



Revisiting 'Street-Level Bureaucracy' in Post-Managerialist Welfare States

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PhD

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REVISITING 'STREET-LEVEL BUREAUCRACY' IN
POST-MANAGERIALIST WELFARE STATES: A
CRITICAL EVALUATION OF FRONT-LINE DISCRETION
IN ADULT SOCIAL CARE IN ENGLAND

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K.A. ELLIS

ABSTRACT

The thesis set out in this submission is drawn from six of the candidate's publications, based in turn on empirical findings from four research studies of adult social care in England spanning the period 1992 - 2006. As a body of work, it interrogates the validity of Lipsky's (1980) conclusions about the origins and nature of 'street-level bureaucracy' in the wake of subsequent welfare restructuring. The earlier studies pay particular attention to the impact of managerialisation on frontline assessment practice amongst adult social work teams following implementation of the 1990 National Health Service and Community Care Act. Later studies tackle a further challenge to Lipsky's thesis of street-level bureaucracy, that is, the potential for a change in the nature of the exchange relationship between street-level bureaucrat and client in the light of the insertion of service user involvement, empowerment and rights into governance arrangements after 1990, including adult social care.

The candidate argues that the ethnomethodological approach adopted in three out of the four studies has yielded rich data on frontline practice of a type screened out by much contemporaneous research on the impact of social care reforms. Taken together with the span of the research studies over some fifteen years, this has supported not only a detailed analysis of the relationship between the micro-politics of assessment practice and key features of the differing environments within which they occur but also their articulation with changing modes of welfare governance. Discourse analysis of interview findings from the remaining study has permitted insights into the way social workers integrate thinking about human and social rights into their everyday assessment practice.

The candidate summarises her three-fold contribution to the literature in a taxonomy derived from the research findings which serves, firstly, to articulate the relationship between core dimensions of the policy and practice environment and the differing forms of frontline discretion to emerge after 1990; secondly, to explore the impact of user empowerment and rights on the distribution of resources; and, thirdly, to evaluate the continuing relevance of 'street-level' bureaucracy for understanding frontline social work practice. She concludes by sketching out possible future directions for her work.

In memory of my parents

LIST OF CONTENTS

Abstract

List of contents.....	i
List of illustrations.....	ii
1. Introduction.....	1
2. 'Street-level bureaucracy' in post-managerialist states: a review of the literature..	1
2.1 Street-level bureaucracy.....	1
2.2 Transforming welfare bureaucracy.....	4
2.3 Empowerment and rights.....	6
2.4 Frontline discretion revisited.....	8
3. A note about methodology.....	11
4. Contribution of candidate's work to field of study: a critical evaluation.....	13
4.1 Contextual influences on front-line discretion.....	15
4.2 Impact of empowerment and rights on assessment practice.....	18
4.3 Street-level bureaucracy in post-managerialist welfare states.....	22
4.4 Remodelling frontline discretion.....	25
4.4.1 The practitioner.....	27
4.4.2 The bureau-professional.....	29

4.4.3 The street-level bureaucrat.....	31
4.4.4 The paternalistic professional.....	33
5. Conclusion.....	35
Appendix 1 List of published works	I
Appendix 2 The research studies.....	II
Appendix 3 Analysis of citations	V
Appendix 4 The published works	
List of references	

List of illustrations

Figure 1 A taxonomy of frontline discretion in adult social care.....	26
Table 1 List of citations.....	V

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1. Introduction

In this submission accompanying the published work the candidate first briefly reviews the literature on the implications of social care restructuring in 1990 for the nature and scope of social work discretion, particularly as they relate to Lipsky's (1980) work on street-level bureaucracy. Following a note about the methodological approach used in three out of the four studies reported in the published work (see Appendix 1 and 2), the candidate offers an analysis of her findings on the changed and changing nature of frontline discretion by reference to three principal factors: the differing contexts of practice; the negotiation of user empowerment and rights; and the impact of managerialist technology. This prepares the ground for a taxonomy developed for the accompanying submission which presents four distinct types of discretion exercised by frontline social workers in their assessment practice. In a concluding section she summarises her claims for an original contribution to the literature as well as highlighting the direction the work might be developed in the future.

2. 'Street-level bureaucracy' in post-managerialist states: a review of the literature

2.1 Street-level bureaucracy

'Street-level bureaucracy' is a term coined by Michael Lipsky to describe a pattern of behaviour observed amongst frontline staff who act as intermediaries between the client and the public bureaucracy which employs them. Published in 1980, his book *Street-level Bureaucracy: dilemmas of the individual in public services* provides a detailed account of the

enabling conditions which give rise to this behaviour and its consequences, both for policy making and the distribution of public resources.

The phenomenon of street-level bureaucracy is embedded within bureau-professionalism, a mode of social administration which dominated the heyday of welfarism between the 1940s – 1970s (see Clarke and Newman 1997). According to a classic Weberian formulation of bureaucracy in liberal democracies, bureau-professionalism holds in tension two sources of authority within welfare administration. Hierarchical authority is legitimated by parliamentary government and the rule of law, but authority is also exercised from the bottom up by professionals who draw on expertise conferred by state-accredited training. Consequently, frontline welfare professionals simultaneously operate within a framework of neutral and impartial rules designed to ensure an equitable distribution of resources and use their discretionary authority to respond flexibly and appropriately to client need.

Taylor and Kelly (2006) distinguish three interrelated types of frontline discretion at work here. 'Value discretion' entrusts bureau-professionals with making sound and ethical judgements by virtue of their professional training and codes of conduct. When required to make judgements in situations which are too unpredictable or complex for bureaucratic categorisation, or carry out prescribed yet multi-dimensional tasks appropriately, their professional status authorises the exercise of 'rule' and 'task' discretion respectively. The arena of social care within which the candidate's research studies are located provides an illustration of the interplay between these sources of discretion. Social workers conduct expert assessments within the parameters of agency eligibility criteria based on standardised definitions of need in order to form a judgement about individual clients; and they may legitimately challenge bureaucratic rules by advocating on behalf of a client whose needs fall outside their scope.

Lipsky (1980), however, challenges normative accounts of welfare bureaucracy by highlighting the combination of high levels of uncertainty and weak accountability which extends the exercise of front-line discretion beyond its legitimate scope. According to Lipsky,

it is not just that street-level bureaucrats must apply rules to complex and unpredictable client situations but that the rules themselves are multiple, ambiguous and frequently contradictory. Insofar as top-down control over frontline decision making is simultaneously constrained, he demonstrates that even if the inherent difficulty in defining the objectives of, and therefore measuring, performance can be overcome, the agency legitimately afforded to street-level bureaucrats by virtue of their professional status is stretched by managers' inability to observe or obtain information about frontline practice. In terms of the classic tension between bureaucracy and professionalism, he concluded that neither could curtail the forces of street-level bureaucracy.

Discretion, as Adler and Asquith (1981) observe, involves both power and choice. That street-level bureaucrats 'choose' to exercise their discretion in negative, even punitive, ways rather than according to altruistic values is, Lipsky maintains, a product of the high level of expectations and demands made on front-line professionals relative to the limited resources at their disposal. In the case of social care in Britain, the unification of social services departments in 1970 was described by Langan (1993) as the 'high tide of professional legitimacy'. Yet studies of social work practice undertaken in its wake (Hall 1974; Rees 1978; Smith 1980; Satyamurti 1981) paint a similar picture of the low salience of professional values and training in shaping frontline actions. Rather the imperatives of resource management dictated that rule and task discretion were exercised in ways which served to protect frontline staff and control client behaviour.

Two key implications for policy analysis can be identified. Firstly, street-level bureaucracy challenges the liberal democratic view of a separation between policy and implementation. So far from policy specified by elected politicians being passed down through bureaucratic hierarchies for implementation, policy is made at street-level. In Lipsky's much quoted words: 'The decisions of street-level bureaucrats, the routines they establish and the devices they invent to cope with uncertainty and work pressures, effectively become the public policies they carry out' (Lipsky 1980: xii). Secondly, the informal rationing embedded in street-level

bureaucrats' routine practices has consequences for the equitable allocation of resources. Whilst the latter set of concerns drove the candidate's research, it is the first concern which lay at the centre of welfare restructuring in the 1980s and 1990s.

2.2 Transforming welfare bureaucracy

The candidate's first two studies (see Appendix 2) were undertaken during a period of transformation in welfare administration from bureau-professionalism to new public management. To some extent Lipsky prefigured the threat that greater formalisation represents to frontline discretion by highlighting the increase in control functions necessitated by a greater requirement for accountability and formal reporting at times of fiscal crisis (1980: 159-160). Similar observations have been made about the penetration of frontline practice by corporate management techniques within social services departments in Britain during the 1970s (Lewis and Glennerster 1996). The restructuring of welfare states in the period following publication of Lipsky's work, however, arguably represents a qualitative shift in social administration in Britain and elsewhere which challenged the discretionary authority of frontline staff, whether operating as professionals or as street-level bureaucrats.

Welfare restructuring in the 1980s and 1990s represents a move away from the formal authority of government to governance with and through networks of interdependent actors and institutions (Newman 2001; Radcliffe and Dent 2005). Mimicking developments within the private sector, power was simultaneously devolved yet centralised in tight-loose organisational systems. Whilst the role of government was now to enable rather than directly manage, political control over strategy and administration was maintained through policy and implementation frameworks set by central government. Central to the implementation of widespread marketisation in the new mixed economy of welfare were neo-Taylorist management techniques drawn from the private sector, notably in respect of contract and

performance management; and the new technology within which they were embedded was key to the management of human and physical resources.

In the case of social care, assessment and care management systems introduced by the 1990 National Health Service and Community Care Act (NHSCCA) threatened to undermine the traditional purposes of social services departments which gave meaning to professional identity. As Sapey (1997) observes, computerised systems designed to align frontline decision making to eligibility criteria changed the primary task of social services departments from providing welfare to collecting data in order to determine eligibility for that provision. Such systems not only fractured the holistic professional task of assessing need and developing appropriate provision, but limited the concept of need itself to a circular definition of capacity to benefit from services (Ellis *et al* 1999). Indeed, the formerly positive notion of need as deficits to be made up to the individual (Kemshall *et al* 1997) was displaced as the primary distributive device by risk which was itself negatively defined as the danger of not intervening to prevent harm arising out of need. This privileging of instrumental rationality restricted the communicative activity of social work and the reflective nature of professional understanding (Froggett and Sapey 1997), an erosion of authority signalled by the use of the generic term 'practitioner' rather than social worker in government guidance on assessment and care management systems (Cheetham 1993).

The detailed prescription of systems and procedures within the new social care also heralded the curtailment of bureaucratic forms of frontline discretion. Designed to tackle the uncertainty and ambiguity associated with rule and task discretion, devices such as computerised client information systems and assessment proformas aligned practitioners' decision making with budgetary limits and eligibility criteria. Henman (1997) has described new technology as the 'ideal bureaucrat'; and, certainly, when Lipsky (1980) highlighted the uncertainty of managerial sanctions he had not anticipated the potential of computerised information systems to eliminate ambiguity in front-line decision making. Furthermore, to the extent that the objective of achieving cost efficiency involves less, and more controllable,

variables than meeting need, and to the extent that managing information about resources is prioritised over measuring interactions between professionals and clients, then Lipsky's observation that managerial sanctions are ineffective in controlling street-level bureaucracy became less pertinent.

2.3 Empowerment and rights

The restructuring of social care under New Right governments in the UK also promised to change the nature of the exchange relationship between bureau-professionals and those seeking access to social welfare. In considering the scope for client-citizens to curtail frontline discretion, Lipsky (1980) argued, firstly, that clients were protected from bureau-professional authority by procedural rights to fair treatment in accordance with the norms of due process underlying bureaucratic rules; and, secondly, that citizens exercised civil, social and political rights, at both individual and collective levels. In practice, however, Lipsky found that the potential for client-citizens to exert bottom-up control was limited by their low status, deference to professional expertise and dependency on resources controlled by frontline gatekeepers. Within the new social care, the consumer-citizen would be empowered through competitive market relations, bolstered by customer rights to obtain information about standards and procedures, express views on services and complain or seek redress (Boin *et al* 2006). Nor only did the transformation of clients into consumers reduce their dependency on professional expertise, but advocacy was simultaneously delegitimised by the elevation of rationing to a principle in assessment and care management systems.

The candidate's third and fourth studies (see Appendix 2) were conducted under New Labour governments whose *Modernising Government* programme represents a further shift in welfare administration. The pre-eminence of competitive market relations was challenged by a greater emphasis on consensual governance forms, such as partnerships and networks involving communities served by public service managers (Radcliffe and Dent 2005). The

contours of citizenship changed in tandem as the self-regulatory citizen displaced the citizen-consumer. Scourfield (2007) argues that the transformation of social care users into active, responsible and enterprising citizens is an identity given expression in the promotion of personalised care, both through an extension of direct payments and the recent piloting of individual budgets. Whilst disability writers and activists were dismissive of notions of either professional or consumer empowerment, this is a discursive shift which finds resonance with their demands for independent living; just as the protection of active citizenship by strengthening anti-discrimination and human rights legislation is consonant with the privileging of civil over social rights by disability movement and present government alike (Ellis 2005).

The impact of these more recent changes in welfare governance on bureau-professional authority is less clear-cut. On the one hand, equal opportunities and human rights legislation is compatible with the ethical codes of equality and respect for the individual underlying social work (Ellis 2004; Healy 2007). Even more significantly, the dominant social work principle of fostering self-reliance resonates with the ethos of encouraging personal responsibility which underlies both policy shifts towards cash for care and practice objectives of promoting independence (Ellis 2007). On the other hand, as Noble (2005: 301 in Taylor and Kelly 2006: 636) notes, the result is that social work no longer offers a “dissenting” position to New Labour’s policies; and the threat of litigation posed by human rights, together with the positioning of social workers in a supportive rather than expert role in respect of direct payments, represent additional challenges to bureaucratic and professional authority alike (see Ellis 2004; 2007). That authority is potentially further eroded both from the top down by a significant expansion in the regulatory apparatus of performance management under the current government (Langan 2000; Humphrey 2003; Newman 2001) and from the bottom up by community governance involving direct citizen participation in running services (Askheim 2003; Newman and McKee 2005; Taylor and Kelly 2006).

2.4 Front-line discretion revisited

The churn of restructuring and modernisation has therefore thrown into doubt the nature and scope of frontline discretion in contemporary social care, particularly around the interplay between competing sources of power and authority vested in the manager, the professional, the street-level bureaucrat and the service user. A brief review of the literature developed in consideration of these issues is offered here in preparation for later sections which provide a fuller evaluation of the candidate's contribution to this area of study.

An observed shift from a professional to an administrative culture (Clarke and Newman 1997; Dustin 2006; Evans 2007; Hill and Hupe 2005; Parton 1996; Postle and Beresford 2007) is in line with a broader threat to value discretion posed by the displacement of knowledge-based practice based on trust in expertise by skill- and task-based practice based on confidence in managerial disciplines (Alexander and Richmond 2007). From this perspective, the bureau-professional discretion at the centre of Lipsky's thesis has been curtailed by the routinisation and supervisory control of frontline practice (Howe 1991), particularly where underpinned by information technology (Bovens and Zourdis 2002). Some conclude that, in consequence, social workers are now more likely to follow rules than act in accordance with ethical codes of conduct (Harris 1998; Leigh and Miller 2004; Lymbery 2003; McBeath and Webb 2002). In the case of the largest group of service users, older people, Lymbery maintains that new assessment and care management systems reinforce a long-standing tendency amongst social workers to regard such work as an administrative and technical rather than professional task (Lymbery 1998; 2006).

Other writers, however, argue that frontline practitioners are still accorded discretion to operate legitimately as bureau-professionals, a form of power which can also give rise to street-level bureaucracy. Harrison and Smith (2003) maintain that institutional and professional governance geared to risk management is primarily directed at social care providers; and, as such, has only limited impact on interactions between service users and

professional practitioners on the ground. A number of writers attest to the continuing relevance of Lipsky's observations about frontline rule and task discretion by arguing that not only do situations continue to arise which are not covered by procedures (Evans and Harris 2004; Handler 2006; Maynard-Moochy and Musheno 2003) but that, paradoxically, insofar as a proliferation of rules, roles and responsibilities are likely to be conflicting, imprecise and ambiguous the scope for their interpretation enhances rather than restricts frontline discretion (Alaszewski and Manthorpe 1998; Baldwin 1998; Evans 2007; Evans and Harris 2004). Supervision is simultaneously constrained not just because there is scope for interpreting, or indeed breaking, rules but because frontline practice still occurs away from managerial scrutiny (Brandon 2005a; Evans and Harris 2004; Taylor and Kelly 2006). Critically, bureau-professionals retain their resource power as gatekeepers to services (Tanner 1998); and, in social care, assessment not only remains the key process by which access to resources is gained but it is still a largely private negotiation between assessor and service user (Foster *et al* 2006).

In addition to bureaucratic discretion, contemporary service design and delivery not only permit but require the exercise of professional judgement in frontline practice (Evans and Harris 2004; Foster *et al* 2006; Taylor and Kelly 2006). As Taylor and Kelly (2006) point out, social inclusion and equal opportunities agendas rely on traditional notions of promoting procedural and social justice even as new forms of governance elicit new forms of value discretion based on the entrepreneurial skills professionals require to manage the shift towards partnership working and community governance. Frontline practice continues to draw on traditional social work skills insofar as risk, just like need, has to be assessed (Crisp *et al* 2006; Bowes 2006; Tanner 1998; Waterson 1999). In similar vein, Dustin (2006) suggests that casework skills are central to interdisciplinary collaboration, although Lymbery (2006) argues that social workers' role in relation to partnership working is valued less for its professional than for its gatekeeping dimensions.

Yet even if the challenge to social work skills and knowledge represented by greater formalisation can be countered, it remains possible that the exercise of value discretion in everyday practice is undermined by the imperatives of street-level bureaucracy. The studies of social work practice after the last major restructuring of social care in 1970, cited earlier, suggest that where the conditions for street-level bureaucracy exist, the knowledge base and skills underpinning value discretion have low salience in frontline practice. In accordance with new public management orthodoxy, a raft of implementation guidance accompanying the NHSCCA charged managers with the dual task of effecting cultural change in accordance with consumerist values and enforcing the disciplinary apparatus of performance management. This was suggestive of discretionary spaces beyond the reach of neo-Taylorist technology within which several of the key enabling conditions for street-level bureaucracy were recreated by a familiar combination of conflicting priorities for frontline practice together with the imperative to exercise discretion defensively (Ellis 1993: 6-10). In another contemporary discussion of new arrangements, Schorr (1992) argued that ambiguity about the possibility of delivering user choice and participation within a tightened rationing regime was as likely to lead to 'cognitive dissonance' amongst frontline professionals as a monoculture; and Lipsky identified occupational stress as a key trigger for street-level bureaucracy (1980: 85-86). Later commentators (Tanner 1998; Brandon 2005b) similarly pointed out that when frontline practitioners exercise their resource power as gatekeepers within a culture of stress created by value ambiguity, coupled with a widespread perception that professional autonomy has been undermined by an increase in bureaucratic restrictions, it is entirely possible that they will behave as street-level bureaucrats. This is certainly the conclusion drawn by the candidate in accounts of her empirical work (Ellis 1993; Ellis *et al* 1999; Ellis 2000; 2004; 2005; Ellis 2007).

The candidate's earlier work was subsequently cited as part of a small literature to develop in support of the continued relevance of Lipsky's observations about frontline professional practice to the administration of post-managerialist welfare states. Her claims have been

supported empirically by a number of other studies undertaken in the UK and elsewhere (Baldwin 1998, 2000; Dunér and Nordström 2006; Foster *et al* 2006; Henman and Fenger 2006; Kemp 2002; Musil *et al* 2004). In her later work on human rights (Ellis 2004; 2005) and direct payments legislation (Ellis 2007), the candidate concludes that a greater emphasis on user empowerment and rights notwithstanding, their implementation continues to be adversely affected by a perpetuation of the negative exercise of resource power by street-level bureaucrats.

The next section sets out the methodological approach which the candidate adopted to explore the question of whether bureau-professional authority had survived shifts in welfare administration, and in what forms and with what consequences. The subsequent presentation of empirical findings from the candidate's four studies within a unitary framework paves the way for a taxonomy embodying her claims for an original contribution to the literature on street-level bureaucracy in post-managerialist welfare states.

3. A note about methodology

In ontological terms, the street-level research tradition derives from an action-centred mode of policy analysis which poses several challenges to top-down models of authoritative policy making. Because implementation processes are understood as dynamic rather than linear, frontline action cannot be read off policy intentions. Rather organisational rules and policies are seen to both constrain, and be enacted through, the agency of implementing actors at the lower levels of hierarchies (Allen *et al* 2004; Ham and Hill 1993; Hill and Hupe 2005; McDonald 2002; Raco 2002). So far from patterns of contemporary governance being driven by an overarching logic, they are seen to be characterised by incoherence and contradiction. Indeed the very nature of new public management supports the line of argument adopted by Ham and Hill that rules and discretion are still manipulated and bargained over within hierarchies (1993 p155-6). If, as Hood (1995 in Fenger and Henman 2006: 7) observes, an

emphasis on process accountability has given way to a greater accountability in terms of quantifiable outputs then, as Ham and Hill (1993) point out, Taylorism affords only retrospective control over rule discretion in contrast to the ideal type of controlling discretion in the interests of rational management.

The candidate has argued elsewhere (Ellis 2000) that much research activity around welfare restructuring in the 1990s constituted audit rather than research: that is, it was designed to determine how effectively rationally planned interventions had been applied. Certainly, many evaluations of the NHSCCA mirrored dominant policy issues and assumptions. Firstly, they tended to focus on macro concerns around developing markets and the contract culture. Whilst evidence-based practice in social work brought frontline working into focus, it tended not only to ignore the politics of evidence selection (Sapey 2004), but to divert attention away from individual encounters between professionals and service users towards generalisations about effective intervention methods. Secondly, researchers tended to deploy similar measures to evaluate effectiveness as the outcome-related criteria used by central government. Support for the argument that the solution was decided upon then legitimised *post hoc* in terms of management and organisational theory is lent weight by the significant part played in the evaluation of the NHSCCA by the Personal Social Services Research Unit (PSSRU), University of Kent which both inspired the design of reforms and evaluated their effectiveness. As the candidate has previously discussed (Ellis 2000), in epistemological terms, dominant research approaches served to confirm the government's propositional knowledge about the efficacy of its reforms, whereas street-level research yields practical knowledge about how policy is produced and experienced by frontline staff and clients alike.

An action centred approach stands in opposition to the apolitical, technocratic methodologies dominating evaluations of social care restructuring because, as Raco (2002) explains, the relationships of power which exist between actors, and are constituted by them, mean that rules cannot exist independently of organisational actors or the social context

within which they operate. The social constructivist assumptions on which street-level research is based lend themselves to ethnographic studies and direct observation of what Allen *et al* (2004) aptly term the 'microcultures' of frontline practice to explore policy in action. British studies of social work undertaken in the 1970s, to which reference has been made in earlier sections, can be located within this wider tradition of ethnomethodological studies into 'people processing' in the United States (see, for example, Prottas 1979). British studies revealed a negotiated environment of frontline practice within which social workers based their decision making on operational realities and practice-based ideologies rather than on formal rules. It was this body of work which formed part of the literature review of needs assessment for community care for the first study (Ellis 1993), and which was briefly reviewed by the author in a later journal article (Ellis *et al* 1999). By adopting similar research methods in the first, second and fourth study, she found that analysing data gathered from policy and operational guidance, 'hanging around' social work teams over a period of time, talking and listening to staff, attending their meetings, observing their everyday practice, and taking notes, enabled her to identify key features of the practice environment and their relationship to the routine practices and understandings developed by frontline workers. The following discussion of the research findings draws significantly on this observation work.

4. Contribution of candidate's work to field of study: a critical evaluation

To recap, Lipsky (1980) argued that the conditions for street-level bureaucracy are produced by policy ambiguity coupled with the low accountability of front-line staff to either managers or service users, whilst a chronic shortage of resources relative to demand creates the imperative to develop covert rationing techniques. The restructuring of welfare states since the 1980s, including social care, presents a theoretical challenge to this thesis. Not only has rationing been privileged as an explicit policy and operational goal, but the forces of

managerialisation, deprofessionalisation and user empowerment have the potential to curtail front-line discretion. The candidate's first study, published in 1993, was amongst the first in the UK - if not the first - to offer empirical evidence for the continued existence of street-level bureaucracy in adult social care. This finding was reinforced by the second study, conducted at a time when the new social care was more firmly established. Published during a period when, as described in the previous section, the literature was dominated by managerialist accounts of the new community care, the candidate's work attracted wide interest (see Appendix 3).

Nevertheless the candidate is not staking her claim for an original contribution to the literature on her work in establishing the perpetuation of street-level bureaucracy within the managed environment of social care. Rather, she argues, what breaks new ground is her analysis of the changed and changing nature and scope of frontline discretion, and by extension street-level bureaucracy, over a period of some fifteen years. In the following three sub-sections, for the first time, the candidate reviews the findings of all four studies within a single thematic framework designed to highlight the key features of her analysis of the impact on frontline decision making of the countervailing forces inherent in new forms of governance. Firstly, the candidate sets out those contextual factors identified in the first two studies as key to the relative influence of, and interplay between, professionalism, managerialism and street-level bureaucracy. Secondly, she draws on later studies to assess the extent to which frontline discretion in the three types of social work team highlighted has been mediated by discourses of empowerment and rights postdating Lipsky's work. Thirdly, she assesses evidence from across her research that whilst managerialism may have penetrated professional identity and discretion, it has also had the unintended consequence of expanding bureaucratic discretion. In the ensuing section, she summarises her claims for an original contribution to the literature in this field in the form of a taxonomy which discusses the implications of the four distinct forms of discretion found across her research for Lipsky's original thesis.

4.1 Contextual influences on front-line discretion

Lipsky intended that his overview of front-line working in welfare bureaucracies across a number of semi-professions and organisational contexts should serve as a means of drawing out the common features of street-level bureaucracy (1980: 27). Whilst necessary to formulate its core characteristics, what is obscured is the potential for differentiated patterns of street-level bureaucracy across a range of settings. As Evans and Harris (2006: 457) argue, 'conjunctural analyses' are required to take account of the contextual factors shaping the precise form of street-level bureaucracy in particular times and places. The candidate's studies of assessment practice in a range of social work teams have arguably begun to address this gap in the literature, at least in respect of adult social care.

Four interlinked variables emerged from the first two studies: the position of teams within new assessment and care management systems; the level and type of demand they are required to manage; the teams' access to resources; and the way in which social workers understand their relationship with service users. These, in turn, give rise to three major types of practice: *gatekeeping*; *specialist*; and *health-related* (Ellis *et al* 1999). The latter type is exemplified by hospital social work teams in the candidate's work, but the significant factor is that social care assessments take place within a health setting which means that the management of demand is additionally driven by health care imperatives. In the case of *hospital* teams, these centre on the avoidance of 'bed-blocking', or delaying patients' discharge into the community.

Observation confirmed that the primary role of *gatekeeping* teams positioned at point of entry to assessment and care management systems was to test the eligibility of incoming referrals. Insofar as decision making was intelligible in terms of prioritisation criteria and budgetary restraints, their assessment practice most closely resembled that of the 'practitioner' outlined in government guidance accompanying the NHSCCA. New technology

played a part in curtailing bureaucratic and professional discretion. Demarcated by computer screens, assessment and care management systems were based on levels of assessment which allowed through to comprehensive assessment only as many as could be accommodated within existing budgets. Largely completed off-line in other teams, the *gatekeeping* teams would frequently complete these screens during the course of initial assessments conducted over the telephone.

Despite the formalisation of assessment, however, a wealth of evidence is provided in the first two studies for the continued existence of bureaucratic discretion on both *gatekeeping* and *hospital* teams. The *gatekeeping* teams diverted enquiries away from social services at point of referral or stereotyped referrals accepted for allocation as suitable for a particular service or team. The *hospital* teams subverted social care criteria by prioritising referrals according to date of discharge, a local exigency which made redundant the notion of prescribed levels of assessment: from their point of view, if a full package of care resulted from an assessment then the view was taken *post hoc* that it must have been comprehensive. The *hospital* teams' practice of making detailed enquiries of ward staff in order to form a judgement about risk and eligibility prior to an assessment visit was akin to that observed on the *gatekeeping* teams of checking referral information with health professionals, usually with a view to limiting the response (Ellis 1993; Ellis 1995; Ellis and Davis 2001). Need on both teams was only identified during an initial assessment if it could be readily met within existing provision; and, during encounters with people seeking access to services, both teams deployed a range of techniques to manage demand, such as underlining the scarcity of resources, referring to charging policies, suggesting people sought help privately, securing informal carers' support before discussing formal provision and, commonly, redefining need in terms of available resources.

That social workers on the *gatekeeping* and *hospital* teams behaved as street-level bureaucrats in the first two studies can be linked to their responsibility for managing heavy bombardment rates and working within tight budgets. By contrast, the *specialist* teams were

exposed to lower referral rates as well as frequently enjoying access to resources outside the limited menu of services supplied or funded by the local authority. Their decision making was more obviously informed by a bureau-professional sense of identity inasmuch as they used their higher levels of discretion to deploy prioritisation criteria strategically, less to exclude applicants than to decide the order in which they were assessed, or to renegotiate criteria governing levels of assessment in order to probe beneath the presenting problem, or to uncover the unmet needs of unrepresented groups, or to secure disabled people's procedural right to a comprehensive assessment under prior legislation. Only the *specialist* teams observed an official policy of identifying and recording unmet need.

Social workers performing initial assessments in the fourth study were observed to respond in familiar ways, such as omitting to refer to direct payments at all or providing information selectively by, for example, discharging their statutory obligation to present direct payments as an option by leaving a leaflet on visits or, defensively, by highlighting the administrative burden direct payments imposed on people taking up this option. Whilst the *specialist* teams were more sympathetically disposed towards direct payments than the other teams included in this study, even here they invoked informal rationing. Exacerbated by their use to fund preventive interventions in this authority, direct payments appeared to threaten the historic boundary between want and need, that is, people who might turn down an unattractive service may accept the option of funding an alternative through a direct payment. Even the *specialist* teams experienced this as a challenge to resource management, particularly as their main access to additional resources, the Independent Living Fund, did not apply in such circumstances.

4.2 Impact of empowerment and rights on assessment practice

The fourth variable identified in the last section as influencing assessment practice is the way that social workers understand their relationship with service users. Lymbery (2005) usefully distinguishes three broad traditions in social work which underpin this understanding: socialist/collective, individualist/therapeutic and administrative. These value systems can be linked, in turn, to those features of assessment practice already highlighted. In their everyday discussions, social workers on the *gatekeeping* teams frequently conceptualised assessment in terms of a therapeutic approach although, in reality, such a model ran counter to the core objective of their work. Practising primarily as administrators responsible for rationing, a therapeutic/individualist ideology was nevertheless functional because the professional's power within the client-social worker relationship could be legitimately directed towards resource management. The practice of social workers on the *hospital* teams was similarly dominated by administrative tasks. Although they took pride in advocating for social services clients whilst in hospital, the positions they adopted, such as seeking to prevent hospital staff from discharging patients they regarded as too vulnerable or, conversely, protecting the autonomy of people leaving hospital by limiting the care packages proposed by over-protective nursing staff, are both compatible with husbanding scarce social care resources.

Unsurprisingly, social workers' understanding of their relationship with service users affected the implementation of an agenda of user empowerment and rights. The centrality of resource management to *gatekeeping* and *hospital* teams' practice not only privileged the voice of the informal carer over the service user in assessment encounters, but also underpinned the common practice adopted by the *gatekeeping* teams of carrying out initial assessments over the telephone without the enquirer being made aware of what was happening or, in the case of the *hospital* teams, forming judgements about people's needs in dialogue with healthcare staff prior to visiting the ward (see Ellis 1993; Ellis 1995; Ellis and

Davis 2001; Ellis 2007). Insofar as assessment visits became an increasingly scarcely rationed resource over the course of the research studies, enquirers were further exposed to the practice of assessments conducted over the telephone, or with co-professionals, without the full knowledge or participation of people being assessed. Observation work in successive studies indicates that individuals who articulate their requirements sufficiently assertively during assessment encounters can counter defensive practices (Ellis 1993; Ellis 2007) but, more usually, people's ability to act strategically is constrained both by their lack of knowledge about the nature and scope of provision and by the rationing techniques which assessors use to manage both their time and information.

Compared to the largely ephemeral contacts managed by the other two teams, the *specialist* teams often had longer-term relationships with service users which, in the first study, enabled some social workers on the *specialist* teams to practise in accordance with therapeutic traditions. Whilst this similarly excluded lay participation in assessment, in contrast to the *gatekeeping* teams, the barrier here was less the exigencies of rationing than the professional's perceived expertise in identifying the best interests of the service user by uncovering underlying emotional or psychological needs. More usually, however, *specialist* teams in the first two studies exercised their greater professional autonomy in line with anti-discriminatory, rights-based models of practice in the socialist/collectivist tradition. Observation suggests that they identified the people they worked with as part of a social group subject to structured discrimination which they had an obligation to counter in their assessment practice. Their relative freedom from rationing pressures enabled social workers to keep faith with anti-oppressive and anti-discriminatory practice models by, for example, recording unmet need as a means of advocating on behalf of unrepresented groups or observing disabled people's legal entitlement to a comprehensive assessment. This could be important in expanding people's horizons as individualistic models of practice do little to encourage people seeking assistance to self-assess their needs within a social model of disability.

When *gatekeeping* teams practised formally within the administrative tradition, as practitioners, their assessments were driven less by user entitlement than by prioritisation criteria determining level of assessment and type of intervention offered. As such, criteria-driven assessments created an inbuilt disincentive to spend time on anybody deemed ineligible for services provided or funded by the local authority. As has been demonstrated, however, eligibility criteria did not entirely protect the *gatekeeping* teams from the need to deploy informal rationing techniques of which one, stereotyping, can be linked to type of user group. In the case of the *gatekeeping* and *hospital* teams, which worked predominantly with older people, ageist stereotypes characterising work with older people as routine, prescribable and of lower status arguably reinforced the tendency for this user group to access low-level assessments leading to service led responses. Whilst the *specialist* teams' assessment practice was largely conducted with working age adults, in areas such as sensory and physical impairment or learning disabilities, when they did assess older people, their practice also reflected ageist stereotypes. Similarly, in the fourth study, access across a range of teams was restricted by simplifying assumptions about the 'right sort of person' for direct payments based on categories such as age, class, ethnicity. The largest group of potential recipients, older people, were almost universally assumed either not to want the bother of direct payments or to lack the gumption to manage them. This lack of distinctiveness in assessment practice around older people is an issue pursued in later discussion of the taxonomy.

Moralising, as Smith and Harris (1972) point out, similarly performs an informal rationing function, and each of the candidate's four studies demonstrates that the moral judgements of both assessor and assessed, particularly around the dependency/independence dichotomy, serve to reinforce formal targeting regimes in ways which significantly delimit people's rights and ability to participate in assessment. In the first two studies, social workers on the *gatekeeping* teams were observed to use their discretion to deny access to the undeserving, that is, those who evidenced elective dependency. In the third study, discourse analysis

revealed that those social workers who held individualistic rather than solidaristic attitudes towards welfare dependency tended to believe that dependency was under voluntary control. Whilst welfare dependency as a result of physical or cognitive incapacity was regarded as legitimate, the responsible service user nevertheless resolved to be as self-reliant as possible. This privileging of independence was reinforced by people's help-seeking behaviour in the first two studies, frequently made circumspect by the extent to which self-esteem is tied up with remaining as independent as possible, or with presenting oneself as uncomplaining, or undemanding, or as a contributing member of society.

The third study also demonstrates that the exercise of rights is linked to social workers' conceptualisation of dependency and responsibility. In short, unless rights are subordinated to the fulfilment of citizens' responsibility to minimise welfare dependency, they are seen to carry the potential for abuse or, more pragmatically, unconditional rights are untenable in an increasingly residual state (Ellis 2004). In terms of practice, a significant minority of participants referred to their professional responsibility to support service users in exercising their social and human rights. There was, however, a marked resistance to legally enforceable rights amongst other participants for whom they represented moral, professional and material hazards to frontline discretion. Firstly, rights challenge the power of frontline workers to deploy formal and informal rationing techniques in situations of high demand relative to scarce resources. Whilst analysis of the third study does not differentiate social workers' attitudes towards rights according to type of team, it is reasonable to hypothesise that the greater the responsibility assessors have for gatekeeping the more antagonistic their attitudes are likely to be. Secondly, when rights threaten professional skills and authority, they can invoke a disempowering paternalism. Just as in the fourth study, where direct payments were perceived to compromise professional tasks, such as managing risk or supporting the carer, or to jeopardise professional-client relationships by embroiling social workers in debt collection (Ellis 2007), so human rights were perceived to compromise the

social worker/client relationship by narrowing the space available to the professional to negotiate an appropriate solution (Ellis 2004).

4.3 Street-level bureaucracy in post-managerialist welfare states

Despite the managerialist technology to develop after publication of Lipsky's work in 1980, the candidate has demonstrated that value, rule and task discretion still flourish on the frontline of social care. Although assessments were theoretically driven by a common set of rules about eligibility in the first two studies, the task was approached differently according to type of team and user group. Frontline staff deployed rules strategically to shape referrals in line with prioritisation criteria so as to give access to some and deny access to others. Whilst the regulation of assessment since implementation of the NHSCCA has had a significant impact on social work teams managing heavy demand at the early stages of referral and initial assessment, the conditions for street-level bureaucracy still prevail as does the imperative to behave as street-level bureaucrats. Indeed the candidate's work suggests that, paradoxically, this is because rather than in spite of new public management.

Formalising social care in the interests of cost efficiency involved both structural and procedural change. Central to restructuring was the separation of assessment from care management, underpinned by the specification of functions from initial assessment to review. Yet the evidence is that this has merely served to open up discretionary spaces for informal rationing. Whilst social workers on the older persons' care management team in the fourth study continually pressed the assessment team to introduce direct payments at an early stage, before service users became too settled within direct services, the *gatekeeping* or *hospital* teams saw their priority at initial assessment as providing a rapid response to a pressing need. In their view, it was the care management teams' job to review options with service users. Yet none of the teams regarded reviews as constituting an appropriate forum to discuss direct payments: the adoption of a predominantly crisis management approach

meant that even the *specialist* teams saw their purpose as making adjustments to the level rather than type of existing provision. The separation of functions has created the enabling conditions for a powerful narrative about the absence of a 'right time' to discuss direct payments which, in turn, legitimates the management of information about a potentially resource intensive option.

In terms of procedural change, too, the candidate's research suggests that technology designed to control decision making produces fresh conditions and requirements for covert rationing on the front line. Firstly, a plethora of conflicting rules and tasks creates policy and operational ambiguity which, in turn, makes the exercise of discretion not only possible but necessary amongst staff responsible for managing scarce time and other resources. In the first two studies, for example, social workers were required to reconcile the competing objectives of meeting need and promoting choice on the one hand and targeting resources on those at most risk on the other. In the fourth study, front-line professionals had to negotiate the dual expectation that they would address managerial targets by promoting direct payments without the necessary infrastructure to meet the demand. Secondly, a proliferation of bureaucratic procedures, such as paperwork, generates higher workloads to manage. This pressure was manifest in the first two studies but particularly acute in the direct payments study where procedures to ensure the accountability of public funds were especially cumbersome and time-consuming.

Whilst assessment practice on the *gatekeeping* teams in the first two studies was at least partially shaped by managerial prescription, in the fourth study, even teams positioned at point of entry to assessment and care management systems enjoyed considerable discretion to manage access to direct payments. The distinction here may be that whereas managerial prescription in the earlier studies was directed towards the dominant objective of rationing access in line with resources available, the active promotion of direct payments would serve only to place greater pressure on organisational resources. That the latitude afforded to *gatekeeping* teams in the fourth study appeared to be sanctioned by management is lent

further weight by evidence that expenditure on direct services rather than direct payments would be authorised if they offered the cheaper option. In other words, it is reasonable to suggest that managers effectively colluded in social workers' use of discretion to deny access to direct payments despite stated objectives to the contrary.

What this points to is some convergence between the interests of managers and frontline staff in post-managerialist welfare states. The candidate's work would suggest that this had led both to the penetration of professional identity by administrative and managerial values and to their strategic mobilisation by social workers to reconstruct a sense of professional identity. To take the second point first, social workers in the *gatekeeping* teams in the first study voiced their frustration that operating as a practitioner specifically excluded traditional assessment practices linked to the therapeutic approach. Thus screening referrals in line with new procedures was seen as unrewarding because it precluded the professional practice of probing beneath the presenting problem; and checklist proformas threatened assessors' ability to communicate effectively with individuals and undertake qualitative explorations of need. By the time of the second study, however, operating as a practitioner was experienced as acting professionally in the sense that social workers on these teams derived a sense of satisfaction rooted in administrative values from operating efficiently and effectively within the constraints of new systems. By contrast, when social workers practised in contexts where they were both pressured and enabled to use informal rationing techniques, they could gain a sense of professional identity from operating as bureau-professionals who negotiated formal rules to achieve professionally valued ends. Thus assembling a care package, often at short notice, to ensure the safe discharge of patients was construed by the *hospital* teams as the professional task of assessing and meeting need against the odds and therefore of practising effectively and responsively as social workers.

By the time of the fourth study, however, there was evidence for the emergence of a hybrid code of ethics in the way social workers articulated the professional performance of assessment. Even the *specialist* teams, which might be expected to promote direct payments

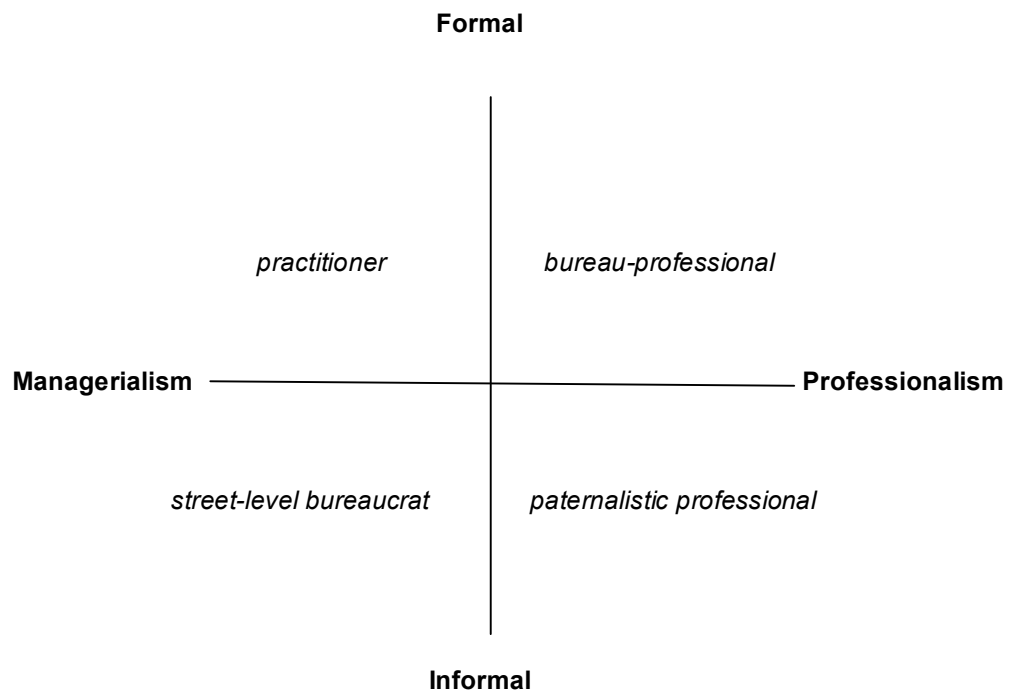
given, firstly, their compatibility with rights-based models of social work practice and, secondly, the greater freedom of these teams to exercise professional judgement, deployed justificatory discourses which appealed to a bureaucratic rather than professional code of ethics to support the rationing of direct payments, such as ensuring equity or preventing financial abuse; and, in consequence, frequently drew on familiar patterns of direct service provision rather than routinely presenting direct payments as an option. Social workers from a range of teams adopted managerial norms when preparing a case for the panel of senior managers authorising expenditure, that is, they justified spending on an individual case against competing claims on the basis of its conformity with official policy and procedures rather than foregrounding the virtues of making an exception. A similar interpretation of advocacy was articulated by unqualified staff, particularly home care organisers, whose assessment practice was observed in the first study. Responsible for managing devolved budgets, home care organisers expressed pride in their skills of juggling limited resources in order to 'negotiate' compromise solutions with service users or informal carers and present restrictions as if they were options (Ellis 1993). In other words, advocacy was about managing expectations within given constraints rather than challenging them to meet a particular set of needs. These issues are explored further in the next section.

4.4 Remodelling front-line discretion

The candidate has developed a taxonomy (Figure 1) to categorise the differing forms of frontline discretion identified across the four studies. The vertical axis represents the formality or, in policy and operational terms, the legitimacy with which discretion was exercised whilst the horizontal axis identifies the relative influence of managerialism and professionalism in shaping that discretion. The candidate makes no claims for the taxonomy as a definitive account of frontline discretion in adult social care. Rather it is a heuristic device designed to capture the four main types of discretion to emerge from the empirical findings, which were

exercised within and across teams depending on the nature of the dilemmas confronted in everyday practice.

Figure 1 A taxonomy of frontline discretion in adult social care



As the ensuing discussion of the four quadrants makes clear, none of these forms of discretion sits entirely outside the scope of Lipsky's analysis. Yet to describe them all as instances of street-level bureaucracy is to obscure changes in the macro context of welfare bureaucracies since publication of his work as well as variability in the micro environments of frontline practice within specific bureaucracies. Thus, on the left-hand side of the taxonomy, whereas the *street-level bureaucrat* exemplifies the classic imperatives for, and exercise of, informal resource management delineated by Lipsky, the *practitioner* form of discretion acknowledges the penetration of managerialisation, particularly neo-Taylorism and new

technology, into spaces where formerly discretion was exercised informally. Falling largely outside of Lipsky's analytic, the candidate found that the exercise of 'bottom-up' authority, both in terms of professional discretion and the influence of user empowerment and rights, had positive and negative dimensions. These are described on the right-hand side of the taxonomy as the *bureau professional* and *paternalistic professional* forms of discretion respectively.

4.4.1 *The practitioner*

Social workers behaving as *practitioners* were mostly positioned at point of entry to assessment and care management systems where they conducted assessments in line with prescribed rules and tasks. Lipsky acknowledged the potential for street-level bureaucrats to exercise discretion in line with official policy, but argued that his thesis was not threatened because 'the line between formal and informal routines is often very uncertain' and 'often agencies will adopt as official procedure practices that workers previously adopted informally' (1980: 86). The candidate maintains that recent changes in governance require some revision of this position.

Neo-Taylorist technology has changed the nature of the exchange relationship between managers and street-level bureaucrats which, according to Lipsky, incorporated both mutual dependency and antagonistic interests. Whereas managers were dependent on street-level bureaucrats for their primary goal of ensuring results in line with agency objectives and within budget, the priority of street-level bureaucrats was to manage their workloads (Lipsky 1980: 13-25). By contrast, contemporary assessment and care management systems both lessen managers' dependency on frontline discretionary decision making to deliver desired results and smooth out conflicting interests. Firstly, new technology makes possible not only the top down prescription and enforcement of procedures and tasks but a categorical distinction between the formal and informal. Social workers observed undertaking initial assessments

over the telephone whilst completing computer screens had little scope for developing informal routines. Secondly, the gearing of the early stages of referral and initial assessment towards testing eligibility performs the same protective function as the informal rationing practices described by Lipsky in managing agency resources and managing time by maintaining an even flow of work which, in turn, makes workloads predictable, and hence controllable. Similarly, practices such as devolved budgeting and performance management necessarily orientate practitioners towards the managerial objectives of achieving results consistent with agency objectives within a specific budget.

Whatever regret practitioners expressed at the debasing of professional skills, such as assessment, they appeared less to resist the penetration of their traditional identity by managerial values than to embrace a new administrative tradition of social work. Whilst Lipsky points to conflict around autonomy between managers and professionals (1980: 25), practitioners in the candidate's studies welcomed greater formalisation. It was not just that clarification of accountability reduced the uncertainty of frontline practice by making explicit the stage of assessment and care management reached, and the actions which should be taken, but that practitioners found conformity with procedures a source of job satisfaction in and of itself (Ellis *et al* 1999). Lipsky argued that because professionals were under pressure not to appear to be rationing services or denying social groups their rights and entitlements (Lipsky 1980: 38-39), they voluntarily imposed restrictions on their discretion to mitigate the experience of cognitive dissonance arising out of a disparity between the stated and actual purpose of their work (1980: 149). Insofar as rationing has become a policy goal in contemporary social care, official assessment technology is legitimately used defensively to avoid uncovering need at variance with risk-based prioritisation criteria or a limited menu of services, at least during the initial stages of assessment.

Curtailing the disempowering effects of informal discretion also limits the scope for practitioners to exercise forms of value discretion linked to promoting user autonomy and choice. Not only does the model of functional independence underpinning eligibility criteria

restrict interpretations of autonomy but, as Waterson observes, following procedures increases the tendency for professionals to seek to minimise risks, potentially at the cost of empowerment (1999: 278). Unless they can be accommodated within service criteria, there is similarly narrow scope for practitioners to respond flexibly to individual circumstances or to incorporate need as experienced and defined by service users. In the process, another significant dimension of bureau-professional discretion, advocacy, has been undermined. By the time of the fourth study, as Dustin (2006) found, the adversarial skills of management in representing individual cases to managers in such a way as to gain funding had replaced the advocacy skills of the bureau-professional in connecting people to their procedural rights. Special pleading, as Dustin argues, is based not on challenging bureaucratic categorisation but on the merits of a case relative to eligibility criteria and budgetary limitations and to other cases adjudged less deserving.

4.4.2 *The bureau-professional*

Managerialisation notwithstanding, the candidate's empirical findings identify circumstances in which social workers still operate as bureau professionals, that is, they exercise a value based form of discretion by virtue of retaining both a sense of professional identity and sufficient scope to negotiate prescribed tasks and rules. The position of the *specialist* and *hospital* teams within assessment and care management systems afforded some scope for the exercise of this type of discretion. Sitting somewhat outside the managed environment of social care, the *hospital* social work teams expressed their sense of professional identity in terms of protecting the rights of putative social care users and local authority citizens whilst in a health environment. As such, they mobilised official definitions of risk strategically to prevent hospital staff from compromising patients' autonomy by over prescribing care or, conversely, from discharging the vulnerable patient prematurely. Such advocacy may be consistent with but is not necessarily reducible to gatekeeping; and the candidate would

argue that if the practical implications of differing forms of discretion are to be fully explored, their distinct dynamics can and should be identified.

Lipsky largely discounted the possibility of value based discretion, describing it as the 'myth of altruism' (1980: 71-73). Yet, as previously discussed, differing types of value are at work in contemporary social care. Although the vestiges of traditional therapeutic and relationship building approaches were found in the first study, they had been largely outlawed in NHSCCA reforms both by prioritisation criteria designed to discourage the practice of probing beneath the presenting problem and the separation of assessment from social work response. Evidence for a sense of professional identity rooted in the consequential privileging of administrative values has already been discussed. *Hospital* social workers similarly took professional pride in effecting the safe discharge of patients, often at very short notice. Unlike practitioners, however, their sense of practising effectively and responsively as social workers was not imposed on them by managerial disciplines but constructed by them in such a way as to marry together health-related and professional priorities.

The institutionalisation of anti-discriminatory practice largely postdates Lipsky's work, but its presence in the candidate's research findings provides some support for the continued existence of bureau professionalism under certain conditions. Combined with access to additional resources, the position of the *specialist* teams within assessment and care management systems protected them from the intense demands of resource management. Whilst social workers used this discretion to perform assessments which were intelligible in terms of anti-discriminatory practice, they also used it to make choices about who should receive this type of assessment. Insofar as Lipsky (1980) represents stereotyping as a means of dealing with a large number of cases when time and other resources are limited, he might interpret older people's exclusion as an exercise of power to enable these teams to continue to work in preferred ways. The candidate, however, would argue that it can also be viewed as evidence that ageism (and other social divisions) operates somewhat independently of street-level bureaucracy. The candidate returns to this argument in the concluding section.

4.4.3 *The street-level bureaucrat*

Evans and Harris (2004: 874) suggest that Ellis *et al* (1999) and Baldwin (1998; 2000) reach contradictory conclusions about the exercise of street-level bureaucracy. They argue that the former offers evidence for the deployment of discretion in support of official policy, whilst the latter concludes that informal gatekeeping undermines prioritisation criteria and organisational procedures. As this taxonomy makes clear, however, the candidate is arguing that these represent the exercise of distinct forms of discretion which emerge within the differing environments of contemporary social care. Where managerialism limits or shapes the nature of frontline discretion, social workers are constrained or motivated to behave as practitioners. In other contexts, the candidate has demonstrated across her four studies that social workers are enabled and required to make informal judgements about who should gain access to services. To the extent that the number of people requiring processing exceeds the time and other resources available, and eligibility criteria do not fit every circumstance, rules are interpreted, bent, broken or ignored and tasks performed in ways that enable frontline staff to cope with the demands of the job. Client information systems may exert a potent influence on assessment at point of entry to services, but even their reach is circumscribed by the practice in some teams of only entering the details of assessment once the interaction had been completed.

Moreover the candidate has demonstrated that the managed environment of social care creates new pressures to develop shortcuts and simplifications. The time-consuming nature of insufficiently robust audit mechanisms to monitor direct payments discouraged their promotion. As Lipsky (1980: 107) recognised, performance indicators may encourage street-level bureaucrats to 'cream' people whose characteristics are readily interpreted as conforming to key aspects of performance measures. Thus a managerial target of increasing the take up of direct payments in line with government policy was at odds with an

environment of severe budgetary restraint and therefore widely ignored. At the same time, those who could most easily negotiate the formidable hurdles to managing a direct payment, such as younger people with physical impairments, were selected at the expense of people who were adjudged to require substantial support to meet those requirements, such as older people or people with learning disabilities.

The set of rationing techniques which Lipsky grouped together under the heading of modifying the conception of the client (1980: 151-156) includes the practice of choosing who to assist according to personal or structural perceptions of moral worth. In the candidate's work, as discussed, there was some convergence between formal and informal rationing around the concept of 'promoting independence', but street-level bureaucrats' defensive mobilisation of the notion of self-reliance operated far outside the scope of professional and managerial measures of risk and dependency. Whilst reflective skills should serve as a counterweight to negative practice, other writers describing social workers' assessment practice have made similar observations as the candidate in her first study (Ellis 1993) about the unreflective use of intuition (Baldwin 1998) or 'unconscious competence' (Dustin 2006). Indeed, street-level bureaucrats' perception that they are now accorded little or no discretion as professionals in managed environments may make them more likely to use the discretion they do possess informally.

Measures to empower service users, such as access to information, or protective rights, can similarly invoke informal gatekeeping. The potential for human rights to impose positive obligations on social care providers threatens to expand service users' horizons in much the same way as need used to do (Ellis 2005). Street-level bureaucrats' disempowering use of informal discretion to ration access to information has been observed in the candidate's and other's work (Tanner 1998); and the candidate found similar responses to the challenge which social and human rights were perceived to pose to bureaucratic gatekeeping.

4.4.4 *The paternalistic professional*

The concept of paternalism harks back to the roots of British social work in Victorian philanthropy when, prior to its formalisation in state welfare, caseworkers were legitimately empowered to distinguish between the deserving and undeserving. Lipsky identified this type of power as a source of job satisfaction from which frontline workers had subsequently become alienated.

The fabled paternalism of social workers and school teachers in the past may have functioned to give street-level bureaucrats a sense of responsibility and reward for outcomes, even if these gratifications were founded on inequalities and favouritism. Thus the bureaucratisation of public service may have been accompanied by increased worker alienation (1980: 79).

The intertwining of bureaucratisation and medicalisation privileged the therapeutic paradigm adopted by some *specialist* social workers in the first study, undermining the active participation of service users in assessment, or reframing their needs as emotional rather than practical (Ellis 1993). For the most part, however, the paternalism inherent in professional expertise has been rendered illegitimate, both from the top down and bottom up. It is the exercise of informal paternalistic power which is of principal concern here.

The sense of occupational stress created by alienation was, for Lipsky, a key factor in street-level bureaucracy. Certainly, in the candidate's studies, social workers would subvert bureaucratic controls to exert paternalistic authority. Despite managerial targets geared to increasing the take up of direct payments, for example, social workers in the fourth study frequently denied access to older people on the basis of assumptions about their perceived vulnerability, lack of competence and low expectations of autonomy or entitlement to quality care. For the most part, however, as exemplified in the third and fourth studies, it was less

bureaucratisation, or indeed managerialisation, than notions of user empowerment which invoked paternalistic responses to the erosion of professional authority. There was evidence in the fourth study that social workers would respond to the shift towards self assessment in the non participatory way predicted by Oliver and Sapey (2006), that is, by seeking to hold onto the task of assessment as a significant source of professional power. In theory, both human rights and direct payments provide a means of retrieving a professional identity by, for example, foregrounding skills in advocacy, assessment and empowerment. In practice, though, direct payments are central to what Scourfield terms 'a 'bottom up' struggle around the goals of empowerment, independence, choice and control' (2007: 113). As Askheim argues, the change implied by empowerment from a position of authority to becoming partners or advocates on users' terms may have the opposite effect.

If professionals see their status being undermined, they may be worried about losing authority and display an illegitimate resistance against incorporating the full extent of the ideology, or they might try to modify the consequences of empowerment so they can maintain their control (2003: 229).

The rationing imperative notwithstanding, there was evidence in the candidate's studies that social workers' antagonism towards user empowerment and rights was further based on the challenge they were perceived to pose to professional authority and expertise in assessment and care management, as well as to the validity of core professional tasks, such as managing risk or supporting informal carers. Even amongst the *specialist* teams, direct payments were experienced as a threat to the proper balance of power between professional and client whilst, in the third study, rights talk was seen to undermine the exercise of professional control over encounters and their outcomes in the best interests of the client. Such responses are reminiscent of the first study where social workers were observed to

reward the grateful and uncomplaining service user whilst penalising the attempts of those deemed demanding, fussy or manipulative to wield illegitimate power.

5. Conclusion

In this concluding section, the candidate reviews her claims for an original contribution to the literature before identifying pointers to the direction her work might be developed in the future.

In conducting this longitudinal review of her published work, the candidate has identified three key features of the underpinning research which have combined to support her claims for an original contribution. Firstly, the inclusion of a range of social work teams led to the discovery of differing forms of assessment practice manifest within the micro-environments of adult social care. Secondly, the ethnographic approach adopted by the candidate in three out of four studies, particularly the use of observation, made possible a detailed analysis of the micro-dynamics of assessment *in situ*. Much empirical work in this area is constrained by its reliance on interviews. As Foster *et al* point out, there is a consequential dependence on 'official' accounts of practice by frontline workers which screen out a range of gatekeeping activity by including only that portion of practice recognised as assessment by interviewees (2006: 128). Thirdly, the span of time covered by the research studies has provided a unique opportunity to reassess Lipsky's claims for street-level bureaucracy in the light of significant changes in welfare governance since publication of his work. These three elements, in turn, support the following claims for an original contribution to the literature reviewed in earlier sections in terms of providing:

- an articulation of the relationship between key dimensions of the policy and practice environment of adult social care post-1990 and the differing forms of frontline discretion identified in the taxonomy;

- an analysis of the impact of user empowerment and rights on the distribution of resources in the light of the need to negotiate multiple accountabilities in assessment practice; and

- a critical evaluation of the continuing significance of Lipsky's work on street-level bureaucracy for understanding frontline practice in adult social care in Britain since 1990.

Much of the literature briefly reviewed within an earlier section of this submission has homed in on distinct dynamics within the policy and practice environment of contemporary social care affecting frontline discretion, such as managerialism and professionalism, or managerialism and street-level bureaucracy, or street-level bureaucracy and professionalism. None, however, has offered a systematic consideration of the interplay between these forces in relation to changing dimensions of governance and policy priorities since 1990. By delineating their relative influence within a range of organisational contexts, the taxonomy helps to account for the origin and nature of differing types of practice.

The candidate would argue that her grounding of social workers' discourses on user empowerment and rights within these material realities of frontline practice has added a fresh dimension to the literature. Observation of practice under a number of differing circumstances has put to empirical test the extent to which people seeking help are able to influence the distribution of resources in contemporary social care. This has enabled the candidate to demonstrate that whilst anti-oppressive practice and respect for rights have some purchase in assessment practice, in most circumstances, they are perceived to undermine professional authority or threaten formal and informal resource management.

These first two claims are closely linked to the candidate's third claim for the originality of her work. Whilst much of the literature on contemporary street-level bureaucracy has focused on assessing the potential for its continued existence, the candidate has taken the analysis

further. By highlighting the contingency of discretion, and the way in which the contexts of practice are themselves shaped by forces to emerge after the publication of Lipsky's work in 1980, she has identified those areas of his thesis which may require some revision in the light of changes in welfare administration, or at least in relation to social care.

In proposing future directions for the candidate's work, it is instructive to note that an identified limitation of street-level research is its lack of analytical purchase on the data produced (Henman 2006: 22), a criticism levelled at ethnographies more generally (see Denscombe 2003: 93-4). Lipsky's own account is far from atheoretical but, as Brandon (2005a) notes, he writes about the dilemmas of discretion but little about power. Lipsky locates street-level bureaucracies within an economic and political system which sustains deep social inequalities, but deliberately roots the psycho-social model on which he draws to account for frontline behaviour within intermediate organisational environments. Although he acknowledges that the prejudicial attitudes of street-level bureaucrats may reflect prevailing social biases, he attributes their mobilisation in everyday practice to adverse conditions prevailing at the interface between agency and public. In effect, discriminatory actions are coping mechanisms developed to manage the stress of behaving in ways which run counter to public service values. The requirement for an explanatory model of power which can account for the mediation of social, economic and political forces within frontline practice is exemplified by the immanence of ageism in the candidate's research, even amongst social workers who were committed to practising in anti-oppressive ways within environments relatively free from resource constraints. As Raco explains, social relations are always articulated within organisations whilst "all organisational actions are imbued with discourses, assumptions and ideological/political agendas many of which will reflect the interests of dominant or hegemonic socio-political interests" (2002: 439). There is scope for using the type of approach deployed in the third study to reframe the candidate's empirical findings on frontline practice in respect of endemic social inequality across the published work. Older people, for example, or at least those who have moved beyond the 'Third Age', are excluded

from dominant constructions of virtuous autonomy which derive from the central task of the 'social investment' state to equip the citizenry with employment skills for competing in the global economy (Newman and McKee 2005) as well as from policy discourses centring on the self-actualising consumer (Moffatt and Higgs 2007).

Parsloe (2001) maintains that insufficient attention has been paid to Lipsky's insights in social work training. Developing the candidate's taxonomy by grounding the empirical findings within an explanatory framework capable of joining the dots between political and social worlds could make explicit not only the ways in which the interplay of bureaucratic and professional reasoning, in their formal and informal manifestations, shape the exercise of frontline discretion, but also the wider social and political forces within which those dynamics are played out. Once translated into a suitable medium for social work education (see, for example, Froggett and Sapey 1997), this could provide the basis for a training tool directed at enhancing reflective, ethical and anti-oppressive practice. Certainly the candidate takes the view that such a development holds out greater possibilities for effective practice than technocratic models of evidence-based practice which, as Webb (2001) points out, are based on a specific and deterministic form of rationality at odds with the uncertain, indeterminate and contingent rationality revealed in the candidate's studies.

APPENDIX 1

List of published works

List of published works

- Ellis, K. (1993) *Squaring the Circle: User and carer participation in needs assessment* York: Joseph Rowntree Foundation/Community Care
- Davis A., Ellis K. and Rummery K. (1997) *Assessing Assessment: Perspectives of practitioners, disabled people and carers* Bristol: Policy Press
- Ellis, K., Davis, A. and Rummery, K (1999) 'Needs assessment, 'street-level bureaucracy' and the new community care' *Journal of Social Policy and Administration*, 33(3): 262-280
- Ellis, K. (2004) 'Promoting rights or avoiding litigation? The introduction of the Human Rights Act 1998 into adult social care in England' *European Journal of Social Work* 7(3): 321-340
- Ellis, K. (2005) 'Disability rights in practice: the relationship between human rights and social rights in contemporary social care' *Disability and Society* 20(7): 693-706
- Ellis, K. (2007) 'Direct payments and social work practice: the significance of 'street-level bureaucracy' in determining eligibility' *British Journal of Social Work*, Special Issue on Adult Care, April/May 2007, 37(3): 405-422

APPENDIX 2

The research studies

Study 1

Funded by the Joseph Rowntree Foundation, the candidate's first study (Ellis 1993) was undertaken between 1990 and 1992 during her employment as a Research Fellow at the University of Birmingham. She took the lead in redesigning the project after the originally funded proposal was overtaken by major policy change. The candidate took sole responsibility for the fieldwork which was conducted in two local authorities, one a county council in South West England and the other a metropolitan borough council in North West England.

Study 2

The proposal for the second study, which was conducted between 1995 and 1997, was developed by the candidate in collaboration with Ann Davis at the University of Birmingham and similarly funded by the Joseph Rowntree Foundation. The fieldwork was undertaken in two Midlands authorities by a researcher appointed to the project. The candidate wrote two of the chapters for the publication reporting the findings (Davis *et al* 1997) and took the lead role in analysing the significance of the findings for her specialist area of study (Ellis *et al* 1999).

Study 3

The third study, undertaken between 2001 and 2003, formed part of an ESRC research project on the implications of UK human rights legislation for social rights and social welfare led by Hartley Dean. Operating within a common research design, the applicant took responsibility for the evaluation of its impact on social work practice by analysing and writing

up the findings of interviews conducted with a small number of social workers in three local authorities in the south-east of England (Ellis 2004; Ellis and Rogers 2004; Ellis 2005).

Study 4

The fourth study was undertaken between 2005 and 2006 within a unitary authority in South East England. This research was funded internally by the University of Bedfordshire to enhance its contribution towards the 2008 Research Assessment Exercise by investing in a 'promising researcher' from each Faculty. The applicant was allocated a teaching assistant to enable her to undertake a research study, the findings of which have been published in Ellis (2007).

List of references

- Davis A., Ellis K. and Rummery K. (1997) *Assessing Assessment: Perspectives of practitioners, disabled people and carers* Bristol: Policy Press
- Ellis, K. (1993) *Squaring the Circle: User and carer participation in needs assessment* York: Joseph Rowntree Foundation/Community Care
- Ellis, K. (2004) 'Promoting rights or avoiding litigation? The introduction of the Human Rights Act 1998 into adult social care in England' *European Journal of Social Work* 7(3): 321-340
- Ellis, K. (2005) 'Disability rights in practice: the relationship between human rights and social rights in contemporary social care' *Disability and Society* 20(7): 693-706
- Ellis, K. (2007) 'Direct payments and social work practice: the significance of 'street-level bureaucracy' in determining eligibility' *British Journal of Social Work*, Special Issue on Adult Care, April/May 2007, 37(3): 405-422

- Ellis, K., Davis, A. and Rummery, K (1999) 'Needs assessment, 'street-level bureaucracy' and the new community care' *Journal of Social Policy and Administration*, 33(3): 262-280
- Ellis, K. and Rogers, R. (2004) 'Fostering a human rights discourse in the provision of social care for adults' in H. Dean (ed) *The Ethics of Welfare: Human rights, dependency and responsibility* Bristol: The Policy Press

APPENDIX 3

Analysis of citations

Introduction

The candidate undertook a search for citations for each of the six publications on which the thesis is based. Following advice about the most comprehensive web search engine from a social sciences librarian at the University of Bedfordshire, she used Google Scholar to compile the list shown in Table 1. This gives the number found for each of the publications once the candidate's citations of her own work and duplications have been removed. The list has been divided into three categories: books, peer-reviewed journals and other. The latter category comprises working papers (4), theses (4), professional journal (1) and conference paper (1).

Table 1 List of citations

Publication	Book	Refereed journal	Other
Ellis 1993	28	53	5
Ellis 1997 (with others)	5	20	2
Ellis 1999 (with others)	6	17	2
Ellis 2004	2	2	-
Ellis 2005	-	2	1
Ellis 2007	-	6	-

As it has only been feasible to search for citations in sources available electronically, the list is indicative rather than exhaustive. That the candidate's early work has received the most citations lends weight to the candidate's claim that her use of street-level bureaucracy to explore the post-managerialist environment of adult social care represented a novel approach in the 1990s which was subsequently taken up by other authors. At the same time, the pattern of citations evidenced by the reference lists provided later in this Appendix

demonstrates that such an exercise can represent no more than a snapshot insofar as the early work has continued to be cited several years after publication.

Over ninety per cent of the publications identified by the search have been reviewed. As elaborated in the following discussion, these citations can be grouped into three main categories according to the contribution they have made to the literature, as follows.

1. Developing understanding of the dynamics of street-level bureaucracy in post-managerialist social care.
2. Demonstrating the impact of frontline discretion on user participation and empowerment.
3. Examining the implications for and application to professional practice, particularly social work.

Whilst there is some overlap between these categories, the candidate would argue that this analysis helps to support the three claims for an original contribution to the literature which she made in the concluding section of her submission.

1. Developing understanding of street-level bureaucracy

Citations for the first of the candidate's work to discuss the link between her empirical findings and street-level bureaucracy (Ellis *et al* 1999) acknowledge its contribution towards evidencing the continued scope for frontline discretion following the restructuring of adult social care in the early 1990s. Despite policy and procedures designed to control frontline decision making, the studies on which the article is based confirm that they still require interpretation (Evans and Harris 2006; Rose *et al* 2007). In summary, the article is acknowledged for lending significant support to one of two positions to develop in this field of

study, that is, demonstrating the continued existence of street-level bureaucracy in a post-managerialist world by contrast with assertions of its eradication (see Evans and Harris 2004; Dunér and Nordström 2006; Evans 2007; Dunér 2007). Evans (2007) points to a further contribution of this publication in the evidence it provides of variations in practice according to the particular organisational environment within which frontline workers operate.

Other authors highlight the contribution of the candidate's work (Ellis 1993; Davis *et al* 1997; Ellis *et al* 1999) in identifying the origins of frontline discretion within the managed environments of social care and in delineating its nature and scope. The work is variously cited in support of the view that street-level bureaucracy continues to be linked to a barrage of inconsistent policy and operational guidance (Mandelstam 1999), as well as to the conflicting demands of managing heavy workloads, observing rules and regulations and responding flexibly to individual needs (Powell 1999; Papadaki 2005; Söderberg and Alexanderson 2005; Bland 2006; Patni 2006). Evidence provided by the candidate's work (Davis *et al* 1997; Ellis 1993; Ellis *et al* 1999; Ellis 2007) has also been used to demonstrate that frontline discretion is used defensively to manage overwhelming workloads with limited resources (Caldock 1994; Lakey 1994; Nolan and Caldock 1996; Barnes 1998; Tanner 1998; Mandelstam 1999; Abbott *et al* 2000; Parry-Jones and Soulsby 2001; Arksey 2002; Walker and Niner 2005; Baldwin 2006; Evans and Harris 2006; Baldwin 2006; Rämö and Skålen 2006). This includes the deployment of techniques such as stereotyping or moralising which are used in such a way as to favour particular individuals or groups (French 1994a; Nolan and Caldock 1996; Slade *et al* 1996; Wells 1997; Barnes 1998; Mandelstam 1999; Rummery and Glendinning 2000; Spandler and Vick 2005; Bland 2006; Sullivan 2008). Weiner *et al* (2002) credit the work of the candidate (as reported in Ellis *et al* 1999), and others, on informal rationing with the subsequent implementation of *Fair Access to Care*.

Although the candidate's publications have been used to highlight the continuing space for informal rationing, the same work (Davis *et al* 1997; Ellis 1993; Ellis *et al* 1999) has also been cited as evidence of the impact of formal rationing regimes on frontline assessment practice

following implementation of the 1990 National Health Service and Community Care Act. Thus the candidate's work has been drawn upon to identify the screening out of applicants an early stage (Tanner 1998; Mandelstam 1999; Rummery and Glendinning 1999; Blackman 2000; Lloyd 2000; Rummery and Glendinning 2000; Todd *et al* 2000; Cooper 2001; Lewis 2001; Wilson 2001; Blackman 2002; Harris 2003; Tanner 2003; McDonald and Zetlin 2004) and the provision of service-led responses (Caldock 1994; Lakey 1994; Nolan and Caldock 1996; Rummery 1998; Tanner 1998; Mandelstam 1999; Waterson 1999; Lloyd 2000; Parry-Jones and Soulsby 2001; Sheaff *et al* 2002; Dunér and Nordström 2006; Innes *et al* 2006; Dunér 2007). As Arksey (2002) points out, evidence for these processes is otherwise limited. The candidate's work (Davis *et al* 1997; Ellis 1999) has also been drawn upon to demonstrate the curtailment of professional, or value, discretion in the light of an intensification of managerial disciplines (Parry-Jones *et al* 1998; Mandelstam 1999; Rummery and Glendinning 2000; Sheaff *et al* 2002; Tanner 2003; Walker and Niner 2005; Morris 2007). Indeed Evans and Harris (2006) note that evidence offered by the candidate in her writing on street-level bureaucracy (Ellis *et al* 1999) suggests that the direction in which discretion is exercised tends to reinforce rather than challenge formal rationing regimes. The authors argue that this observation makes an important contribution to the literature by highlighting the potential for collusion between professionals and managers in the exercise of frontline discretion as a means of routinising work and rationing resources.

In terms of the methodology deployed, Martin *et al* point to the part played by the candidate's work (as set out in Ellis *et al* 1999) in furthering Lipsky's work of developing understanding of "the microsociology of decisions about which clients get what services" (2004: 1). Similarly, Foster *et al* identify the second study (as reported in Davis *et al* 1997) as one of the relatively few to "have examined the microdynamics of assessment, how professional discretion is used, what assumptions and beliefs underpin it or how practitioners manage the tensions between professional, user and organisational interests" (2006: 127).

This has been linked by other authors to the use of direct observation as a research method (Dunér and Nordström 2006; Dunér 2007).

The citations also demonstrate that the candidate's work on street-level bureaucracy (Ellis *et al* 1999) has relevance for other areas of social work, such as children and families (Dowling 2006) or anti-racist approaches to social work (Patni 2006), and for other areas of social welfare, such as community nursing (Nolan and Caldock 1996; Wells 1997; Parry-Jones *et al* 1998); housing benefit (Walker and Niner 2005); social insurance (Söderberg and Alexanderson 2005); psychiatry (Slade *et al* 1996); youth work (Roose and De Bie 2003); and that they are applicable to a range of welfare regimes including Australia (McDonald and Zetlin), Belgium (Roose and De Bie 2003), Greece (Papadaki 2005), Italy (Colaianni 2004), Korea (Yong-Deug and Mi-Ok 2007) and Sweden (Dunér and Nordström 2006; Dunér 2007; Rämö and Skälén 2006; Söderberg and Alexanderson 2005).

2. Impact on empowerment and participation

The second category relates to the way in which the candidate's publications have been used to demonstrate the impact of frontline discretion on the empowerment of people using adult social care and their participation in assessment. Where similar issues are raised in the academic literature on professional practice, the candidate has chosen to report them in the next section in order to provide a fuller picture of their impact on this field of study.

The candidate's work (Ellis 1993; Davis *et al* 1997; Ellis *et al* 1999; Ellis 2007) has been acknowledged as amongst the first to evaluate the effectiveness of assessment and care management procedures introduced under the NHSCCA in promoting user participation (Barnes 1994; Mackintosh and Leather 1994). Her work has subsequently been used to evidence the extent to which assessment practice excludes the active participation of service users and informal carers and closes down their choices (Leathard 1994; Beresford and Croft 1995; Ross 1995; Bowl 1996; Slade *et al* 1996; Barnes 1998; Hardy *et al* 1999; Mandelstam

1999; Young 1999; Rummery and Glendinning 2000; Williams 2000; Roose and De Bie 2003; Newman *et al* 2008). Authors have also drawn on the candidate's analysis of the range of factors implicated in this low involvement in assessment, notably lack of information (Barnes 1998; Hardy *et al* 1999; Vernon and Qureshi 2000; Tanner 2001; Harris 2003); exclusionary models of professional practice, including the medical model of disability (Caldock 1994; Wilson 1994; Martinez and Balchin 1995; Barnes 1998; Douglas and Philpot 1998; Waterson 1999; Mountain and Pighills 2003; Barnes *et al* 2005; Dowling 2006; Arksey and Glendinning 2007; Joyce 2007). The candidate's work has also been used as evidence of the impact on empowerment and participation of both informal rationing techniques (French 1994b; Barnes 1998; Mandelstam 1999) and managerial rationing (Fenge 2001; Prior 2001). Evers (1998) suggests that the candidate's 1993 study would indicate the need to develop more user-friendly practices if the democratic components of service delivery are to be strengthened.

Other authors have drawn on the candidate's work to highlight the impact of the managerialisation of assessment and a tightening of eligibility criteria on older and disabled people (Rummery 1998; Hardy *et al* 1999; Waterson 1999; Glendinning *et al* 2000; Mitchell and Glendinning 2007), including the extent to which managerialist rationing regimes curtail people's civil and social rights (Barnes 1998; Blackman 2002). Daly (2001) also uses evidence from the 1993 study to point out that having to make complaints or threats in order to gain access to services to which people know they are entitled causes considerable distress. More recently, the candidate's work (Ellis 2004; Ellis 2005) has been used to highlight attempts to institutionalise human rights to social care in the UK (Bode 2007; Cemlyn 2008) (see also next section).

Academics within the disability studies field have similarly drawn on the candidate's work (Ellis 1993; Ellis 2005; Ellis 2007) to highlight the role of assessment in reinforcing the social relations of disability, whether through the barriers created by means-testing, charging and budgetary restraints (Barnes 2000; Clark 2006), the power imbalance inherent in the nature

of professional approaches to assessment (French 1994a; Barnes 2000; French and Swain 2003; Renshaw 2008), the curtailment of professional advocacy within managed environments (French 1994b) or the disempowering use of interpreters in relation to people for whom English is not a first language (Atkins *et al* 2004). French (1994a) draws attention to the candidate's recommendation (Ellis 1993) that the most effective way of empowering disabled people is to bring them together in order that they can share their experiences.

The candidate's earlier work (Ellis 1993; Davis *et al* 1997) has also been used to demonstrate the shortcomings of assessment practice in relation to supporting informal carers (Means and Smith 1994; Hardy *et al* 1999; Williams and Robinson 2000, 2001; Seddon and Robinson 2001; Squire 2002; Stalker 2002; Williams *et al* 2003; Arksey and Glendinning 2007) as well as balancing the rights and meeting the needs of both the service user and informal carer within the context of caring relationships characterised by reciprocity and interdependence (Allott and Robb 1998; Barnes 1998; Rafferty and Traynor 2002; Stalker 2002; Scourfield 2005; Arksey and Glendinning 2007). In a commentary on a special edition of *Social Policy and Administration* Leaper (1993) lists the candidate's 1993 work as part of a bibliography recommended for further reading on older people's and carers' perceptions of health and social services.

3. Developing professional practice

This third category draws on the academic literature on professional practice to identify the ways in which the candidate's work has been used to highlight its implications for professional practice. Whilst this literature relates largely to social work, the candidate's 1993 publication has also been used to illuminate the implications for nursing practice (Keady and Nolan 1995; Nolan and Caldock 1996; Parry-Jones *et al* 1998; Wells 1998; Hird and Cash 1999; Kellett 1999; Kellett 2000; Ford and McCormack 2000; Ryan and Scullion 2000; Wilson 2001; Nolan *et al* 2002; Boyles *et al* 2008).

The candidate's earlier work (Ellis 1993; Davis *et al* 1997) has been cited in the academic literature on professional practice as evidence of the largely negative experience of assessment on the part of people seeking assistance (Nolan and Caldock 1996; Thornicroft *et al* 1996; Barnes 1999; Pierce and Weinstein 2000; Phillips and Waterson 2002; Sheaff *et al* 2002). The 1993 study has been used to identify the barriers experienced by people seeking help in a lack of information (Nolan and Caldock 1996; Scurfield 1998; Harris 2003), confusion about the assessment process (Leathard 1994), the cost of services (Myers and MacDonald 1996), the dual purpose of assessment in identifying need and determining eligibility (Myers and MacDonald 1996), cynicism about its perceived tokenism (Parrott 2002) and the limited weight given to people's felt needs (Barnes 1999). Some authors have used this earlier body of work to argue that the practices highlighted test the law governing adult social care (Mandelstam 1999; Tanner 2003).

The candidate's earlier work has also been used in the academic literature on professional practice to highlight disruption to the reciprocal nature of caring relationships in assessment practice (Scourfield 2005), as well as to identify poor assessment practice in respect of informal carers (Keady and Nolan 1995; Nolan and Caldock 1996; Kellett 1999; Ryan and Scullion 2000; Robinson and Williams 2002). The same work has been used by other authors to argue that professionals need to ensure greater involvement in assessment by service users and carers (Brace 1994; Nolan and Caldock 1996; Ford and McCormack 2000; Kellett 2000), as well as to call for the involvement of service users and informal carers in research (Higham 2001) and professional training (Read 1995; Hird and Cash 1999).

Nicholas (2003) draws on the candidate's argument in the 1993 publication that time would be more usefully spent in undertaking full assessments than allocating a 'quick service fix' insofar as fears of inflated expectations of services on the part of users and carers are usually misplaced (see also Slade *et al* 1996); and the author uses this evidence to argue that lowering or dismissing aspirations during the process of assessment constitutes a form of oppression. In similar vein, other authors have cited the candidate's work as evidence of

the discriminatory impact of assessment practice. Thus Nolan *et al* draw on case examples from the 1993 study for evidence of “a number of [other] insights into the way that professional assessments of need run counter to disabled people’s perspectives and undermine their attempts to (re)construct an identity” (2002: 241).

Evidence from the candidate’s work (Ellis 1993; Davis *et al* 1997; Ellis 2005) has been used to attribute a lack of involvement on the part of service users to particular models underpinning professional assessment, such as the medical model of disability (Nolan and Caldock 1996; Wells 1998; Hird and Cash 1999; White and McCollam 1999; Boyles *et al* 2008; Phillips and Waterson 2002) or the construction of disability as loss and bereavement (Hanvey and Philpot 1994; Sapey 2004). At the same time, Cemlyn (2008) draws on the candidate’s discussion (Ellis 2005) of the extent to which disability activists have contributed to a dichotomy between the civil rights which they favour and the social rights which they have discredited.

The candidate’s later work (Ellis 2004, 2005) has been cited as evidence of social workers’ hostility towards rights and social work (Stewart 2005; Boyles *et al* 2008). McDonald (2007) draws on the candidate’s work (2004) to identify the “poor fit” between human rights and the contemporary policy and operational context of adult social care, highlighting the evidence she presents of social workers’ lack of knowledge and understanding of human rights as well as their tendency to see rights as conditional upon the fulfilment of obligations. Cemlyn (2008) similarly uses the candidate’s work (2004, 2005) to identify the problems inhibiting the effective implementation of rights in social work, including social workers’ approach to the concepts of dependency and responsibility. In terms of direct payments, the candidate’s work (Ellis 2007) has been used to delineate those factors embedded in social work practice which underlie the slow and patchy growth of direct payments (Cemlyn 2008; Manthorpe *et al* 2008; Rabiee *et al* 2008) and to highlight practice dilemmas, such as balancing the principles of empowerment or autonomy with the professional duty to prevent harm (Stevens *et al* 2008).

Conversely, social work academics have drawn on the candidate's work (Ellis 1993; Davis *et al* 1997) for examples of good practice (Nolan and Caldock 1996; Phillips and Waterson 2002) as well as using her proposals (Ellis 1993) for ways in which assessment practice might be improved (Nolan and Caldock 1996; White and McCollam 1999; Dowling 2006).

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APPENDIX 4

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