Evaluation Review, Vol 8, No. 1 (45 -74).
- Palumbo, D., and Oliverio, A., (1989), "Implementation Theory and the Theory-Driven Approach to Validity." Evaluation and Programme Planning, Vol. 12, No. 4 (337-344).
- Peters, T.J., and Waterman R.H., (1982), In Search of Excellence, New York, Harper Row.
- Petr, C.G., (1991), "A Consumer Friendly Model of Implementation." Administration in Social Work, Vol 15 (10) (67 -82).

- Pollitt, C., (1990), Managerialism and the Public Services: The Anglo - American Experience, Oxford, Blackwell.
- Potter, J., (1988), "Consumerism in the Public Sector." Public Administration, 66, 2 Summer (149-163).
- Pressman, J., (1975), Federal programmes and City Politics, Berkeley, U. of California Press.
- Pressman, J. L., and Wildavsky, A., (1973), Implementation, Berkeley, U. of California Press.
- QSR NUD.IST. (1994), Qualitative Data Analysis for Research Professionals. London, Sage
- Ray, C. A., (1986), "Corporate Culture: The Last Frontier of Control" Journal of Management Studies ; vol 23 no. 3 (287-97).
- Rein, M., and Rabinowitz F.B., (1978), "Implementation: a theoretical perspective" in W.D Burnham and M.W. Wienberg (eds) Implementing Public Policy, Lexington, M.A. Heath.
- Ridley, N., (1988), The Local Right: Enabling not Providing, London, Centre for Policy Studies.
- Ripley, R.B. and Franklin, G.A., (1982), Bureaucracy and Policy Implementation" Homewood Ill., Dorsey.
- Rossi, P.H., and Freeman, H.E., (1989), Evaluation-A Systematic Approach London, Sage.
- Sabatier, P.A., (1986), "Top-Down and Bottom-Up approaches to implementation research : A critical analysis and suggested synthesis", Journal of Public Policy, 6 ( 21 -48).
- Sabatier P.A., and Mazmanian, D., (1979), "The conditions of effective implementation: a guide to accomplishing policy objectives." Policy Analysis 5, (481 - 504).
- Sabatier P.A., and Mazmanian, D., (1980), "The implementation of public policy: A framework for analysis", Policy Studies Review Annual , 4 (182-203).
- Salamon, L., (1981), "Rethinking public management : third party government and the changing forms of government action", Public Policy 29 (3), (255 -275).
- Schien, E.H., (1985), Organisational Culture and Leadership, San Francisco, Jossey-Bass.
- Schorr, A., (1993), Personal Social Services - An Outsiders View, York, Rowntree,
- Scott, W.R., and Meyer J.M., (1984) "The organisation of societal sectors" in "J.W. Meyer and W.R. Scott (eds), Organisational Environments (129- 153) Sage, Beverly Hills.
- Seebom, F. (Chair), (1968), Report of the Committee on Local Authority and Allied Personal Social Services H.M.S.O. , London. Cmnd. 3703.

- Simon, H., (1945) , Administrative Behavior, 2nd Edition, New York ,The Free Press.
- Smale, G., and Tuson, G., (1993), Empowerment, Assesment, Care Management and the Skilled Worker , London, N.I.S.W.
- Smiricich, L., (1983), "Concepts of culture ond organisational analysis." Administrative Science Quarterly, 28, (339-358)
- Stahl, M., (1981), "Toward a policy making paradigm of public administration" American Review of Public Administration, 15 (1) (7-15)
- Statz, T., (1961), The Myth of Metal Illness, New York, Harper.
- (1994), "Negotiating Care in the Community" , London, N.I.S.W.
- Stevenson, O., and Parsloe, P., (1993), "Community Care and Empowerment" , York., Rowntree.
- Stewart, J.D.(1986) "The New Management of Local Government" London, Allen and Unwin.
- Stewart, J. D. and Clarke M., (1987), "The Public Service Orientation-issues and dilemas" Public Administration ,Vol. 69, (p. 161 -177).
- Stewart, J. , and Walsh K., (1992) "Change in Public Sector Management", Public Administration 70, 4.
- Taylor, S.J., and Bogdan, R., (1984), Introduction to Qualitative Research: The Search for Meanings. New York, John Wills.
- Thompson, A., (1949) "The Problems of Ageing and Chronic sickness", British Medical Journal. 30 July ( p. 250 - 251).
- Thompson J.D., (1967), Organisations in Action, New York, McGraw Hill.
- Thrasher, M., and Dunkerley, D. , (1982), "A social exchange approach to implementation analysis" Social Science Information, vol 21 No3, (349-382).
- Thompson , P., and McHugh, D., (1989) Work Organisations, London,.MacMillan.
- Titmuss, R., (1968), Commitment to Welfare, London, Allen and Unwin.
- Van Horn, C.D., (1979), "Policy Implemenation on the Federal System" , Lexington MA, D.C. Heath.
- Van Meter, D. S., and Van Horn, C.E., (1975), "The policy implementation process : A conceptual framework" Administration and Society 6. (445 -488).
- Walsh, K., (1995), Competition, Contracting and the New Public Management, London, Macmillan.
- Walker, A., (1989), "Community Care" in M. McCarthy.(ed.) The New Politics of Welfare: An Agenda for Action for the 1990's. Basingstoke, Macmillan.
- Webb, A.,(1991), "Coordination, a problem in public sector management" Policy and Politics, vol 19, no. 4, ( 29-42.).

- Webb, A., and Wistow G. , (1982) , Whither State Welfare, London, RIPA.
- Weber, M., (1968), Economy and Society: An Outline of Interpretive Sociology" (Vol 1). New York : Bedminster.
- Wetherly, R., and Lipsky, M., (1977), Street-level Bureaucrats and Institutional Innovation Cambridge, Mass. M.I.T
- Williams, F. (1976) , "Implementation Analysis and Assesment", Policy Analysis 1(3) pp 531-566.
- Williams, F., (1989), Social Policy -A Critical Introduction, Cambridge, Polity Press.
- Wittrock, B., and De Leon, P., (1986) "Policy as a Moving Target: A call for conceptual realism", Policy Studies Review, 6, (44-60.)
- Wistow, G., (1990), Community Care Planning. A Review of Past Experience and Future Imperatives. CCI 3, London, DoH.
- Wistow, G., Knapp, M., Hardy, B., and Allen, C. (1992), " From providing to enabling: local authorities and the mixed economy of scial care." , Public Administration, 70, no 1, (25-46).
- Yeatman, A., (1987) "The concept of public management and the Australian state in the 1990's", Australian journal of Public Administration, 46, (339- 353).



# APPENDICES

# APPENDIX 1

## DOCUMENTARY SOURCES

The files of the authority were open to scrutiny and the author was on the circulation list for all internal publications. The only exemptions were those documents which were subject to some form of classification - personnel files, Part 2 documents for social services committees are examples of this category. It is not intended to list all the documents which were reviewed. The following were continually reviewed.

Social Services Committee documentation and minutes

Senior/ Strategic management group minutes and supplementary documentation from 1987.

District Managers Group minutes and supplementary publications from 1987.

District Management Team minutes for the six teams sampled from 1987.

All Policy and Planning section's internally published reports from 1987 (note that the name and function has changed several times during this period). This includes such matter as the quality standards, Care management packs and training programmes to prepare for care management.

Inspection Unit internal publications.

Personnel Unit internal publications.

Organisational Development team publications, memos and other communications from Dec. 1992.

"In House" monthly newspaper - "Target" and "Stellar"

## APPENDIX 2

**CONTACT SUMMARY FORM**

**NUMBER**

**TYPE .**

**VENUE**

**FACE TO FACE.....**

**DATE**

**PHONE .....**

**DATE TX'D TO INDEX**

**1. WHAT WAS THE SETTING ?**

**2. WHO WAS INVOLVED , WHAT WAS THEIR JOB /STATUS ?**

**3. DESCRIBE ANY EVENTS / CONVERSATION RELEVANT TO THE  
CONCEPTUAL FRAMEWORK?  
(N.B. PLEASE USE CODE )**

**4. WAS THERE ANY OTHER INFORMATION RELEVANT , INTERESTING  
OR IMPORTANT/**

**5. ANY INSIGHTS?**

**DOCUMENT SUMMARY FORM**

**NUMBER.....**

**SOURCE.....**

**DATE RECEIVED .....**

**TITLE / DATE OF DOCUMENT.....**

**DESCRIPTION .....**

**1. SUMMARY OF CONTENTS**

**2. IS THERE ANY INFORMATION CONCERNING THE CONCEPTUAL  
FRAMEWORK?  
N.B.USE CODES**

**ATTACH ORIGINAL IF IMPORTANT**

## APPENDIX 3

### CODING - STAGE 1

The coding scheme is derived from a scalar analysis of source material .  
It provides a means of categorising data for the first steps in the analysis of information.

DESCRIPTION	CODE	SUB	SUB/ SUB	SUB/ SUB/SUB
<b>1. POLICY MAKING</b>	<b>1</b>			
<b>What are the problems</b>		<b>1.1</b>		
Are the origins clear			1.1.1	
Are the problems dynamic			1.1.2	
Is there more than one			1.1.3	
<b>What are the political influences</b>		<b>1.2</b>		
Are there ideological influences			1.2.1	
is there a hidden political agenda			1.2.2	
Are there other political necessities			1.2.3	
Bargaining or conflict			1.2.4	
<b>What solutions were offered</b>		<b>1.3</b>		
Does the solution fit the problem			1.3.1	
Is it the only solution			1.3.2	
Is it symbolic			1.3.3	
Is there a change mechanism			1.3.4	
<b>What made or opened the policy window</b>		<b>1.4</b>		
<b>POLICY INSTRUMENTS</b>	<b>2</b>			
<b>What authority is there</b>		<b>2.1</b>		
Is authority appropriately			2.1.1	
What are the mechanisms for provision			2.1.2	
Is the authority conditional			2.1.3	
Is it focused			2.1.4	
<b>What resources are available</b>		<b>2.2</b>		
In what form			2.2.1	
Is amount sufficient			2.2.2	
Is provisional conditional			2.2.3	
Are resources secure over time			2.2.4	
Is there evidence of bargaining or conflict			2.2.5	
<b>What is the programme design</b>		<b>2.3</b>		
Is it appropriate to policy			2.3.1	
Is it in appropriate form			2.3.2	
Is definition " tight"			2.3.3	
Is it dynamic			2.3.4	

<b>CRITICAL ACTORS</b>	<b>3</b>	
<b>Implementing Agencies</b>	<b>3.1</b>	
Interests of dominant coalitions		3.1.1.
Availability of skills		3.1.2
Structure of organisation		3.1.3
Is there a fixer		3.1.4
What power is available		3.1.5
<b>Stakeholders</b>	<b>3.2</b>	
Type of relationship		3.2.1
How well organised		3.2.2
<b>DRIVING FORCES</b>	<b>4</b>	
<b>Economic Factors</b>	<b>4.1</b>	
What resources are available		4.1.1
<i>Type of resource</i>		4.1.1.1
<i>Amount of resource</i>		4.1.1.2
<i>Condition of supply</i>		4.1.1.3
What is the basis of supply		4.1.2.
<i>By rational measures</i>		4.1.2.1
<i>Historically</i>		4.1.2.2
<i>Barraging / conflict</i>		4.1.2.3
Are they stable over time		4.1.3
How are they divided		4.1.4
<i>Transaction costs</i>		4.1.4.1
<i>Opportunity costs</i>		4.1.4.2
<i>Productivity costs</i>		4.1.4.3
<b>Technical design</b>	<b>4.2</b>	
Is design a specific translation of intent		4.2.1
<i>Is intention clear</i>		4.2.1.1.
<i>Is it understood by service deliverers</i>		4.2.1.2.
<i>Is position clear</i>		4.2.1.3.
Does it follow philosophy of policy makers		4.2.2
Is design feasible / rational		4.2.3.
<i>Are resources supplied appropriately</i>		4.2.3.1
Is enough support provided		4.2.3.2
<i>Is the organisation design appropriate</i>		4.2.3.3
<i>Is support appropriate</i>		4.2.3.4
<b>What powers are available / used</b>	<b>4.3</b>	
Is power of sufficient cope		4.3.1
<i>Internal power</i>		4.3.1.1
<i>Power over other agencies</i>		4.1.1.2
Is the power focused on the implementation		4.3.2
<i>Is it used in self interest</i>		4.3.2.1
<i>Is it used for the implementation</i>		4.3.2.2
<i>Is it used to preserve the organisation</i>		4.3.2.3

Is there a fixer			4.3.3
What power do the stakeholders have			4.3.4
<i>Relative amount each have</i>			4.3.4.1
<i>To what use is it put</i>			4.3.4.2
<b>SERVICE DELIVERY SYSTEM</b>	<b>5</b>		
<b>Control mechanisms</b>		<b>5.1</b>	
Are structures adequate			5.1.1.
<i>Are staff adequate</i>			5.1.1.1.
<i>Are control structures appropriate</i>			5.1.1.2
Are processes adequate			5.1.2
<i>Are they practicable</i>			5.1.2.1
<i>Is the volume controlled</i>			5.1.2.2
<i>Can the processes be monitored</i>			5.1.2.3
<i>Are the processes planned</i>			5.1.2.4
<b>Resources</b>		<b>5.2</b>	
Are they adequate			5.2.1
Are they in the right form			5.2.2
Are there any restrictions			5.2.3
<b>Technical core</b>		<b>5.3</b>	
Is the structure appropriate			5.3.1
Are the elements appropriate			5.3.2
Is the culture appropriate			5.3.3
Is the organisational form appropriate			5.3.4
Are the processes usable			5.3.5
Are staff trained			5.3.6
<b>Inter-agency corporation</b>	<b>5.4</b>		
Are the agencies compatible centrally		5.4.1	
<i>Do interests coincide</i>			5.4.1.1
<i>Is the design compatible</i>			5.4.1.2
<i>Is there any resource competition</i>			5.4.1.3
<b>CORRESPONDENCE INDEX</b>	<b>6</b>		
<b>How is eligibility determined</b>		<b>6.1</b>	
Is it determined by objective rules			6.1.1
<i>Physical rules</i>			6.1.1.1
<i>Legal rules</i>			6.1.1.2
<i>Organisational rules</i>			6.1.1.3
Is it determined by other rules:			6.1.2
<i>Party / faction</i>			6.1.2.1
<i>Professional aims</i>			6.1.2.2.
<i>Organisational requirements</i>			6.1.2.3
<i>Peer group norms</i>			6.1.2.4
<i>Users requirements</i>			6.1.2.5
<i>Needs of the Admin system</i>			6.1.2.6
<b>How are services allocated</b>		<b>6.2</b>	
On basis of need			6.2.1
<i>Definition of need</i>			6.2.1.1.

<i>Who defines need</i>		6.2.1.2
<i>How is resource matched to need</i>		6.2.1.3
On basis of resource available	6.2.2	
<i>Definition of need</i>		6.2.2.1
<i>Who defines need</i>		6.2.2.2
<i>How is resource matched to need</i>		6.2.2.3
On basis of officials preference	6.2.3	
<i>How is need defined</i>		6.2.3.1
<i>Who defines need</i>		6.2.3.2
<i>How is resource matched to need</i>		6.2.3.3
<b>Do services match need</b>	<b>6.3</b>	
<b>STREET LEVEL BUREAUCRACY</b>	<b>7</b>	
<b>Conditions necessary</b>	<b>7.1</b>	
Conditions necessary	7.1.1	
<i>Too large workload</i>		7.1.1.1
<i>Inappropriate workload</i>		7.1.1.2
<i>Imposed time restrictions</i>		7.1.1.3
<i>Inadequate support</i>		7.1.1.4
<i>Inappropriate control mechanisms</i>		7.1.1.5
Management orientation	7.1.2	
<i>Conflicting objectives</i>		7.1.2.1
<i>Conflicting cultures</i>		7.1.2.2.
<i>collusion with street level bureaucrats</i>		7.1.2.3
Nature of task	7.1.3	
<i>Ambiguous goals</i>		7.1.3.1
<i>Lack of control over outcomes</i>		7.1.3.2
<i>Physical / emotional stress</i>		7.1.3.3
<i>conflicting role expectation</i>		7.1.3.4
<i>Unpredictability of tasks</i>		7.1.3.5
<i>Low public esteem</i>		7.1.3.6
<i>Fragmentation of task</i>		7.1.3.7
Conflicting value base	7.1.4	
<i>Conflict with management</i>		7.1.4.1
<i>Conflict with users</i>		7.1.4.2
<i>Conflict with public</i>		7.1.4.3
<i>Conflict with other agencies</i>		7.1.4.4
Lack of resources	7.1.5	
<i>Insufficient range</i>		7.1.5.1
<i>Insufficient quality</i>		7.1.5.2
<i>Inflexibility</i>		7.1.5.3
Distrust of management	7.1.6	
<b>Symptoms displayed</b>	<b>7.2</b>	
Alienation from users	7.2.1	
<i>Only works on segments</i>		7.2.1.1
<i>Cannot control outcomes</i>		7.2.1.2
<i>No control over resources</i>		7.2.1.3



<i>No control over work environment</i>		7.2.1.4
unofficial rationing procedures	7.2.2	
<i>Withholding information</i>		7.2.2.1
<i>Unofficial waiting lists</i>		7.2.2.2.
<i>Unofficial priorities</i>		7.2.2.3
<i>Private criteria</i>		7.2.2.4
<i>Oppressive procedures</i>		7.2.2.5
<i>Resource led allocation</i>		7.2.2.6
Control over work conditions	7.2.3	
<i>Withholding information</i>		7.2.3.1
<i>Unofficial waiting lists</i>		7.2.3.2
<i>Unofficial priorities</i>		7.2.3.3
<i>Private criteria</i>		7.2.3.4
<i>Oppressive procedures</i>		7.2.3.5
<i>Resource led allocation</i>		7.2.3.6
Control over work conditions	7.2.4	
<i>Unofficial peer control</i>		7.2.4.1
<i>Self determined work routines</i>		7.2.4.2
<i>Rationing</i>		7.2.4.3
<i>Private goal definition</i>		7.2.4.4
<i>Artificial outcome control</i>		7.2.4.5
<i>Perceived autonomy</i>		7.2.4.6
Measures to control clients	7.2.5	
<i>Labels / stereotypes</i>		7.2.5.1
<i>Official priorities</i>		7.2.5.2
<i>Screening</i>		7.2.5.3
<i>Resource control</i>		7.2.5.4
<i>Oppressive procedures</i>		7.2.5.5
<i>Worker bias</i>		7.2.5.6
Unofficial measures of success	7.2.6	
<i>Worker determined</i>		7.2.6.1
<i>Agency determined</i>		7.2.6.2
<i>Inter agency determined</i>		7.2.6.3
<i>Peer group determined</i>		7.2.6.4

## **EMPOWERMENT**

**8**

### **What shapes empowerment**

**8.1**

Is there a clear definition

8.1.1

*Is degree defined*

8.1.1.1

*Is range defined*

8.1.1.2

*Are there differences between clients*

8.1.1.3

*Is meaning clear*

8.1.1.4

Does the law restrict empowerment

8.1.2

*By category of client*

8.1.2.1

*By conditions/ circumstances*

8.1.2.2

Does category of client restrict

8.1.3

*By category*

8.1.3.1

*By conditions/ circumstances*

8.1.3.2

Do resources affect empowerment

8.1.4

<i>By type</i>	8.1.4.1
<i>By circumstances</i>	8.1.4.2
Does public pressure affect empowerment	8.1.5
Do worker skills affect empowerment	8.1.6
Does the will of worker affect empowerment	8.1.7
Does will of management affect empowerment	8.1.8
Are there any other circumstances	8.1.9
<b>Is there any other evidence of empowerment</b>	<b>8.2</b>

## APPENDIX 4

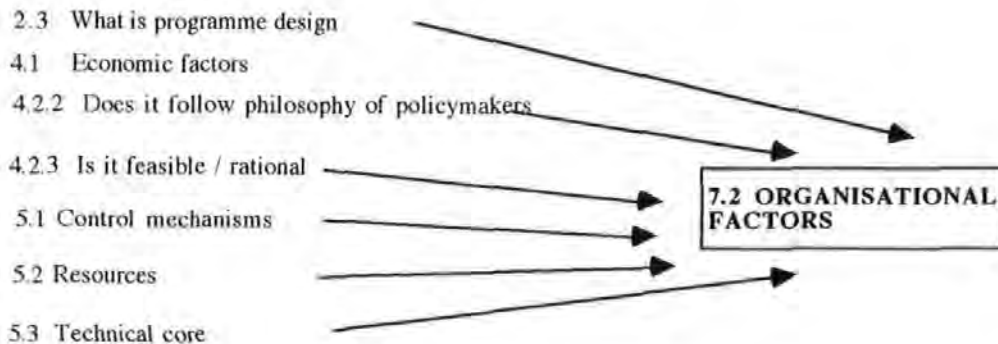
### Second stage coding -- pattern codes.

In order to reduce the data to manageable proportions , a method must be used to determine the elements to be more closely examined.

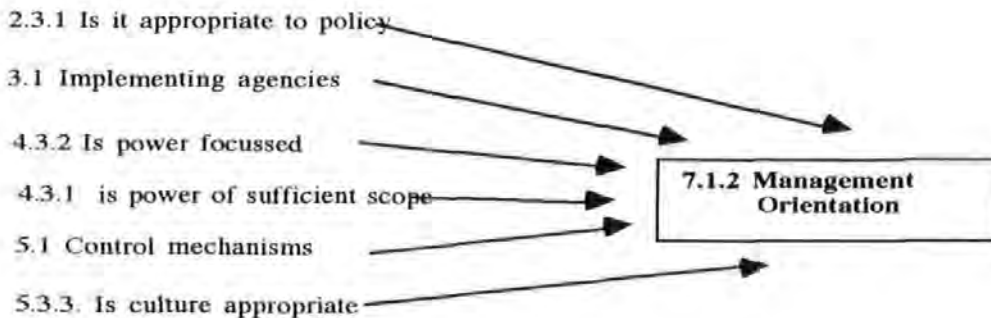
In this case , the first stage of the research leads the researcher to focus on certain areas. In order that this data be pulled " together a lot of material into a more meaningful and parsimonious units of analysis " ( Miles and Huberman) a series of "pattern codes" were developed. While first level coding may be seen as a method of describing and allowing the summarising of data , pattern coding is a way of grouping these into sets or themes.

The codes are identified by shortened versions i.e. **Orgfact = Organisational factors**

#### Orgfact



#### Manor



#### Eligibility



**Nata**

1.1 What are the problems

1.2.1 Is there a hidden political agenda

2.3.3. Is definition "tight"

3.2 Stakeholders

5.3 Technical core

5.4 Interagency cooperation

5.1 Control mechanisms

5.2 Resources

8.1 Nature of empowerment

**7.1.3 Nature of tasks**

A central box labeled '7.1.3 Nature of tasks' is the target of eight arrows pointing from the left. The arrows originate from the following text elements: '2.3.3. Is definition "tight"', '3.2 Stakeholders', '5.3 Technical core', '5.4 Interagency cooperation', '5.1 Control mechanisms', '5.2 Resources', and '8.1 Nature of empowerment'. The arrow from '1.1 What are the problems' points towards the top right, and the arrow from '1.2.1 Is there a hidden political agenda' points towards the top right, both appearing to converge towards the central box area.

**Conval**

1.1 What are the problems

1.2 What are the political influences

4.2 Technical design

4.3 What power is available

5.4 interagency cooperation

8.1 Nature of empowerment

**7.1.4 Conflicting value base**

A central box labeled '7.1.4 Conflicting value base' is the target of six arrows pointing from the left. The arrows originate from the following text elements: '1.1 What are the problems', '1.2 What are the political influences', '4.2 Technical design', '4.3 What power is available', '5.4 interagency cooperation', and '8.1 Nature of empowerment'.

**Serval**

5.2 Resources

5.3 Technical core

5.4 Interagency cooperation

7.2 Symptoms of s-l-b

**6.2 How are services allocated**

A central box labeled '6.2 How are services allocated' is the target of four arrows pointing from the left. The arrows originate from the following text elements: '5.2 Resources', '5.3 Technical core', '5.4 Interagency cooperation', and '7.2 Symptoms of s-l-b'.

## **Empow**

2.3.3. Is definition tight

4.2 Technical design

5.3 Technical core

5.4 interagency cooperation

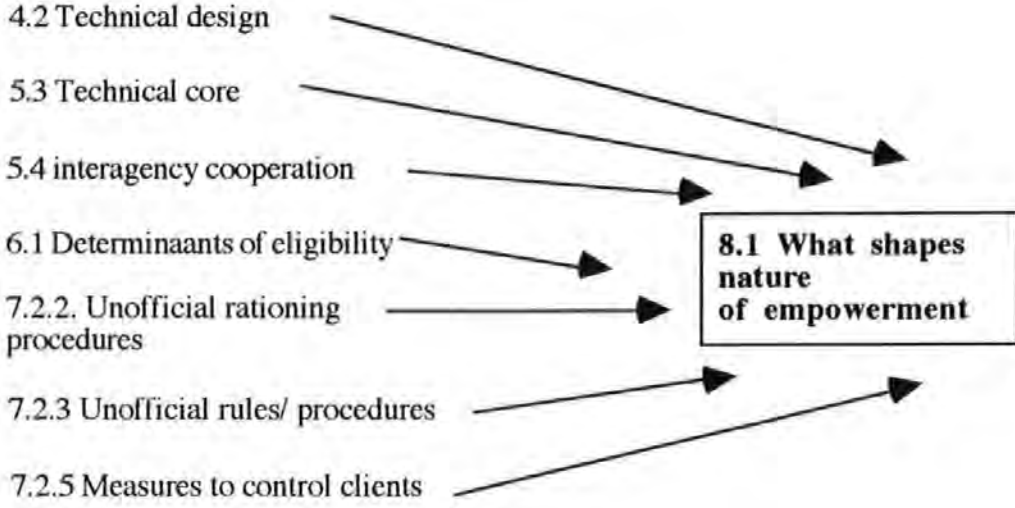
6.1 Determinaants of eligibility

7.2.2. Unofficial rationing procedures

7.2.3 Unofficial rules/ procedures

7.2.5 Measures to control clients

**8.1 What shapes nature of empowerment**

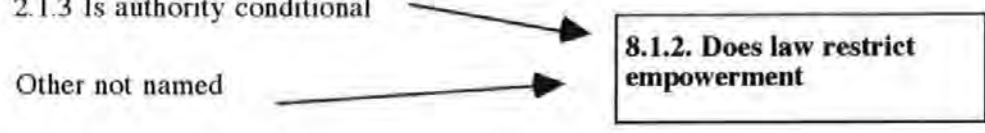


## **Law emp**

2.1.3 Is authority conditional

Other not named

**8.1.2. Does law restrict empowerment**



## **Cliemp**

1.2 What are political influences

4.2 Technical design

5.2 Resources

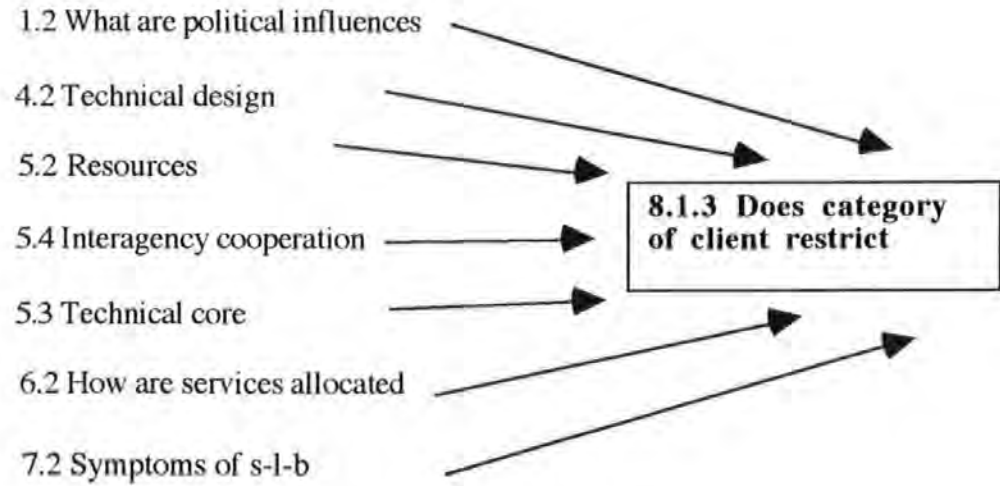
5.4 Interagency cooperation

5.3 Technical core

6.2 How are services allocated

7.2 Symptoms of s-l-b

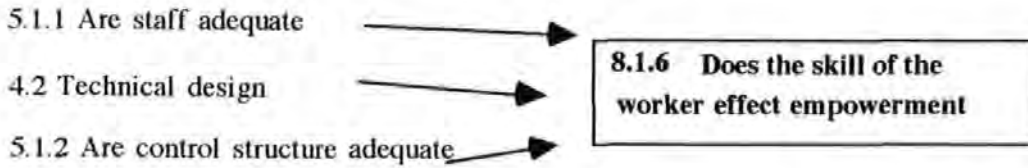
**8.1.3 Does category of client restrict**



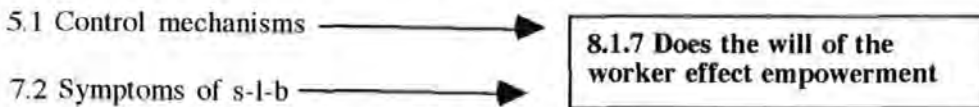
**Pubemp**



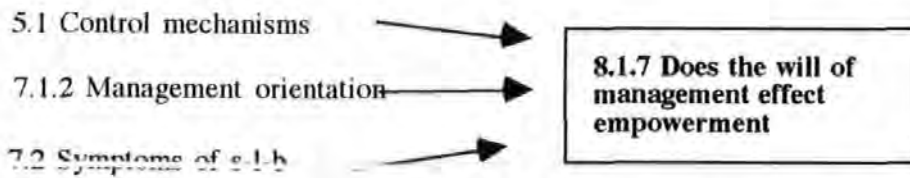
**Workemp**



**Wilwor**



**Wilemp**



# APPENDIX 5

## PILOT INTERVIEW SCHEDULE

CODE

DATE

VENUE.

### 1. DRIVING FORCES.

#### 1.1 TECHNOLOGICAL SPECIFICATION

1.1.3 Organisation of the department- Is the Dept. organised so as to facilitate Care in Community.

*Prompt. Needs led, definition of need, consumer choice, rationing,*

#### 1.2. ECONOMIC

1.2.1. Where has the extra money (for care in the community ) gone

*Prompt staff or resources, why, transaction or opportunity costs i.e. what has to be foregone.*

#### 1.3. POWER RELATIONS.

1.3. HOW IS THE IMPLEMENTATION CONTROLLED.

*Prompt methods of control, paperwork, financial, power of managers., other agencies, private homes*

### 2. SERVICE DELIVERY SYSTEM.

#### 2.1. TECHNICAL CORE.

2.1. IS ORGANISATION APPROPRIATE.

*Prompt purchaser provider, team as well as dept. pace of change , extent of change, is management's view same as workers., financial systems*

2.1 NEW ROLES/INDIVIDUAL CONTROL

*prompt new tasks, training, info tech, prepared both in sense of trained and willing, methods of control, quality standard., paperwork, how are outcomes measured. standards of success.*

2.1 IS CHANGE PLANNED / ORGANISED.

2.1 ELIGIBILITY.

*Prompt. who is eligible, ore criteria objective , what needs are assessed,*

**2.2 NETWORKS**

2.2 INTER, INTRA AND EXTRA ORGANISATIONAL NETWORKS.

*.2Prompt look for bargaining at all levels.*



## APPENDIX 6

**Confidential**

**Draft questionnaire serial no.....**

**Code.**

**Instructions**

This questionnaire is in two parts.

**Part A**

Is designed to find out what you believe the attributes of those who use or wish to use Services . In order that this can be done, I have listed a number of things which make up a profile of a persons ability to participate and be empowered in the care management process. They run on a scale from those who are able to take a full part in the process - the true consumer - to those who are not able for any reason.to take a full part in the process. It is recognised that no one will fit neatly into one category, but pick the one which, in your opinion, is nearest to the person described below.

**Question 1**

Using the profiles given overleaf indicate , by ticking the appropriate box, how you would describe the attributes of the following groups of persons.

TYPE OF PERSON	CATEGORY					
	A	B	C	D	E	F
a. an elderly mentally infirm person						
b. a person with a learning disability						
c. a person with a physical or sensory disability						
d. an elderly infirm person						
e. a person with mental health difficulties						
f. a carer of any of the above.						

**Question 2.**

Would any of the definitions be different if the person matched any of the following conditions . Please indicate how you would describe the attributes if any of the following conditions apply .Insert the letter which most closely matches the attributes of the person under the new conditions.

CONDITION	TYPE OF PERSON					
	a	b	c	d	e	f
a. There is a risk to themselves or others if action is not taken.						
b. There is a statutory requirement to take action.						
c. The person has sufficient resources to fund their own help						
d. Inaction would place you at some risk of censure						
e. Inaction would place the department at some risk of censure.						

<p><b>A</b></p>	<p>Clear unrestricted access to any services          No physical or cultural impediments to access          Full range of information is available to all potential users, their carers or advocates in a form they          A quick simple method of redress is available, which has some effect on the design of future services          The user can distinguish between both suppliers and kinds of service          The views of consumers are represented at all levels of decision and policymaking</p>
<p><b>B</b></p>	<p>Clear rationing procedure understood by consumers          No physical or cultural impediment          Can choose between the kind of service, but not who supplies it          Information is available, but not easily accessible          A quick simple method of redress is available, which staff support          The views of the consumer are represented at all levels of decision making</p>
<p><b>C</b></p>	<p>Rationing procedures understood by staff but not by users          Some physical impediments to access          Can choose kind of service, but agency limits supplier          Limited range of information available          A method of redress exists which is supported by staff.          The views of the consumer are represented to a limited extent</p>
<p><b>D</b></p>	<p>Rationing procedures understood by staff but not by users          Some physical and cultural barriers to access          Can only choose between limits set by agency          Limited range of information available but not accessible          The views of the user are only taken into account in specific ways</p>
<p><b>E</b></p>	<p>Rationing procedures not understood          Some physical and cultural barriers          Agency chooses supplier and limits range and type          A limited amount of information is available but not understandable          The views of the consumer are not considered</p>
<p><b>F</b></p>	<p>Rationing procedure not understood          Many physical and cultural barriers to access          Agency determines type and suppliers of service          Little information is available          No method of redress is available          The views of the user are specifically disregarded</p>

**CONFIDENTIAL**

**QUESTIONNAIRE PART B.**

**SERIAL NO.....**

**DATE**

NO	QUESTION	YES	NO
1.	Is the paperwork (a) understandable		
	(b) helpful		
2.	Do you feel that the paperwork acts as a check on your work		
3	Are enough resources available to meet client need		
4	Are they in a form which is appropriate		
5.	Is your workload of a manageable size		
6.	Did you get enough training in (a) paperwork /processes		
	(b) I.T.		
	(c) Finance		
7	Is the way the Department organised right for the job		
	(a) as required by senior managers		
	(b) to facilitate a needs led approach		
8.	Are the budgets allocated appropriately		

9.	Is your work checked (a) for compliance with the appropriate processes		
	(b) that the needs of the client are met		
10	Are the new tasks appropriate to your professional qualification / and or the job description		
11.	Do you think the care management processes assist you in assessing and meeting client need		
12	Is Care in the Community only about meeting client need - if no give other reasons		
13	Do you know when you are successful		
14	Is there a Departmental standard for success - please define		
15.	Is there a Team standard for success - if so please define		
16.	Do you understand the priorities of the department		
17	Do users and potential users understand the priorities of the department		
18	Do you agree with the priorities		

19.	Do you think that there are any hidden priorities - if so what are they		
20.	Has the implementation led you to be less satisfied with your work - if so in what ways		
21.	Is the organisational form appropriate to the tasks it has to perform		
22.	Are the arrangements with other agencies such as to make the your task easier.		
23	Are these arrangements such as to benefit the user		
24.	Do you know who is eligible to receive services		
25.	Are you able to decide who gets what services		
26.	What needs are assessed	(a) Normative	
		(b) Expressed	
		(c) Comparative	
		(d) Felt	
27.	Does the process empower the client		
28	Do you think that Senior Managers can control outcomes		

29.	What needs are met	(a) Normative	
		(b) Expressed	
		(c) Comparative	
		(d) Felt	

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