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**DISCRETION AND STREET-LEVEL BUREAUCRACY  
THEORY: A CASE STUDY OF LOCAL AUTHORITY SOCIAL  
WORK**

by Antony Evans

A thesis submitted in partial fulfilment of the requirements of the degree  
*of Doctor of Philosophy in Applied Social Studies*

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## DECLARATION

Some of the material contained in this thesis or arising from the research has previously been published in the form of two journal articles jointly written with Professor John Harris, my supervisor. The articles are:

Evans, T and Harris, J (2004) 'Street-Level Bureaucracy, Social Work and the (Exaggerated) Death of Discretion', British Journal of Social Work 34: 871–896

Evans, T and Harris, J (in press) 'A Case of Mistaken Identity? Debating the Dilemmas of Street-level Bureaucracy with Musil *et al.*', European Journal of Social Work

This work was published after the period of study began and before the thesis was completed.

The thesis and the research on which it is based are the sole work of the author.

The thesis has not been submitted for a degree at another university.



## ABSTRACT

This thesis is a critical examination of social work discretion within adult Social Services. The topic is explored through a critical analysis of Lipsky's examination of discretion within street-level bureaucracies. The thesis first outlines Lipsky's analysis of discretion and subsequent research within the street-level bureaucracy perspective, identifying the limited analysis of the role of managers and the influence of professionalism on discretion as areas for further consideration. The thesis explores debates about management control and professionalism with regards to social workers' discretion, and how these relate to the continuing relevance of Lipsky's work on discretion. Two key alternative accounts of discretion in contemporary social work are identified: domination managerialism, arguing that managers have achieved control over social work and have extinguished discretion; and the discursive managerialism perspective, which sees managerial control and professional discretion intersecting in different ways in different settings. The thesis examines these arguments in terms of their descriptions of different regimes of discretion, that is: how discretion is characterised; claims about the nature of management control; and the role of professional status. These issues are examined through a study of an older persons team and a mental health team within the same local authority. The study suggests that 'management' is not monolithic, but is an internally differentiated group, and that local managers exercise significant discretion themselves and contribute to practitioner discretion. Furthermore, professionalism as a formal principle in structuring discretion continues to be significant, but to different degrees in the two different teams. The thesis concludes that the street-level perspective is useful in identifying limitations on managers' ability to control discretion. However, this perspective is also criticised as offering a limited account and neglecting the role of managers and professionalism in explaining the nature of social work discretion in Social Services.

## **LIST OF ABBREVIATIONS**

<b>ASW</b>	Approved Social Worker
<b>BCP</b>	Bed Clearance Programme
<b>CMHT</b>	Community Mental Health Team
<b>CBT</b>	Cognitive Behavioural Therapy
<b>CCETSW</b>	Central Council for the Education and Training of Social Workers
<b>CPA</b>	Care Programme Approach
<b>CPN</b>	Community Psychiatric Nurse
<b>CRIS</b>	Client Record and Information System
<b>CSCI</b>	Commission for Social Care Inspection
<b>EPDS</b>	Elderly and Physical Disabilities Service
<b>GP</b>	General Practitioner
<b>I/T (ratio)</b>	Indeterminacy /Technicality (ratio)
<b>IT</b>	Information Technology
<b>JOBS</b>	Job Opportunities and Basic Skills
<b>LGA</b>	Local Government Association
<b>NHS</b>	National Health Service
<b>NISW</b>	National Institute of Social Work
<b>OPT</b>	Older Persons Team
<b>PAF</b>	Performance Assessment Framework
<b>PCT</b>	Primary Care Trusts
<b>SSA</b>	Standard Spending Assessment
<b>SLBs</b>	Street-level Bureaucrats
<b>SSD</b>	Social Services Department
<b>SSI</b>	Social Services Inspectorate



# CHAPTER I

## INVESTIGATING DISCRETION

### INTRODUCTION

This thesis is an exploration of how social work discretion can be understood in the context of contemporary Social Services. This question is approached through a critical examination of Michael Lipsky's account of discretion in his seminal study of street-level bureaucracies (Lipsky 1980). The thesis seeks neither to defend nor to dismiss the street-level perspective, but rather aims to use it to stimulate critical thinking about the extent and basis of professional discretion within social work, as the starting point for an empirical study of discretion. There is a growing recognition that social policy research needs to be grounded in street-level experience (McDonald and Marston 2005, Mead 2005) and, accordingly, in undertaking empirical research the goal has been both to evaluate ideas of discretion in the field and, recognising the role of serendipity in research, to be sensitive to: '... the complexity of what one learns in the field {and to be open to} ideas ... that fall outside the existing literature' (Mead 2005: 543).

In undertaking this approach, it is necessary to examine the following questions: *what is discretion? Why is it an important and relevant topic for research? Why use Lipsky's work as a starting point for this study?*

#### **What is Discretion?**

Discretion is a difficult idea to pin down. The term is used in different ways in different contexts (Smith 1981, Evetts 2002). One possible approach would be to examine the full range of definitions and to choose

one as ‘correct’—though this raises the further problem of how to determine what a correct definition is. Furthermore, Smith warns against attempts at extended *a priori* definitions of the term, pointing out that the: ‘... apparent supposition that we can settle upon a definition, before research begins in social work, [is] unhelpful’ (Smith, 1981: 60). Within the different uses of the term, he argues, there is a general sense of concern with the freedom to make decisions in a work role, but beyond this it is difficult to provide a robust or precise definition (*ibid.* 47–48). Avoiding definitional debates, then, Smith prefers to see discretion as a topic for exploration. Rather than using it as a conceptual tool to be specified and applied to all situations, he looks at ‘... the language of discretion in relation to the action of discretion’ (*ibid.* 60). As a topic, discretion is concerned with the extent of freedom a worker can exercise in a specific context and the factors that give rise to this freedom in that context (*ibid.*).

### **Why is Social Work Discretion an Important and Relevant Topic for Research?**

In this thesis my concern is with examining the discretion of qualified social workers working within statutory British Social Services for adults.<sup>1</sup>

Discretion—as freedom—is seen as a key characteristic of professional workers (Freidson 1994). Social work as a profession is relatively new in Britain. While its origins can be traced back to the late 19th century (Lymbery 1998a: 199, Parry and Parry 1979: 26), its creation and recognition as a professional role are often associated with the Seebohm reforms and the creation of Social Services Departments in the early 1970s (Marshal and Rees 1985, Lymbery 1998a: 207, Foster and Wilding 2000: 151, Harris 2003: chapter 2). Almost since the point of social work’s professional consolidation, the idea of social work discretion has been

<sup>1</sup> British social work and Social Services are identified in contrast to the North American context of much Street-level Bureaucracy research. The empirical study reported in this thesis is of English social work teams within this broader British context.



contested, because of the close link between Social Services as an organisation and the idea of the professional status of social work (Parry and Parry 1979, Jones 1983). Paradoxically, what might be seen as the apotheosis of the social work professional project, in terms of the consolidation of social work and Social Services, was quickly followed by the increasing criticism of professional discretion, including that of social workers (Langan 1998: 14–16). In a post-war welfare state professionals were recognised as playing a significant role, not only in delivering services but also in developing and implementing service policies (Marshall and Rees 1985). However, from the 1970s professionalism within the welfare state was increasingly subject to a range of criticisms (Foster and Wilding 2000). Academic analysis questioned the functionalist view of professionals as ethically driven experts, pointing instead to their self-interested occupational strategies. This analysis was also related to a radical critique which saw professional collusion with dominant forces in society (*ibid.* 144). The developing consumer movement was critical of perceived professional arrogance, and the resurgent New Right offered an economic analysis of the producer power of professionals, restricting efficiency and choice, capturing public services and operating them in their own interest. The election of a Conservative government in 1979 gave particular emphasis to this latter analysis which regarded professionalism as a problem (*ibid.* 146), the solution to which was the introduction of more focused techniques and market disciplines derived from the business world into public services as a means of controlling professional freedom (Alaszewski and Manthorpe 1990, Clarke 1996, Harris 1998a, Jones 1999). Over the past 20 years the debate within the social work literature on discretion has largely focused on the decline of discretion (Evans and Harris 2004a). This literature, which will be discussed in Chapter III, has emphasised the rise of managers and managerial ways of thinking and the increasingly intense and effective control of welfare professionals. However, alongside this picture of the decline of professional discretion,

there has also been a developing literature influenced by Lipsky's work on street-level bureaucracy, arguing that social work discretion continues to be significant (Baldwin 1998, 2000, 2004, Ellis *et al.* 1999). This literature contests the view that the impact of managerialism is all-powerful and pervasive and points to the need for further investigation of discretion in terms of how much discretion social workers still exercise, the form discretion takes and the means by which it is structured and controlled.

## **THE STREET-LEVEL BUREAUCRACY PERSPECTIVE AND DISCRETION**

The core of Lipsky's argument is that discretion is inevitable. Public service organisations are necessarily complex and unwieldy bodies with vague and conflicting policy goals and limited resources; discretion arises from the need to turn broad goals into practical policy, and to decide how to use limited resources to achieve those goals (Lipsky 1980). In presenting this argument, Lipsky challenges formal accounts of policy implementation as clear policy issued from the centre and carried out locally, without problems, by street-level practitioners.

Lipsky developed his theory in the context of urban politics in North America in the late 1960s and 1970s (Hawley and Lipsky 1976). His approach reflects both his disciplinary perspective—political science—and the range of issues within urban politics. He examines street-level bureaucracies—public organisations delivering services to citizens—in relation to street-level bureaucrats' interaction with citizens receiving services and their relationship with politicians and the electorate. However, the focus of his analysis of discretion, as the subtitle of his book—*Dilemmas of the Individual in Public Services*—suggests, is on the relationship between street-level bureaucrats and their managers within public organisations and the dynamics of discretion which it generates.



This is also the focus of the treatment of Lipsky's work in this thesis.

### **Why Start with Lipsky?**

In Britain Lipsky's work was initially well received and seen as an insightful account directly applicable to the analysis of social work practice (Hill 1982). After this initial interest, the street-level bureaucracy perspective received little attention (Hudson 1993), but there has been renewed interest in the last few years, particularly in relation to social work (Evans and Harris 2004a). Lipsky's account shares the general view found in the social work literature of the increasing significance of management's attempts to direct and control day-to-day street-level practice. However, it also offers a counterbalance to the main body of this literature, which tends to characterise managers as omnipotent and capable of suppressing discretion (*ibid.* 873). Accordingly, his work has been subject to criticism by some of the authors who adopt this stance (Howe 1991a and Cheetham 1993).

Lipsky's work has largely been used to underline the continuation of practitioner discretion, while acknowledging the increasing role of managers (Baldwin 2000, Ellis *et al.* 1995). This thesis identifies Lipsky's scepticism about managerial control as an important contribution to the debate about professional social work discretion but points to its limitations in terms of its characterisation of management, particularly front-line management, and its general disregard of the role of professional claims in the construction of discretion for some street-level bureaucrats.

Lipsky's work continues to be relevant to debates about discretion in social work, and, as such, offers a useful starting point in examining the topography of professional discretion in Social Services. In line with Smith's emphasis on approaching discretion as a topic for investigation,

Lipsky's analysis is useful because of both its strengths and its weaknesses. It provides a set of hypotheses about discretion that facilitates 'the uncomfortable process of moving from theory to data and back again', which Smith sees as a crucial process in the analysis of discretion (Smith 1981: 48).

Any exploration of such an issue inevitably brings ideas and presumptions to the investigation (Gadamer 1975). In embarking on this research I have used Lipsky's work as my starting point. However, this thesis claims an uncommitted use of the street-level perspective. To support this claim, I will outline the origin and development of my interest in Lipsky's perspective.

### **Encountering Lipsky**

My first encounter with Lipsky's work was in the early 1990s, as a graduate trainee social worker. Before commencing social work training I worked in policy implementation, and Lipsky's account of street-level bureaucracy seemed to me a convincing account of the ability of professionals to influence the nature of the policy implemented at street level. In the context of the Griffiths reforms in health (National Health Service Management Inquiry 1983) and then in social care (Griffiths 1988), it also seemed to me to pose interesting questions about the claims being made for the effectiveness of management techniques in controlling and directing services.

My interest in the critical examination of Lipsky's work developed through my experience as a qualified social worker in the period following the implementation of the NHS and Community Care Act (1990). I qualified in 1993 and started work in a mental health team soon after the introduction of the new community care framework. According to



Lipsky's argument, street-level workers such as social workers retain discretion despite their managers; however, I also felt that I was given a wide degree of freedom in my practice by managers—social work professionals who had moved into management roles. In part this may have been due to my lack of previous experience as a social worker; certainly some practitioners in the team regarded the new community care framework as limiting their professional freedom. However, other practitioners believed that recent reforms had helped remove some of the interference that they had experienced before the reforms.

I moved to another social work team, where my experience was of continuing professional freedom. At the same time I encountered a situation described by Lipsky: that is, an organisation seeking to use resources and procedures (such as eligibility criteria) to control access to services; but creating uncertainty and confusion, which both generated discretion and required its use to make systems work. At this point, while working in a community mental health team, I decided to undertake research to investigate these issues more closely.

## **DEVELOPMENT OF THE THESIS**

As mentioned above, the literature on Social Services points to a significant change in their organisation over the past two decades, in the form of the growing influence of managerialism (see Chapter III). In the development of the thesis I returned to Lipsky's original work and found its contemporary relevance reinforced. While Lipsky writes about American public services in the 1970s, his account of these organisations and how they were managed reflects contemporary accounts of managerialised Social Services—for instance, in terms of the ethos of management control and the language of eligibility, performance measures and outputs *etc.* (Harris 1998a). Accordingly, his work offers an interesting

starting point from which to explore arguments about the impact of managerialism on Social Services, because it challenges key claims of managerial capacity and effectiveness. However, the perspective's limited analysis of the nature of management and of the influence of professional status on discretion points to areas for further investigation.

Managerialism's emphasis on formal systems of management and the effectiveness of managers in controlling staff relates to the view within much of the literature identifying and analysing the impact of managerialism on Social Services that workers no longer have discretion. Commentators looking at the impact of managerialism on professional discretion often share this view. However, on closer examination the literature examining the impact of managerialism on social work staff suggests two different analyses with differing implications for understanding discretion.

Lipsky's work can be seen as a challenge to accounts—here called 'domination managerialism'—of the success and power of managers in running organisations and curtailing practitioner discretion. His account of discretion is in terms of the day-to-day ability of street-level practitioners to influence and change policy, which is often more extensive than formal (organisationally acknowledged) discretion. While Lipsky and domination managerialism disagree on the effectiveness of management control, they do agree that managers are committed to the organisation and to ensuring that recalcitrant workers comply with policy instructions. However, their analyses play down the potential influence of another, professional, idea of discretion, its influence on what is understood as the basis and extent of (professional) discretion, and the possible influence of shared professional backgrounds on the relationship between practitioners and their managers. I argue that these factors are recognised by another perspective on discretion in contemporary managerialised Social Services, here called 'discursive managerialism'. This approach to discretion offers a



complex analysis which, while recognising the growing influence of *managers and management ideas within Social Services*, also points to the continuing influence of a professional culture which interacts with the new management culture in various ways in various settings, creating different *discretionary settlements in each setting*.

The focus of this thesis is on the extent of discretion experienced by *professional social workers in adult Social Services*, and the basis of this freedom. In using Lipsky's work to explore this area, I have concentrated on particular aspects of the street-level bureaucracy perspective. Lipsky's account both *examines discretion's continuation in a managerialised organisation* and seeks to evaluate and describe the ways in which street-level bureaucrats use their discretion. However, to engage in a study of both the extent of discretion and the way in which it is used would be beyond the scope of this thesis. This thesis restricts its focus to the extent and basis of discretion, for the following reasons: any study of the use of *discretion assumes its existence*, but the *existence of discretion must first be addressed*; and the main academic debate—as outlined above—focuses on the existence of discretion. However, in conclusion this thesis identifies *the uses of discretion as an area for further exploration*.

In summary, this thesis is a critical examination of the extent and nature of *professional discretion in the context of Social Services*, employing Lipsky's theory as a vehicle and exploring key issues through a study of professional social work discretion in a Social Services Department. *Discretion and different accounts of discretion are examined in two adult social work teams: a mental health team and an older persons team*, and through these sites and the examination of discretion, the impact and *interaction of managerialism and professionalism are explored*. Policy is examined in relation to the light it sheds on the nature and operation of discretion in these settings, focusing on the impact of the community care

reforms and aspects of the modernisation agenda of the New Labour government. However, the thesis does not aim to offer a detailed analysis of these two policy areas and considers them only in relation to their contribution to understanding the context of discretion in Social Services.

## **STRUCTURE OF THE THESIS**

In this chapter I have outlined social work discretion as a topic for investigation and identified Lipsky's work on street-level bureaucracy as a useful starting point in examining professional discretion in an increasingly managerialised context. Chapter II outlines Lipsky's analysis of discretion in street-level bureaucracy and argues that his account of the conditions of work which give rise to discretion, while acknowledging professionalism, fails to explore its implications for the extent of discretion in street-level bureaucracies and (related to this) the relationship between managers and street-level bureaucrats. These issues emerge in the critical response to Lipsky's work; the thesis outlines the shift in empirical research from demonstrating the validity of Lipsky's picture of extensive street-level discretion in public organisations, to increasing consideration of the role of professional status in constructing different regimes of discretion, and of the role of managers as discretionary agents themselves.

Chapter III provides a critical analysis of the application of the street-level bureaucracy perspective to British Social Services. This chapter considers the significant body of literature arguing that discretion within Social Services has been severely curtailed in the wake of the impact of managerialism, as well as studies seeking to demonstrate continuation of discretion, and argues that Lipsky's work is directly relevant to contemporary Social Services, contrary to the view of his critics. Lipsky's account of discretion accepts the idea of increasing regulation of practice, but calls into question the effectiveness of many management strategies of



control. In this consideration of the contemporary relevance of Lipsky's work, two other strands of analysis of discretion are identified in the literature. The 'domination managerialist' perspective emphasises managerial control of discretion as top-down domination, and is the primary location of critics of Lipsky's analysis. A second strand is identified—'discursive managerialism'—which suggests a different critique of the street-level bureaucracy perspective, pointing to the potential influence of professionalism on discretion and the role of managers as discretionary agents.

Chapter IV outlines the approach taken to the empirical research in exploring these issues and the operation of discretion within a Social Services Department. It describes the two Social Services teams, within the same authority, chosen as a case study to explore different impacts of managerialism and professionalism.

Chapters V and VI present the context of and findings from the case study. Chapter V outlines the case study and presents 'thick descriptions' of the two sites, identifying them as sites of street-level bureaucracy within which managerialism, particularly through the development of community care, has had a differing impact on the pre-existing bureau-professional culture of Social Services. Chapter VI presents the case study findings in relation to key areas, identified in Chapters II and III, as requiring closer investigation, namely: the nature of management within Social Services; the effectiveness of management techniques in controlling practitioners; and the relationship between practitioners and their local managers.

Chapter VII reviews and discusses these findings in relation to the literature examined in Chapters II and III. In Chapter VIII the thesis concludes by identifying the contribution made to the understanding of social work discretion, and considers the implications for further research.

## CHAPTER II

### THE STREET-LEVEL BUREAUCRACY PERSPECTIVE AND DISCRETION

#### INTRODUCTION

This chapter will examine Lipsky's account of the nature of discretion in street-level bureaucracies and his description of the relationship of managers and street-level bureaucrats. It will then consider the subsequent development of a street-level bureaucracy literature. Lipsky's analysis was well, but not uncritically, received when it was published. The contemporary reactions to *Street-level Bureaucracy* will be outlined, as well as the literature that has sought to demonstrate and develop the street-level bureaucracy perspective through empirical research. These studies initially focused on demonstrating the validity of Lipsky's account of discretion. However, recently a more critical strand has developed in this literature, which has started to raise questions about aspects of Lipsky's analysis. The discussion will identify the claims of proponents of the street-level bureaucracy perspective that it is sufficient for the understanding of the motivation and behaviour of street-level bureaucrats (and their managers). It will then point to the need to consider wider issues, particularly the influence of professionalism—and related ideas of discretion and supervision—which raise questions about how street-level bureaucracies operate. In an examination of Lipsky's theory, key areas for further investigation are: the way in which professional street-level bureaucrats and their managers operate; and how this conforms to and differs from the picture Lipsky presents.



## LIPSKY'S ANALYSIS OF DISCRETION

Discretion—the freedom to carry out work—is a central concern for Lipsky in *Street-level Bureaucracy*. In the complex and chaotic world of public service, he argues, discretion is necessary to make policy work, but the need for discretion can give rise to street-level practices that undermine effective policy implementation and the organisational accountability of street-level workers. Central to his examination of discretion is the tension he identifies in the relationship between street-level workers and organisational managers.

Lipsky's analysis of discretion in *Street-level Bureaucracy* focuses on the nature and conditions of street-level bureaucrats' work and hierarchical control over their work. His account of discretion is closely tied to his analysis of work undertaken by front-line staff delivering services to individuals and communities from large public organisations, and the particular characteristics of these types of organisation. Lipsky's analysis developed in the context of the study of American urban politics in the 1960s and 1970s (Lipsky, 1971, 1976, 1980). In the 25 years following the Second World War there was a significant expansion of public services at federal and local level, particularly in the late 1960s, with the expansion of social programmes associated with the war on poverty (Eisinger 1998: 395). In this context, Lipsky observes that:

The public sector has absorbed responsibilities previously discharged by private organisations in such diverse and critical areas as policing, education and health. Moreover, in all these fields government not only has supplanted private organisations but also has expanded the scope of responsibility of public ones (Lipsky 1980: 6).

Within the expanded public sector professionals in health, welfare and education had become powerful groups able to achieve significant discretion in their work (Lipsky 1980: 7). However, in the mid '70s state and city public services were facing substantial cuts in their budgets (Diner 1998: 726). The context of constrained public services, an environment of pressing demand, concern about funding levels and programme efficiency, and political conflict (Hawley and Lipsky 1976, Kaufman 1998: 123) gave rise to Lipsky's understanding of street-level bureaucrats and street-level bureaucracies.

Lipsky's aim is to move away from traditional approaches to the study of public administration, which emphasised formal structures, and to examine the day-to-day conditions of policy implementation (Bream and Gates 1999: 10). His work builds on a strand in post-war analysis of public bureaucracies that examined the balance of control and discretion in public service work and suggested that the balance was tilted towards discretion. Prottas, a research assistant of Lipsky's in his work on street-level bureaucracy, summarises the impact of this literature on the formulation of Lipsky's key problem: 'Street-level bureaucrats make public policy as it emerges on the street level, and ... they do so despite the massive mechanisms designed to control and direct their behaviour' (Prottas 1978: 288).

Lipsky's explanation for this apparent paradox focuses on a picture of complex and confusing policies which, at street level, have to be interpreted, prioritised and made to work. In this context, he argues that the issue of discretion is central in policy analysis because: '... the routines they [street-level bureaucrats] establish, and the devices they invent to cope with uncertainties and work pressures effectively become [*his emphasis*] the public policies they carry out' (*ibid.* xiii). In effect, he says, they become significant policy-making actors—the '... street ministers of education,



dispute settlement, and health services' (Lipsky 1980: 12).

The nature of the organisations within which street-level bureaucrats work is central to our understanding of their discretion. Lipsky characterises bureaucracies as public rather than business organisations (*ibid.* 48) and defines street-level bureaucracies as public bodies whose services are predominantly provided or allocated by street-level bureaucrats (*ibid.* 3). Street-level bureaucrats are not all public service employees, but those:

...who interact directly with citizens in the course of their jobs, and who have substantial discretion in the execution of their work ... typical street-level bureaucrats are teachers, police officers and other law enforcement personnel, social workers, judges, public lawyers and other court officials and many other public officials who grant access to government programs and provide services within them (*ibid.* 3).

Furthermore, Lipsky presents street-level bureaucracies as difficult organisations within which to work, characterised by the challenging working conditions they create for workers—conditions of resource shortages and policy confusion (Lipsky 1991: 215). This environment of uncertainty and scarcity is placed at the centre of Lipsky's understanding of the dilemmas and tensions that impact on street-level bureaucrats' work and extend their discretion. According to his account, policy objectives tend to be ambitious, ambiguous, vague or conflicting, and have to be matched to resources. Working in the context of policy complexity and resource paucity that characterise street-level bureaucracies, street-level bureaucrats have to make sense of what their work involves and survive by prioritising policies, choosing between incompatible policies and ignoring impractical policies (Lipsky 1980: 32). For Lipsky these conditions are not incidental but are fundamental to understanding street-level bureaucracy:

‘The analysis presented here depends upon the presence of the aforementioned working conditions. If for some reason these characteristics are not present, the analysis is less likely to be appropriate...’ (*ibid.* 28).

According to Lipsky street-level bureaucrats, unlike similar workers in other bureaucracies, ‘...have considerable discretion in determining the nature, amount, and quality of benefits and sanctions provided by their agencies’ (*ibid.* 13). Street-level bureaucrats are involved in dynamic work situations, where there is a need to respond to the human dimension of service. It is work made up of: ‘...complex tasks for which elaboration of rules, guidelines, or instructions cannot circumscribe the alternative’ (*ibid.* 15). They need discretion to respond to the unexpected and to ensure that services are responsive to individual need. Lipsky does not claim this to be the case for every piece of work carried out, but argues that, within their role, there is a recognition that situations can arise that will call for them to think on their feet and produce appropriate responses. However: ‘...possible responses are often circumscribed, for example, by the prevailing statutory provisions of the law or the categories of services to which recipients can be assigned’ (*ibid.* 161). The tension between the requirement to follow organisational guidelines and responsiveness to individual requirements is at the heart of Lipsky’s analysis of discretion. For him, the organisational characteristics that delineate formal discretion paradoxically create both pressures and opportunities to act beyond the street-level worker’s formal role.

In summary, Lipsky characterises street-level bureaucrats’ conditions of work as ‘the corrupted world of service’ (*ibid.* xiii). He talks of: ‘The ambiguity and unclarity of goals and the unavailability of appropriate performance measures in street-level bureaucracies’ (*ibid.* 40). Street-level bureaucrats have to work with ill-defined organisational goals and



unrealistically high public expectations of the agency and its staff. Policy objectives tend to be overblown, ambiguous, vague or conflicting. The problem of policy imprecision is compounded by insufficient resources for the job. They have fragmented contact with their clients, work with people from diverse backgrounds and need to make rapid decisions, typically under conditions of limited time and information. Simultaneously, the services that street-level bureaucracies provide are under-resourced to meet demand. In this context street-level bureaucrats have to exercise discretion; they have choices to make about services and how they are delivered. They have to decide how to make policy work through exercising discretion about whom to help, which needs to meet and which policies to follow.

For Lipsky this level of discretion is a problem because it threatens policy implementation. Managers find it difficult to control and direct discretion in line with organisational goals. He emphasises the problems that managers have in controlling street-level bureaucrats, whose goals are, he argues, fundamentally different from theirs and the organisation's (*ibid.* 13–25). Lipsky's analysis of this problem of control is not just in terms of managers' ability to monitor and apply solutions but also in terms of the micro politics—the conflict and dependency that exist between street-level workers and their managers.

### **Street-level Bureaucrats and their Managers**

For Lipsky, street-level bureaucrats and their managers operate in significantly different ways. They have different job priorities and commitments and different values, and they use different strategies. Street-level bureaucrats want at least to make the conditions of their work as bearable as possible and, where they can, to take control of the direction of their work (*ibid.* 18). In contrast, managers are concerned with

implementing the policy that they are directed to put into effect, and with doing this as effectively as possible (*ibid.* 18). Street-level bureaucrats are guided by their own preferences, including a desire to maintain as much discretion as possible, and tend only to follow those agency objectives to which sanctions are attached (*ibid.* 18). Managers, however, have a clear commitment to carrying out policy (*ibid.* 18–19). While managers are committed to equal treatment (*ibid.* 22), workers' commitment to procedural fairness is more ambivalent: they want to treat people on an equal basis, but they also want to adapt the rules and they bring their own concerns into play (*ibid.* 23). Street-level bureaucrats and managers in Lipsky's account are, then, in separate, antagonistic camps:

...it is a relationship best conceived in large part as intrinsically conflictual. The role of the street-level bureaucrat is associated with client-processing goals and orientations directed toward maximizing goals. Managers' roles in this context are associated with worker–management goals directed toward aggregate achievement of the work unit and orientations directed toward minimizing autonomy' (*ibid.* 25).

Lipsky also argues that, while they may well have different interests, street-level bureaucrats and managers rely on one another, and often have to compromise to achieve their different goals as best they can. Managers have power, but it is limited in a number of ways. Surveillance and sanctions cost in terms of time and disruption. Regulation of the workforce through the manipulation of benefits and sanctions to induce performance tends to be limited by employment rights. Managers can also make work more or less interesting for individuals; but these opportunities tend to be on the margins (*ibid.* 19–24). Managers, then, in Lipsky's view, are: '...ultimately constrained by law, labor agreements, political opposition and worker solidarity from dictating decisions or otherwise compromising



the role of street-level workers in determinations about individual clients' (Lipsky 1991: 216–217). Significantly, managers also need workers to perform. If the job is not done, it reflects not only on workers but also on managers themselves. Their status as managers relies on being seen to get the job done, which in turn is largely in the gift of the workers: 'Workers can punish supervisors who do not behave properly toward them, either by refusing to perform work of certain kinds, by doing only minimal work, or by doing work rigidly so as to discredit supervisors' (Lipsky 1980: 25). Similarly, workers can bend and break rules, but they are also aware that managers wield power and that non-compliance, if pushed too far, could give rise to sanction: 'Formal sanctions, although costly for managers to invoke, are also costly to workers, who thus try to avoid receiving them' (*ibid.* 24).

The relationship between street-level bureaucrats and their managers is one of:

... mutual dependency. Thus managers typically attempt to honor workers' preferences if they are rewarded by reciprocity in job performance. To a degree reciprocity will characterize all working relations; in street-level bureaucracies, however, the resources of lower-level workers are greater than those often possessed by subordinates in other work contexts. Hence, the potential for reciprocity is greater (*ibid.* 25).

Management control and street-level discretion are, in part, an armistice between managers and workers. However, managers also have to accept their own limited ability to control and direct street-level bureaucrats (*ibid.* 164). The 'corrupted world of service' described above affects managers as well as street-level workers: street-level bureaucracies are difficult organisations to run. Management strategies of control, such as

performance measures, are difficult to put into effect in the conditions of street-level bureaucracies. It is problematic, for instance, to define what a 'good' service is; and there is the constant risk that imposing crude performance measures could distort service delivery: 'There is often a fine line between inducing workers to better conform to agency policies and inducing workers to be open to fewer options and opportunities for clients' (*ibid.* 164). Furthermore: '... street-level bureaucrats, in recognition of the importance performance measures have to limiting their autonomy, actively resist their development and application' (*ibid.* 53).

Another aspect of the tension in the relationship between managers and street-level bureaucrats is reciprocity in the operation of discretion: managers allow the letter of policy to slip, provided street-level bureaucrats respect its spirit. But for Lipsky this is a 'cold war' reciprocity, based on a recognition of limited power and distrust. This becomes evident in his detailed analysis of the nature of discretion in street-level bureaucracies.

### **Professionals and Street-level Bureaucracy**

The everyday world of public service involves conflicting priorities, cost concerns and inadequate resources and street-level bureaucrats frequently find themselves having to make sense of rules and procedures that collapse complex goals with many, often conflicting or outright contradictory aspects, paradoxically creating further confusion. Human services can also throw up situations for which policy has not yet been developed, and street-level bureaucrats are left to decide policy for themselves. Within this broad framework of policies, discretion involves being practical and pragmatic; not letting the detail get in the way of the service; abiding by the spirit, if not the letter of policy:

It is desirable to clarify objectives if they are needlessly and



irrelevantly fuzzy or contradictory. However, while agency goals may be unclear or contradictory for reasons of neglect and historical inertia, they may also be unclear or contradictory because they reflect the contradictory impulses of the society the agency serves. The dilemma for accountability is to know when goal clarification is desirable, because continued ambivalence and contradiction are unproductive, and when it will result in a reduction in the scope and mission of public services (*ibid.* 165).

Lipsky argues that in response to this inevitable policy tension and confusion street-level bureaucrats either leave, buckle under the strain or stay, adapt and survive. The adaptations identified by Lipsky involve either a narrow idea of discretion or one that is very wide-ranging (*ibid.* 149–151).

Some street-level bureaucrats, Lipsky argues, adopt a bureaucratic stance, following rules and using only a very limited idea of discretion in the sense of retaining a basic flexibility to respond to different human needs as fundamental to the provision of human services. He also identifies an extreme version of this approach, which involves workers hiding behind rules and regulations, as a defence against discretion; denying their freedom to make policy work and operating strictly according to rules and regulations:

Workers seek to deny that they have influence, are free to make decisions, or offer service alternatives. Strict adherence to rules, and refusals to make exceptions when exceptions might be made ... ‘it’s the law’, and similar rationalisations not only protect workers from client pressures, but also protect them from confronting their own shortcomings (*ibid.* 149).

An opposite response is also identified by Lipsky. Because of the extent



and need for discretion at street level, street-level bureaucrats can turn discretion against policy: 'They may assert discretionary dimensions of their job to a greater degree than called for in theory...' (*ibid.* 150). They have leeway not only to work in accordance with organisational goals, but also to operate in ways which contravene or subvert those goals, making it relatively easy for workers to tailor their behaviour to avoid accountability (*ibid.* 163): 'Street-level bureaucrats resist organizational pressures with their own resources. Some of these resources are common to public service workers generally and some are inherent in their position as policy deliverers with broad discretion' (*ibid.* 25). The key tactics which street-level bureaucrats can use to circumvent interference from supervisors are: control of information upwards; playing on the essentially private nature of their work; and exploitation of management's reliance on their good will and initiative, on which continuing service provision depends (*ibid.* 23–25).

Lipsky is critical of what he sees as this tendency of street-level bureaucrats to either minimise or maximise their discretion. He sees them as distorting public policy in ways which undermine managers' emphasis on using discretion pragmatically to best achieve policy-makers' intentions. Street-level bureaucrats become the key policy makers, resulting in a democratic and accountability deficit: 'The political significance of routines is highlighted by the fact that the policies that result from routine treatment are often biased in ways unintended by agencies whose policies are being implemented or are antithetical to some of their objectives' (*ibid.* 84).

However, Lipsky does not give sufficient attention to the possibility that some street-level bureaucrats—such as professional workers—may be required to exercise extensive discretion by the organisation because of their particular attributes. He also equates policy distortion with the freedom that street-level bureaucrats exercise and fails to acknowledge

that policy outcomes are the aggregate of activity within the organisation, and may be the result of management discretion, as much as that of front-line workers.

## **A CRITICAL EXAMINATION OF LIPSKY'S ANALYSIS**

### **Street-level Bureaucrats and 'Professionals'**

Lipsky's account emphasises the generic characteristics of street-level bureaucracies, *the nature of their discretion, its control and its use.*

However, I would argue that there is some confusion about the way street-level bureaucrats are conceptualised. This touches on how discretion might be approached by street-level bureaucrats and how the relationship with managers is negotiated. Professionalism, for instance, can influence the nature of discretion and the nature of the relationship between practitioners and managers (Freidson 1994: 102). Lipsky's theory is so intent on emphasising similarities that it fails to take sufficient account of differences in occupational status and their potential impact on the elaboration of his perspective.

A central issue here is Lipsky's treatment of professional street-level bureaucrats (and bureaucracies). In his account of street-level bureaucracies Lipsky often talks of street-level bureaucrats as 'professionals' (Magnusson 1981: 213). As noted above he also characterises street-level bureaucrats as possessing substantial discretion in the exercise of their work (Lipsky 1980: 13). The use of the term 'professional' can range from being synonymous with white-collar staff to a more restricted meaning of an occupational group that has certain attributes, status and power (Johnson 1972: 21). However, while there is a wide range of skilled workers, professionals are generally thought of as different because of their particular skills, values and status, which afford them some degree of



control and regulation over their work (Freidson 1994: 128). Lipsky uses ‘professional’ in both ways. He tends to use it in the first sense throughout *Street-level Bureaucracy*: ‘...the word “professional” is used quite loosely, and can encompass people without very much training’. But he also talks about observing ‘...professionalism in the ethos of SLBs [*sic*]’, alluding to the narrower idea of professionals (personal communication 2004). Here he seems to be eliding ‘street-level bureaucrat’ with the more restricted term of ‘professional’. He includes in his definition of street-level bureaucrats a number of occupations—lawyers, doctors, teachers, and social workers (Lipsky 1980: 3)—that would be considered professional in the technical, restricted sense. The significance of whether street-level bureaucrats are conceived of as white-collar employees or more narrowly as professional staff is threefold.

First, it influences the coverage of the perspective. The narrow sense of ‘professional’ would restrict its application to a limited range of public welfare bureaucracies which predominantly employ professionals at street level, whereas the first sense is more inclusive. In relation to the coverage of the theory, Lipsky clearly sees it as wide-ranging and inclusive: ‘In developing the street-level framework, I identify the common elements of occupations as apparently disparate as, say, police officer and social worker’ (*ibid.* xvi).

Secondly, the idea of a core of necessary discretion to do the job (see above) would involve very different claims depending on how street-level bureaucrats’ professionalism is understood. The nature and extent of discretion is likely to be both more robust and more extensive if street-level bureaucrats are understood to be professionals in the narrow sense, rather than if they are understood as all white-collar staff. When Lipsky alludes to the street-level bureaucrat’s attributes, he seems to be using this narrower sense of ‘professionalism’:



To the extent that street-level bureaucrats are professionals, the assertion that they exercise considerable discretion is fairly obvious. Professionals are expected to exercise discretionary judgement in their field. They are regularly deferred to in their specialized areas of work and are relatively free from supervision by superiors (*ibid.* 14).

This fluid use of the notion of 'professional' is problematic in that it fails to distinguish the level of discretion available to all street-level bureaucrats from that additionally available to street-level bureaucrats who are professionals in a narrow sense.

Finally, where street-level bureaucrats are seen as professionals in the narrow sense, it points to another perspective on their organisation and its managers' expectations of their use of discretion. This is the idea that professionals have a role not only in implementing policy but also in developing it. This notion is central, for instance, in understanding the role of professionals in the post-war British welfare state in translating general welfare rights into particular provision (Marshall and Rees 1985: 255–257) and has also been noted in American public administration (Kadish and Kadish 1973). The emphasis here is on regarding obligations not in an unquestioning way but responsibly and thoughtfully. Discretion is necessary not only because of possible conflicts between means and ends, as Lipsky suggests, but also because policy is necessarily sketchy, requiring professional staff to create and develop a workable policy in practice.

For the most part, Lipsky is concerned with the common experience of street-level bureaucrats and their general responses as workers. While he acknowledges—almost as an afterthought—that there may be differences between workers, his emphasis is on their commonalities (Lipsky 1980: xvi). He is focused on his goal of developing a universal approach to street-

level bureaucracy. Lipsky tends to emphasise the ‘central tendencies’ (*ibid.* xvi) in diverse public services—the (lowest) common denominators of discretion, difficult work conditions, challenges to central control and a discretionary response to these conditions that emphasises pragmatism over idealism (*ibid.* xv–xvi).

### **Managers and Street-level Bureaucracy**

A similar comment could be made about Lipsky’s account of managers in street-level bureaucracies. He presents managers in stark, undifferentiated terms as obedient organisational agents. The basis for this is unclear in the body of his argument. He has subsequently clarified the basis of his view: ‘I know very little systematically about the origins of managers...’ (personal communication 2004). Furthermore, while in *Street-level Bureaucracy* he recognises that: ‘The focus on the divergence of objectives between the organization and lowest-level workers could with some modifications be applied to the relation between lowest-level supervisor and the roles to which this position is subordinate’ (Lipsky 1980: 216), he does not develop this point; in fact he leaves it out of the main body of his argument, locating it in a footnote at the end of the book. This is surprising, because the implications of this observation for his argument are significant for understanding the role of managers and the relationships between layers of management within the organisation. The implication is that policy, the standard that Lipsky assumes can be used to assess the use of discretion, is not simply transmitted through layers of management in the organisation unaltered, but that, in the same way that street-level bureaucrats adapt the objectives of their managers, so their supervisors adapt the objectives they have been given by their supervisors, and so on. Managers, as well as street-level bureaucrats, exercise discretion.



## **Actors and Motives**

This discussion relates back to the micro-politics of the relationship between street-level bureaucrats and their managers. Lipsky characterises managers and street-level bureaucrats as having fundamentally different orientations. Managers, according to Lipsky, are the creatures of the organisation; workers seek to resist it. However, in line with the earlier argument, where street-level bureaucrats are professionals, the nature of their relationship with management may be very different from this: professionals working in organisations tend to be managed, at least at the level of their immediate supervision, by fellow professionals (Freidson 1994). Here Gouldner's distinction between cosmopolitans and locals is instructive. Looking at the orientation of workers within organisations, he distinguishes locals, who identify with and are loyal to the organisation, from cosmopolitans, who identify more with their peers, who have specialist skills and professional commitments (Gouldner 1957). Accordingly the concerns, priorities and commitments of the professional group may cut across the antagonism and conflict which Lipsky sees as inevitable in the relationship of street-level bureaucrats and their managers, and it may be the basis for shared commitments that are strikingly different from official policy. This suggests the need to analyse the practices of street-level bureaucrats and their managers in a way which can recognise additional professional responsibilities, commitments, and so on, that professional street-level bureaucrats and managers may have—and how these impact on their working relationship—as well as those they share with other street-level bureaucrats and other managers respectively.

Lipsky's perspective is seen as applicable to all street-level workers, including professional staff, through the adoption of a level of generalisation that denudes organisations and organisational actors of



important characteristics. (This may be due, in part, to his belief that, to a large extent, these workers have been de-professionalised: ‘... in the American case at least, eligibility determination has been deprofessionalized over the last 20 years or so’ (personal communication 2004). However, this is an empirical question that requires empirical investigation and cannot simply be asserted.)

My argument here is that, in developing the street-level bureaucracy perspective, Lipsky has too often emphasised central tendencies and, in the process of doing this, has ignored diversity and relegated differences to footnotes and passing comments. However, the observations above suggest that the street-level perspective is best approached as a tentative framework rather than as a fully developed model of how all street-level bureaucracies work. *Street-level Bureaucracy* is a starting point for analysis—a picture of factors which help us to understand these complex public organisations but which also requires critical adaptation and augmentation to take account of specific differences in particular settings. Lipsky, I would argue, recognises this when he points out that:

Just as one of the most important contributions of the concept of ‘professionalism’ is to facilitate understanding of the difference between, say, doctors and nurses, in the same way the concept of street-level bureaucracy should encourage exploration of important differences in public service as well as contribute to an understanding of central tendencies that they share ... it is to be expected that an elaboration of central tendencies such as the description of street-level bureaucracy cannot apply evenly to all the cases from which the generalizations are drawn (Lipsky 1980: xvi).

However, Lipsky fails to foreground this tentative dimension of his analysis in the analytical framework.

## REACTION TO *STREET-LEVEL BUREAUCRACY*

The general reaction to *Street-level Bureaucracy* when it was published was positive (Anon. 1981, Hasenfeld 1981, Joffe 1981, Magnusson 1981, Perlman 1981, Goldner 1982, Hill 1982, Yates 1982, Stone 1983). Goldner, for instance, described it as a rich compilation and summary of 'what we know about worker discretion' (Goldner 1982: 153), while Yates saw it as an important and original contribution to public administration scholarship (Yates 1982: 145). Stone welcomed the work as a timely contribution to understanding a key problem in public policy around the gap between high expectations for services and problematic delivery (Stone 1983). However, within this generally positive picture reviewers were not uncritical, and it is possible to identify two key critical themes in their comments on *Street-level Bureaucracy* which relate to discretion.

The first set of criticisms relates to the sweeping nature of Lipsky's account of street-level bureaucracy. Commentators point out the need to recognise that street-level bureaucrats and street-level bureaucracies, while they have some similar characteristics, may also be significantly different. An anonymous reviewer in the *Michigan Law Review* (Anon 1981) is critical of the absence of a nuanced account, pointing out that:

[Lipsky's] analysis suffers from the inevitable difficulty of fitting into one mold such diverse services as police patrols, elementary school classes, and legal services interviews ... Lipsky's method emphasizes selected similarities but does not highlight differences that might have provided additional insight (*ibid.* 813–814).

Hasenfeld argues that Lipsky fails to take sufficient account of the impact of different political and economic contexts of practice. While he accepts



that street-level bureaucracies are generally under-resourced, he points out that the level of under-resourcing and the nature of the policy context of practice can vary and that these variations can, in turn, affect the opportunities that street-level bureaucrats have to respond positively or negatively in the situations they encounter (Hasenfeld 1981: 156).

The second theme concerns the implementation gap in policy, discretion and the role of managers. These critics suggest that the unanticipated policy outcomes from street-level bureaucracies that Lipsky ascribes to street-level bureaucrats are more likely to be the result of a complex, multi-layered and multi-actor process than the result of the actions of one group of workers. Several commentators are critical of Lipsky's focus solely on street-level bureaucrats as policy-makers. While they agree that street-level bureaucrats play a role in changing and implementing policy, they point out that the response of street-level bureaucrats to their situation—such as rationing contact time—may be a management strategy, as opposed to a worker response (Anon 1981: 813) Hasenfeld states that: 'There simply is no evidence to support his argument that the service practice in the welfare departments or the school system are more a function of the discretion of lower-level workers than the deliberate policies of the organisational elites...', and goes on to say that this is not to deny the importance of discretion, 'but to suggest that its impact is far more limited than the author implies' (Hasenfeld 1981: 156).

Furthermore, the emphasis on the role of street-level bureaucrats to explain policy distortions does not acknowledge the part of managers and policy-makers throughout the organisational hierarchy, who themselves play a role in developing and changing policy, and who often use 'technical experts' to provide them with cover when problems arise in the implementation of their own, impractical strategic policies (Stone 1983).



## **STREET-LEVEL THEORY AND EMPIRICAL RESEARCH**

The critical points identified in the reviews are not explicitly picked up in the empirical material. However, as research has developed, similar issues to those identified by the reviewers have emerged. Initially, the empirical research focused on demonstrating the basic claims of street-level bureaucracy: that street-level bureaucrats exercised significant discretion in terms of their ability to select and adapt policy through implementation and practice. However, particularly in the past decade, a more critical literature has also developed which has questioned assumptions of the street-level bureaucracy approach.

### **Street-level Bureaucrats: Employees or Professionals**

A central theme in the research, especially in the initial stage, involves the validity of the street-level bureaucracy perspective, particularly through demonstrating the extent of discretion exercised by street-level bureaucrats. Lovrich *et al.* (1986) present the findings of a survey of the employees of Washington State, which, they argue, provide empirical validation of Lipsky's theory (Lovrich *et al.* 1986: 14). The survey, which involves 781 state employees (75% of the work force responded), looks at workers' perception of their work and the organisational context. Respondents are categorised as street-level bureaucrats and non-street-level bureaucrats (*ibid.* 20). The researchers find that street-level bureaucrats are demonstrably more active than non-street-level bureaucrats in seeking opportunities to develop and use their discretionary power, and that there is a general perception amongst the interviewees that fellow street-level bureaucrats do not stick to the letter of agency rules (*ibid.* 25).

Another study looks at how patrol officers define their jobs in different

ways from their supervisors (Gianakis 1994). Gianakis' survey of police patrol officers in a city in Florida (206 out of 294 officers) is supplemented by interviews with a small number of officers and supervisors. He finds that, while there is a broad surface agreement about what the job involves—which could be specified in job appraisals *etc.*—this still leaves considerable room for operational individualism and job-customising by each officer. In Gianakis' view, this confirms Lipsky's claim that public servants function as *de facto* policy-makers in that they decide how to define and operate their particular role and so directly determine the quality and nature of the service they provide (*ibid.* 299).

Brodkin (1997) and Meyers, Glaser and MacDonald (1998) look at the implementation of 'welfare to work' programmes in two US states (Illinois and California). Brodkin looks at the Job Opportunities and Basic Skills (JOBS) programme in Chicago and does supplementary research on Work Pays programmes in California. Meyers, Glaser and MacDonald look at the Work Pays programme in California. While these are separate studies, the authors of both acknowledge the other and make links between them, drawing similar conclusions (Brodkin 1997: 29 and Meyers *et al.* 1998: 21). In both the JOBS and Work Pays programmes, Brodkin and Meyers *et al.* are interested in the way workers respond to both a new policy and a new role—no longer just determining eligibility for benefits, but now required to encourage welfare beneficiaries to consider work as an alternative to benefits and provide advice and guidance on services to enable people to reintegrate in the work world where appropriate. Brodkin finds that street-level bureaucrats used their discretion to resist the new policy: '...case workers routinely failed to elicit this information [about special circumstances] or respond when clients indicated problems' (Brodkin 1997: 22). Meyers *et al.* also identify problems with programme implementation. They find that both workers and their office superiors explicitly disavow responsibility or even authority to discuss entry into work with clients



(Meyers *et al.* 1998: 12). Furthermore, workers frustrate the programme by failing to exercise positive discretion (that is, actively promote the Work Pays message) and relying heavily on routinised and scripted interviews (*ibid.* 12).

Winter (2002) and May and Wood (2003) have also looked at discretion in relation to street-level bureaucrats who perform regulatory roles. These researchers tend to talk about discretion in terms of different regulatory styles, pointing out that while some street-level bureaucrats choose to adopt a literalist approach to the regulations they enforce, others operate within a more flexible understanding of the regulations, seeking to educate and persuade those they regulate into complying with regulations, and only enforcing them in extreme circumstances.

A common theme in these studies is the way in which they approach street-level bureaucrats as an homogenous group; employees, as workers employed to implement policy, taking this as the basis upon which any exercise of discretion by them should be understood. In part, this view may reflect the fact that many of the empirical studies have focused on non-professional street-level bureaucrats: police patrol officers, welfare clerks *etc.* (Brodkin 1997, Gianakis 1994, Lovrich *et al.* 1986, Meyers *et al.* 1998). However, it also seems to reflect a conscious decision to see street-level bureaucrats as non-professionals. In one study, for instance, professional staff are excluded from the street-level bureaucrat category: 'professional/technical job classifications were assigned to the management/specialist group' (Lovrich *et al.* 1986: 21); and the implication of adopting a street-level bureaucrat as employee perspective is exemplified by Brodkin (1997) and Meyers *et al.* (1998), as seen above. Meyers *et al.* and Brodkin are critical of the workers for not being responsive to their employers' changing requirements in implementing policies, and for not adapting and changing their practices to achieve this;

they fail to consider the possibility that workers are not skilled in terms of the new role, or that they may see it as inappropriate to jettison their established role and take on a new role.

While the conceptualisation of the street-level bureaucrat as including professionals is not a prevalent reading, it is the focus of one empirical study. Kelly (1994) distinguishes between professional and non-professional street bureaucrats in order to explore their approach to discretion. She looks at street-level bureaucrats, their work context and their ability to exercise discretion. Her research involves open-ended interviews with 28 professionally qualified school teachers and 15 unqualified welfare workers, and she analyses their stories of justice and injustice. She finds that different groups of workers report significantly different organisational cultures, allowing them greater or lesser freedom to put their beliefs into effect in their work. The teachers she interviews are encouraged to be innovative and have significant freedom to achieve what they see as fair outcomes—*e.g.* in grades (Kelly 1994: 122–131); while, in contrast, the welfare workers constantly reiterate their lack of freedom and the rule-centred nature of their work.

Kelly's findings are also interesting because, in contrast to the major strand of empirical research, they suggest that there is a difference in the degrees of discretion available to different groups of street-level bureaucrats, such as professional workers, who, because of the contexts within which they work and different evaluations of their discretion, have different levels of discretion.

### **Managers and Discretion**

As mentioned above, Lipsky's account of the role of managers is both ambivalent and emphatic. While he acknowledges, *en passant*, that



managers may themselves adapt and change policy in the process of implementation, as well as acting as straightforward policy implementers, he emphasises their role as obedient and committed implementers of policy.

An assumption of the street-level bureaucracy perspective that is directly questioned in the empirical research is that managers act only to put policy into practice, even if it sometimes involves recognising the limitations of their ability to direct street-level workers and make strategic compromises with street-level practices. The perspective accepts that managers tweak policies, or compromise with street-level discretion, but asserts that they do this only: ‘...to increase the probability that outcomes on the whole will be more favourable to the preferred policy direction’ (Lipsky 1991: 216). However, research looking at the influence on policy implementation of senior officers in the local variations found in highly centralised systems of welfare provision suggests that these managers are themselves significant policy actors.

Keiser (1999) looks at the variations in the level of disability benefit payments between American states. (The disability benefits programme at the time of the study was funded by the federal government but administered by states.) Keiser considers local economic and political factors to identify influences on variations in funding (*ibid.* 98). He looks at policy outcomes—the *de facto* policy of the bureaucracy—which, in terms of the logic of the street-level bureaucracy perspective, are the products of street-level bureaucrat behaviour. However, he points out that a factor in the variation between states is the influence of senior state officials in the policy implementation process (*ibid.* 100).

An earlier study, by Weissert (1994), also points to the role of senior officials using their discretion to influence and change policy. Weissert

looks at variations in spending between local welfare offices on Medicaid within Michigan, a state renowned for its highly centralised and proceduralised system. Despite strict policies of eligibility and monitoring of caseworkers, he finds that there is still a good deal of room for local discretion (*ibid.* 230–231). Weissert contrasts generous offices, characterised by a ‘culture of service giving’, with non-generous offices, characterised by a ‘culture of poverty’ (*ibid.* 229). Seeking to account for this difference, he finds that: ‘...while supply, demand and political factors are important in predicting intrastate Medicaid spending patterns in Michigan, recipient behaviour—shaped in large part by the behaviour of the social service office leadership and the environment of the county—matters as well’ (*ibid.* 225). The style of local directors differs in terms of the importance of following rules and guidelines (*ibid.* 242), and reflects different managerial goals and work styles (*ibid.* 250): ‘... the office manager’s discretion, attitude, and activism in the community differed substantially... equated with the generosity of the office in Medicaid spending and participation’ (*ibid.* 251). In contrast to the influence of local managers, Weissert does not identify caseworkers as playing a significant role in local policy variations. However, he points out that this may be a result of his method of data collection—caseworkers were surveyed using close-ended questions (*ibid.* 245)—and that: ‘... Professionalism and discretion of caseworkers and political party association were difficult to assess even in the more detailed analyses of six counties, and they need further attention as well as future studies’ (*ibid.* 251).

Furthermore, at the level of line management, Meyers *et al.*, in their study of the Work Pays Programme (mentioned above), also find that managers play as significant a policy-making role as the street-level bureaucrats they manage. Contrary to the picture of the obedient manager and recalcitrant street-level bureaucrat, they identify first-tier managers as actively resisting policy, pointing out that managers as well as workers block policy



implementation and seek to disavow responsibility for reorientating the service that they manage (Meyers *et al.* 1998: 12).

## CONCLUSION

Lipsky presents street-level bureaucracy not simply as bureaucratic public administration but as a context *within* which managers seek to control, as well as coordinate and administer. However, he argues, the nature of the organisation—particularly its wide-ranging and imprecise goals and the mismatch between resources and policy—and the limited ability of managers to control street-level staff give rise to extensive street-level discretion. Discretion is a result of street-level staff's ability to circumvent control and managers' need to collude with them in order to get the job done. This is a picture supported by the empirical research. Nevertheless, a close reading of Lipsky's analysis raises questions about the nature of discretion that is available to different street-level bureaucrats and points to professional status as a significant factor in enhanced levels of discretion. While most of the research within a street-level bureaucracy perspective has not explored this question, one study by Kelly points to important differences in discretion between a professional and non-professional staff group. This is an area of the theory that requires further investigation. In addition, Lipsky's account of the role of managers and the empirical research raises questions about his portrayal of managers as passive policy implementers. This area has not been extensively researched, and again highlights the need for further exploration. The relationship between managers and street-level bureaucrats is rather crudely drawn, in terms of opposed interests and concerns. When professionalism is introduced into understanding the organisation of street-level bureaucracies, it emphasises the need to consider the role of managers and their relationship with the professional street-level bureaucrats whom they manage. Shared professional concerns may well break down the barrier

which, Lipsky suggests, divides managers and street-level bureaucrats. Where *managers and street-level bureaucrats share professional concerns*, this may lead to cooperation and collusion—not necessarily, as Lipsky suggests, on the basis of purely pragmatic concerns, but perhaps also in the *pursuit of shared professional commitments*.

These issues will be now be explored through the examination of social work discretion within *British Social Services*, as an example of street-level bureaucrats and their operation in street-level bureaucracies.



## **CHAPTER III**

### **STREET-LEVEL BUREAUCRACY IN THE SOCIAL SERVICES CONTEXT: ARGUMENTS AND PERSPECTIVES ON DISCRETION**

#### **INTRODUCTION**

The preceding chapter looked at Lipsky's examination of discretion and *management control in street-level bureaucracies* and considered the research literature that developed in response to this work. The issues arising from the examination of the perspective in relation to the *operation of discretion focus on its characterisation of management within street-level bureaucracies; the impact of professional claims and status on the extent of discretion exercised by street-level workers; and, related to this, their impact on the nature of the relationship between managers and the street-level workers they manage.* In this chapter these issues will be explored through the examination of the management and practice of social work discretion within British Social Services.

Before considering these issues in depth, this chapter will first consider a view within the British literature that the street-level bureaucracy perspective is no longer useful in the analysis of modern Social Services, where practitioner discretion is said to have been effectively eliminated. The argument will be put that, contrary to this view, Lipsky's perspective does directly address itself to managed public service organisations; but that, rather than asking whether street-level bureaucracy is relevant, a more fruitful question involves exploring its analyses of discretion with that adopted by different critics and their assessments of the ability of managers to control and direct street-level practice. The impact of *managerialism on Social Services and its significance for the application of*

the street-level bureaucracy perspective will then be considered, and the argument made that it is possible to distinguish two broad views of the impact of managerialism: domination managerialism, which sees managerialism replacing the previous organising principle of Social Services, which emphasised professionalism; and discursive managerialism, which sees it as another influence alongside professionalism in the organisation of Social Services.

Following on from this analysis, the role of managers in controlling (and supporting) street-level discretion will be considered. A distinction will be drawn between senior, strategic managers and local managers within the teams. Senior managers largely rely on remote control strategies—control of resources and procedures— to direct practice. The effectiveness of these strategies, and local management and practitioner resistance to them, will be examined. Finally, the relationship between local managers and street-level practitioners will be considered, to identify how this relationship influences street-level discretion.

In summary, this chapter will argue that Lipsky's work was developed in the context of nascent managerialism and that it is a prescient challenge to ideas of managerial omnipotence. However, it will also be argued that the street-level bureaucracy perspective can be criticised for not giving sufficient attention to the impact of professionalism on manager–worker relations and on the practices of discretion within some street-level bureaucracies.

## **ARE SOCIAL SERVICES DEPARTMENTS STREET-LEVEL BUREAUCRACIES?**

When *Street-level Bureaucracy* was first published in Britain it was greeted as a cogent and credible account of the extensive discretionary practices of



employees of public bodies such as Social Services: ‘...too much rings true ... for it to be dismissed as a recital of American problems...’ (Hill 1982: 78–80). In the decade following the publication of *Street-level Bureaucracy* in Britain, Hudson has observed that it was a valuable but little-used research perspective in the study of public services (Hudson 1993). However, in the past decade there has been a resurgence of interest in Lipsky’s work in Britain, where it has been applied to the analysis of Social Services (Baldwin 1998, 2000, 2004 and Ellis *et al.* 1999), the administration of housing benefit (Blackmore 2001), GP services (Checkland 2004) and discharge from hospital care (Allen *et al.* 2004).

In the period following the publication of *Street-level Bureaucracy*, managerialism—the idea that managers should be in control of public organisations and that they should run these organisations in line with business principles and concerns—has been identified as an increasingly significant influence on public service organisations such as Social Services, particularly in the United States and Britain (Pollitt 1993, McDonald *et al.* 2003). In the wake of this development some commentators have criticised the street-level bureaucracy perspective as no longer relevant (Howe 1991a, Cheetham 1993). Howe, the main proponent of this view, argues that managerialism in Social Services has made the street-level bureaucracy perspective redundant.

Howe’s argument is interesting not only for its direct attention to social work discretion in Social Services, but also because of the challenge it makes to a core proposition of the street-level bureaucracy perspective: that is, the extensive nature of discretion at street level within street-level bureaucracies. He fundamentally disagrees with this view in relation to social work and Social Services: ‘Most of the writing by social workers about social work is still discussed by its practitioners as if they are a group capable of determining all that they do’ (Howe 1991a: 203). He

characterises Lipsky's argument as an 'interesting and clever boost for the advocates of professional discretion, through its emphasis on the active role of street-level bureaucrats, including social workers, in the implementation and interpretation of public policy' (*ibid.* 203–204). However, he is sceptical about the applicability of Lipsky's framework in the changed context of state social work, which has resulted in a decisive shift in power away from practitioner discretion and towards practice defined and driven by managers (Howe 1986, 1991a, 1991b, 1996).

Howe's argument draws on a study he undertook in the early 1980s examining the role of social workers within Social Services (Howe 1986). He concluded from this study that managers have now displaced professionals as the key players in Social Services departments, and now control practice: '... the basic design of services, including the routes to them and the gateways met on the way, is constructed by managers interpreting legislation' (*ibid.* 130). Within the organisation managers, he argues, are now the only people with discretion, and they use this to create procedures and routines to control practice: 'Managers extract whatever uncertainty there is in the process so that their "act" of devising the system of practice, surveillance and resource allocation which determines the work of subordinates remains the major free act in the whole business' (*ibid.* 151). Howe's contention is that Lipsky's analysis is no longer relevant: practitioners no longer have discretion (Howe 1991a: 204) because managers have created a coherent system of management that is able to control practice through the mechanisms of procedures, budgets and surveillance (Howe 1986, Howe 1991a).

Baldwin takes the opposite view of Lipsky's work to Howe. He sees it as a perspective that continues to have contemporary relevance in the understanding of street-level practitioners' discretion (Baldwin 2000, 2004). In his study of the implementation of the community care reforms



in two local authorities in the 1990s, he examines the street-level bureaucracy perspective to ‘...see to what extent ... [it] helps explain the findings from the research interviews’ (Baldwin 2000: 79). Baldwin recognises that there have been significant changes in the British context of Social Services since the publication of *Street-level Bureaucracy*, particularly in terms of an increasingly managerial environment and increasingly inadequate resources. However, unlike Howe, he argues that the essential characteristics of street-level bureaucracy persist in Social Services in Britain: ‘The context of practice that Lipsky describes—resource shortfall, indeterminate objectives and a dearth in controls on the use of discretion—describes an organisational environment that has changed little since his book was published in 1980, apart from a worsening of the resource position because of demographic changes and political decisions’ (*ibid.* 83).

Baldwin, like Howe, is interested in examining the influences on professional practice, but contrary to the picture of management control of practice through procedures presented by Howe, he concludes that: ‘... it was apparent that of the many influences on practice in assessment, not all related either specifically or even incidentally to policy guidelines. There was evidence of [practitioners’] unconsidered reliance on intuitive approaches to practice—[quoting one of his interviewees] “a lot of gut feeling, a lot of intuition, you’ve just jolly well got the vibes”’ (*ibid.* 40). While he finds some commitment to procedures amongst a small number of care managers (practitioners—not necessarily qualified social workers—who assess and develop packages of care), his general finding is that most care managers are suspicious of influences such as bureaucracy, resource control and the techniques of managerialism (*ibid.* 43–44). In fact, Baldwin finds not only resentment of managerial requirements but also many examples of resistance to control; for instance: ‘There was one example of workers in a team running two systems side by side—the old

and the new—because they found the new system inimical to their preferred method of practice ...’ (*ibid.* 44). Baldwin considers his research as providing support for Lipsky’s view that street-level bureaucrats such as social workers are able to exercise wide discretion and resist management control (*ibid.* 94). He concludes that his research casts ‘...a useful light upon the extent to which intentions [of policy-makers] are undermined through the unreflective use of discretion by implementers such as care managers in the way that Lipsky describes’ (*ibid.* 183).

These two different evaluations of the continuing relevance of Lipsky’s work are instructive because of their similarity as well as their difference. The similarity relates to their shared recognition of the increasing attempts by managers to control and direct street-level practice. However, while Howe sees this as undermining Lipsky’s relevance, this is not the case for Baldwin. I would argue that this difference arises, in part, from a misreading by Howe of Lipsky’s argument and that Lipsky’s street-level bureaucracies are, in fact, the sort of organisation in which managers play a significant role.

It is important—particularly for British readers—to draw out implicit elements of Lipsky’s analysis in *Street-level Bureaucracy*, which the title of the book itself might obscure. Welfare bureaucracy is often contrasted with more managerial and business-focused organisations in the social policy literature in Britain (Butcher 1995). However, Lipsky’s street-level bureaucracies are quite unlike this British notion of public administration bureaucracies. These are organisations with managers, not administrators, where there is concern for what is produced, not the process. His account of these organisations is permeated with the language of management. They employ performance indicators to measure outputs and use eligibility criteria to ration access (Lipsky 1980: 60). Workers are resource units to be applied to achieve the organisation’s goals (*ibid.* 31). Managers



are concerned with achieving agency objectives and are distrustful of the motives of the workers they supervise (*ibid.* 18–19). Furthermore, ‘managers’ are not limited to the higher echelons of the organisations: they make up the hierarchy of supervision, including ‘... someone in an immediate supervisory position vis-à-vis street-level bureaucrats’ (*ibid.* 216). In a comment on the objectives managers seek to implement through supervision of subordinates, Lipsky notes that: “Objectives” refers to the goals that the supervisor is charged with realizing. It is necessary to put it this way because the role of supervisor is itself subordinate to other roles in a complex bureaucracy’ (*ibid.* 216).

Lipsky’s characterisation of street-level bureaucracies is, then, more in tune with the contemporary Social Services that Howe acknowledges, in the sense that they are characterised by the presence of a significant management dimension within the organisation. The interesting issue, however, is the different ways in which Howe and the street-level perspective approach the analysis of discretion.

### **The Basis of Discretion: *De Jure* and *De Facto***

Discretion is freedom within the work role: ‘A public officer has discretion whenever the effective limits on his [*sic*] power leave him free to make a choice among possible courses of action or inaction’ (Davis 1971: 4). Within the idea of discretion as freedom to act (see Chapter 1), it is important to ask how this freedom to act is acquired. A common distinction is often made between freedom that arises in the circumstance and freedom that is formally given by an authorised body such as a hierarchical superior within a bureaucracy. These two different bases of discretion are usually referred to as *de facto* discretion—having the power to act, though not necessarily officially recognised; and *de jure* discretion—having the power to decide as an officially recognised

entitlement. The first, *de facto*, sense of discretion can be associated with a capacity to act because of the absence of control. In the second sense it is about the authority to act, the official recognition of a right or entitlement to decide, such as professional discretion.

When we recognise these different dimensions of discretion we can see that Howe and Baldwin are at cross-purposes in their argument about discretion in Social Services. Howe tends to focus on formal systems of control and responsibility and points to the increasing reduction in the formal discretion of professional workers (the curtailment of their *de jure* discretion). He is concerned with what practitioners are allowed to do and the growing level of formal controls managers exercise over them—the: “documents, devices and drilled people [that] allow those at the centre to control those at the boundaries of an organisation’s activities” (Law quoted in Howe 1991a: 218). Baldwin, on the other hand, acknowledges that managerial strategies seek to control social workers, but points out that, despite the increasing level of formal management controls, practitioners still have the capacity to exercise significant *de facto* discretion in their work—freedom beyond that which is officially recognised. He is less concerned with formal discretion than with the ways in which practitioners can undermine and circumvent structures and processes to retain a significant degree of freedom to act, confirming: ‘... Lipsky’s contention that coercive forms of management will result in covert ... forms of discretion which are likely to be destructive of policy intentions’ (Baldwin 2000: 86). The nature of the organisational context of social work discretion raised by Howe and Baldwin can be explored by examining the policy context of Social Services; and the nature and effectiveness of managerial control.

Howe’s position is that: ‘SSD [Social Services Department] managers interpret welfare legislation, determine the resources to meet legal needs,



design the systems which allow statutory matters to be handled' (Howe 1986: 161), and he points to the growth of check lists and procedures governing practice and their impact on day-to-day practice in support of his view (Howe 1996: 91–92). Howe is not alone in his view that managers are in control, implementing the clear direction and policy given to them from the centre. His observation about increasing management control of practice and the concomitant decline of discretion (Howe 1986, 1991a, b and 1996) resonates with the views of other social work commentators. (This perspective will be further discussed below: see page 55.) The idea that managers can organise conflicting policies and better match resources to policies is also expressed by Macdonald, who argues that managers should use their power in Social Services the better to clarify and delineate social workers' roles (Macdonald 1990: 542). Cheetham, considering the impact of the implementation of the new community care legislation, argues that the picture presented by Howe, in contrast to Lipsky's portrayal of extensive discretion, offers '... a much more sober account and one which is probably nearer the day to day experience of contemporary local authority workers, particularly as they deal with the progress charts, tick lists and performance indicators which are now so central to managerial practice' (Cheetham 1993: 171).

Howe and Cheetham are making two points here: first, that the *de jure* discretion social workers have taken for granted has been superseded by management control; and second, that management control is so effective that it has effectively limited the ability to exercise choice in day-to-day practice. The latter point—the effective limitation on *de facto* discretion in social work practice—will be considered first.

There are good reasons and a growing body of evidence to call into question an unqualified picture of managers' ability to implement a policy as a blueprint, and closely control and direct the work of their subordinates

in line with this goal. The evidence challenges this top-down idea that the centre can direct and implement predetermined policy through its formal control of the hierarchy of the organisation (Hogwood and Gunn 1984). It offers support for the more qualified view of the street-level bureaucracy perspective that, while managers may seek to control the freedom of street-level bureaucrats such as social workers, they are more limited in their ability to do this than may at first appear to be the case.

Lewis and Glennerster, reviewing the literature on public policy implementation, observe that this view assumes: ‘... that, if not the local detail, then at least the broad intellectual rationale for the policy is tightly conceived by the centre’ (Lewis and Glennerster 1996: 20). However, they point out: ‘This is frequently not the case or is at least questionable’ (*ibid.* 20). Rather, policy-making and policy implementation can be a messy business. More often than not policy-making is a process of compromise, imprecision and managing tensions (Klein 1993). Evidence from the implementation of the community care reforms suggests that policy is a complex of goals, different priorities, and public and private agendas (Lewis and Glennerster 1996: 19–21). For the Conservative governments of the late 1980s/early 1990s, for instance, the development of community care policy involved concerns about controlling spending; fraught relationships with local government; a belief in market models of provision, and public rhetoric of choice and consumer responsiveness (Alaszewski and Manthorpe 1990). While there was a clear concern with managing the Social Security budget, they had to do this in a politically acceptable way (Lewis and Glennerster 1996: 8).

Recent research examining the application of changing guidelines for community care services illustrates the impact of policy tensions on street-level practice. Bradley identifies ‘...insufficient clarity or openness in local procedures ... coupled with local political and economic expediency ... as



significant factors in creating extensive discretion in application of charges for services amongst practitioners and managers' (Bradley 2003: 653).

Another problem with the top-down approach is that it assumes that the authors of a policy can determine the way their statements are interpreted. However, policy, like any text, is not fully under the control of its authors. The intended content of any document (what the authors mean) is not necessarily the same as its received content (what the document's readers understand) (Scott 1990: 34). The author takes for granted a certain context of interpretation that the audience(s) does not necessarily share. Implementation studies often note local confusion and misunderstanding—'puzzlement'—about what the centre is asking them to do (Harrison *et al.* 1992: 3–4). In relation to the implementation of the community care reforms, researchers have noted that local authorities sought to make sense of the policy, giving rise to a range of interpretations which often tended to fit their existing commitments—for instance, in terms of responsiveness to users or willingness to use market mechanisms (Lewis and Glennerster 1996: 197). The role of local interpretation was also made more complex by the way in which politically sensitive policies, such as reducing expenditure, had to be 'sugar-coated', as noted above.

Preston-Shoot and Wigley (2002), who look at the implementation of government guidance on vulnerable adults, also point to local puzzlement about and misunderstanding of policy: in implementing policy, managers and practitioners have to make sense of the guidance, but it is unclear what is directive and what is permissive. Policy also has to be interpreted in order to apply it to concrete situations, a constant problem for managers and practitioners because the policy cannot really deal with 'grey areas' (*ibid.* 317).

In addition to 'honest' misinterpretation of the centre's requirements, the

process of policy clarification by the centre can itself complicate and confuse more than it clarifies. As tensions and unexpected problems in policy emerge, the centre has to deal with these in addition to the implementation of the policy itself. For example, Gostick *et al.* (1997) find that the work of the Social Services Inspectorate, given the task of implementing community care, grew as it responded to an emergent combination of anxieties arising in central government and in feedback from reviews identifying particular problems. In emphasising certain areas of practice, guidance produced by the SSI focuses attention on some aspects of the policy agenda and shifted attention away from others. Lewis and Glennerster (1996), for instance, talk of 'clouds of guidance' being issued by the SSI, which tried to reconcile growing tension between financial restraint and increasing user choice (*ibid.* 13–15).

Researchers also point to the problem of policy and resource incongruity: the mismatch between rhetoric and resources. Lewis and Glennerster find in their study that while, at first, funding was less of an issue than their research authorities anticipated, as the study progressed it became more significant. Towards the end of the research period some of the research authorities were starting to feel severe financial pressure, a situation reflected in the experience of many authorities outside the study (*ibid.* 42).

A Local Government Association (LGA) survey of Social Services budgets (LGA 2002) finds local authorities spending over their predicted budgets in the financial year 2001–2, despite the imposition of increasingly restrictive eligibility criteria on access to services. The authorities surveyed highlight as key problems unrealistic cost assumptions made by central government in setting grant levels and the underfunding of new responsibilities transferred to them by central government. The report concludes: 'The scale of budget pressures on Social Services, whether expressed in financial overspend or severe restrictions on services, are



manifest' (*ibid.* 6). The continuing problem of the mismatch of resources and policy rhetoric has recently been acknowledged by the Chief Executive of the Commission for Social Care Inspection (CSCI), who has pointed to the need for additional funding for Social Services to meet the demands being put on them by the government (*The Guardian* 1.12.05).

The impact of these tensions on practice is noted by Postle (2002). She looks at the experiences of care managers implementing community care, and finds them caught between 'the idea and the reality' of community care policy, in the sense of trying to match the generous rhetoric of community care with increasingly restricted resources; seeking to achieve needs-led assessments, in the knowledge that resources are insufficient to meet the needs they identify (Postle 2002: 346).

This problem is not confined to the implementation of community care. A study of the implementation of management reforms in children's residential services in the late 1990s (Kirkpatrick 2002) echoes Lewis and Glennester's description of policy implementation. Kirkpatrick also finds policy confusion and contradiction in terms of competing goals that emerge from core legislation (the Children Act 1989) and wider policy requirements in Social Services to contract out services (Kirkpatrick 2002: 34). One of the main conclusions he draws from his study is that:

... it is far from clear that demands for management reform necessarily represented clear and internally consistent archetypes or templates for how to organise ... local organisations were presented with a multiplicity of competing goals and policy expectations all of which had potential implications for how they should re-structure services. In this case and perhaps more generally it seems inappropriate to conceive of management restructuring initiatives in terms of a clear, well-designed project for change. Rather ... these

initiatives often have more in common with a loosely formulated 'bright idea' than a clearly defined 'blue print' (Kirkpatrick 2002: 43).

The evidence suggests, then, that Social Services continue to share the basic characteristics of street-level bureaucracy central to the persistence of street level discretion identified by Lipsky: that is, the conditions of policy uncertainty and inadequate resources that create conditions within which actors have to make choices and exercise discretion, even when this discretion is not officially acknowledged or sanctioned. Baldwin agrees with Howe that managers are playing an increasingly significant role within Social Services; but disagrees with Howe's view that they have clarified policy and resolved problems of policy resource mismatch to the point where there is no longer any significant *de facto* street-level discretion.

These different conclusions about the continuation of street-level discretion also reflect different readings of Lipsky's analysis—perhaps a result of Lipsky's ambivalent treatment of professionalism and discretion within *Street-level Bureaucracy*. Howe's argument against Lipsky is that managers have now replaced professionals as key players in public service bureaucracies; and that managers run these organisations like well-oiled machines, where policies and resources are all marshalled effectively to achieve the desired objectives—a system of control that has effectively eliminated professional discretion. In contrast, Baldwin's reading of Lipsky is as an analysis of employee discretion: workers' ability to avoid control. He sees managerial attempts to proceduralise practice as limited by conflict, confusion and resource inadequacy. This is a setting in which practitioners retain discretion, but often informally, in their capacity to adapt and alter policy, which echoes Lipsky's account of street-level bureaucracies.



Howe criticises Lipsky as an advocate of professional discretion. In so doing he identifies an important line of argument about the analysis of discretion in organisations such as Social Services that requires further attention. He seems to share the street-level bureaucracy perspective's view that professionalism, as an organising principle in understanding discretion, is no longer significant. In the next section the question of the nature of the impact of managerialism and the continuing influence of professionalism in understanding discretion will be considered.

### **MANAGERIALISED SOCIAL SERVICES: THE END OF PROFESSIONALISM?**

Historically, Social Services Departments have been strongly influenced by the ethos of professional social work (Hadley and Clough 1996, Lewis and Glennerster 1996, Payne 2005), recruiting senior officers from the social work ranks and recognising the professional status and discretion of social work staff within the organisation (Brown 1975, Harris 1998a, b, Payne 2005). The continuing influence of professional social work in Social Services is particularly evident in field social work, where professionally qualified social workers continue to be the most significant occupational group, making up over 70% of field work practitioners (Balloch *et al.* 1995).

State social workers have always been subject to management control, in the sense of a mode of organisational coordination (Clarke 1996: 48).

Historically, in departments such as Social Services in British local government, management was professional-led, rather than drawn from separate management cadres, as in the NHS (Brown 1975, Laffin and Young 1990, Harris 1998a and b). In this context managers were seen as committed to the idea of professional social work and advancement in the organisation was based as much on professional standing as on managerial

authority (Harris 1998a). However, in the past 20 years managers are widely seen as having become increasingly powerful *vis-à-vis* the practitioners they manage, and increasingly distanced from professional commitments and concerns. Managers in Social Services, as in other parts of the public sector, have had to shift from the role of adequate administrator to one of the proactive, effective manager (Hugman 1991: 61, Pollitt 1993, Flynn 1999: 3). The increasing focus on management as control, rather than coordination, in Social Services has, it has been argued, led to a significant weakening of the professional links between managers and professional street-level staff, to the point where they are now distinct, antagonistic groups with very different concerns (Howe 1986, 1991a, b, 1996, Hadley and Clough 1996, Jones 1999, 2001).

This argument draws on a larger literature, which points to the growing power of managerialism in the public sector: that is, the introduction from the commercial, private sector of business approaches to the management and organisation of services. Managerialism is associated with the focus on output, control of costs (often summarised as efficiency, effectiveness and economy), responsiveness to the business environment (especially consumers) and innovation and risk-taking. These attributes are seen to be central to the idea of a manager who is free to make the decisions necessary to get the job done (Pollitt 1993, James 1994, Clarke and Newman 1997). Managerialism took on its current significance in Britain following the election of the Conservative government in 1979, which promoted it as a 'natural solution' to the ills of the welfare bureaucracy:

... 'better management' sounds sober, neutral, as unopposable as virtue itself. Given the recent history of public-service expansion the productivity logic has a power of its own which stands independently of the political programme of the new right. Yet simultaneously, for new right believers, better management provides



a label under which private-sector disciplines can be introduced into the public sector, political control strengthened, budgets trimmed, professional autonomy reduced, public sector unions weakened and a quasi-competitive framework erected to flush out the 'natural' inefficiencies of bureaucracy (Pollitt 1993: 49).

## **Two Views of Managerialism**

While the phenomenon of managerialism is widely recognised, it is possible to identify two strands of analysis within the literature examining the impact of managerialism on public services such as Social Services. The 'domination' analysis focuses on the increased power of managers within Social Services, and characterises managers as committed to the organisation for which they work (rather than to the profession from which they come) and as motivated by a concern to implement and enforce hierarchically directed policy. In contrast, the 'discursive' strand of analysis suggests the potential continuation, alongside an increasingly powerful managerialist discourse, of professional concerns and practices—a bureau-professional discourse—in which, for instance, management may be consultative and concerned with support and accountability, as opposed to just punitive. The 'domination' perspective of managerialism presents managers and professionals as distinct occupational groups: practitioners as workers doing the bidding of managers, managers as creatures of the organisation, with corporate authority and identity.

These two approaches to understanding the impact of managerialism on public services are underpinned by two different conceptualisations of power. From the domination perspective, managers now have power, and practitioners do not; managers are in control and can command and direct powerless practitioners, who are bound to comply because of their

powerlessness. This is power as something that is exercised over others: it is domination, radically asymmetrical and irrevocable. Authors adopting this position draw on a range of analytic frameworks. Howe (1991a: 218), for instance, drawing on Law (1986), adopts a Foucauldian analysis, in which managers discipline workers as drilled and reliable automata (*ibid.* 256), while Jones's position emphasises a Marxist analysis that characterises managers operating power as the clients of the New Right (Jones 1999). The result for both, however, is the same: practitioners are controlled by managers through surveillance and threat (Howe 1986, 1991a, Jones 1999) and by procedures: 'Rules, resources, and routines can define what a social worker might do in a situation without a manager looking over her shoulder' (Howe 1991a: 218).

The discursive managerialist approach to power is significantly different, emphasising power's fragmentary and dispersed nature and seeing it everywhere and at all levels in the organisation. This analysis of power and discursive subjection is critical of approaches which 'treat such strategies [of control] as though they worked rather than as attempts to achieve their desired results' (Clarke and Newman 1997: 31). Leonard, for instance, criticises the idea of power in bureaucratic organisations as an 'iron-cage' of constraint. This notion of power characterises the organisation quite differently: a set of ideas, practices and relations which are supported by particular interests but which are also subject to challenge and subversion (Leonard 1997: 90–92).

Discursive managerialism, like Howe's version of domination managerialism, has been influenced by Foucault's analysis of power, but it draws more on Foucault's later analysis of power than on his earlier works (Clarke and Newman 1997: 30–31). Foucault's earlier work approaches power as a 'juridico-discursive' force that can be seen as external, top-down, law-like domination (Foucault 1981: 82). However, in his later work



Foucault comes to accept the criticism that this approach is problematic, particularly in that his analysis is based on the contradiction of dismissing the idea of freedom and agency while at the same time relying on the idea of freedom for the critical force of his position (Foucault 1981: 81–86, McNay 1994: 127). In his *History of Sexuality*, Foucault explicitly reformulates the notion of power in line with this self-critical analysis of his work, and puts forward a view of power that, he argues, better fits his analytic method. This account of power contrasts the earlier, top–down view of power with the reformulated view of power as bubbling up from street-level:

By power, I do not mean ‘Power’ as a group of institutions and mechanisms that insure the subservience of the citizens of a given state. By power, I do not mean, either, a mode of subjugation which, in contrast to violence, has the form of rule. Finally, I do not have in mind a general system of domination exerted by one group over another, a system whose effects, through successive derivations, pervade the entire social body ... It seems to me that power must be understood in the first instance as the multiplicity of force relations immanent in the sphere in which they operate and which constitute their own organisation; as a process which, through ceaseless struggles and confrontations, transforms, strengthens and reverses them; as the support which these forces find in one another, thus forming a chain or a system, or on the contrary, the disjunctions and contradictions which isolate them from one another; and lastly, whose general design or institutional crystallization is embodied in the state apparatus, in the formulation of law, in the various social hegemonies (Foucault 1981: 92–93).

In this later account, power and freedom are intertwined: power relations are understood as contingent, fluid and reversible (McNay 1994: 128).

In contrast to the first (domination) strand of managerial analysis, this discursive approach identifies tensions around the aim of managers to control practitioners, while also seeking to engage professional expertise and commitment (Newman and Clarke 1994: 29, Harris 2003: 64–65).

These tensions create ground for:

*... struggle between regimes. They produce new focal points of resistance, compromise and accommodation ... managerialism has shifted the terms of reference on which conflicts and tensions around social welfare are fought out both within and beyond organisations. If managerialism is not yet 'hegemonic' in the sense of having established itself as the uncontested regime of social welfare, it is nevertheless the dominant force in the field (Clarke and Newman 1997: 76–77).*

From the domination perspective, Jones and Howe identify the establishment of the new Social Services departments in the 1970s as the key point in the rise of management and its separation from professional concerns. Professionals and managers were no longer employed in small departments where they shared similar concerns and outlooks, as they were in the pre-Seebohm mental welfare, children's and welfare departments. Instead managers became part of large bureaucracies, where they focused on developing the skills to run these organisations. Howe, for instance, talks about managers becoming more businesslike, going on high-powered training courses and becoming saturated with business wisdom (Howe 1991a: 158). Jones points to the presence of an increasingly careerist management cadre in Social Services and this group's growing concern with personal advancement and embrace of the New Right agenda, in terms of accepting the reduced role of the local state, moving away from direct provision and supporting the imposition of market principles in



Social Services (Jones 1999: 48).

By contrast, the 'discursive' perspective locates managers at the intersection of discourses of power which define their role and their relationships with the street-level staff they supervise in very different ways: managers may or may not subscribe to managerialism; they are likely to be struggling with and operating within discourses of professionalism as well as managerialism (Clarke and Newman 1997: 77).

These two accounts of managerialism and its relations with professionalism bring out different issues in terms of understanding the application of street-level bureaucracy to the analysis of discretion. Paradoxically, in the light of Howe's critique, the domination perspective bears strong similarities to the way in which Lipsky characterises the nature and role of management in street-level bureaucracies—although it fails to recognise, as Lipsky does, the essential limitations of management power. The second (discursive) perspective, however, presents more of a challenge, calling for a more nuanced analysis of the role that managers play, their motivation and the nature of the relationships that they develop with staff in their teams. This account, while seeing an increasing focus on management concerns, locates it within a context of a weakened but continuing culture of professionalism in Social Services and points to the tension and contradictions that this creates for understanding the operation of discretion.

### **The Nature(s) of Management: Reviewing the Evidence**

The foregoing discussion emphasises the need to analyse the nature of management in order to understand practitioner discretion. Discretion is located within the relationship between managers and practitioners, rather than being an attribute of one or the other. Management within Social

Services is a relatively under-researched area. Many of the empirical studies that do consider managers presume a unity of management. The National Institute of Social Work (NISW) study of Social Services work undertaken in the mid-1990s, for instance, distinguishes between different areas of work within Social Services—fieldwork, residential care and domiciliary—but treats management within these different areas as a distinct and unified category (Balloch *et al.* 1999b: 7). However, other studies of Social Services suggest that it is, in fact, a segmented category. A consistent distinction emerging from research studies is that between local operational management and central strategic management (Parsloe and Stevenson 1978, Satyamurti 1981, Pithouse 1998, Harris 1998a, b, 2003). This distinction is useful in examining the evidence, as it will allow us to identify any differences between the two levels of management and also assess how well this distinction still holds in the context of contemporary Social Services.

The domination perspective account of managers focuses on senior managers as the powerful organisational actors, and tends to equate ‘manager’ with free and powerful senior Social Services managers (Howe 1986: 130, 151, 1991b: 159, Nixon 1993: 207–208). There is a paucity of research into senior management in Social Services, but in the broader body of empirical evidence on policy implementation and Social Services organisation, there is some support for the view which domination managerialism (and Lipsky) puts forward: that senior managers’ primary identification is with the organisation rather than with social work as a profession. A persistent theme in the research literature is that, historically, there is a gulf between local teams—field-level workers and their managers (Satyamurti 1981, Parsloe and Stevenson 1978, Pithouse 1998, Harris 1998a, b)—and senior managers, certainly from the point of view of the local teams, with senior managers often viewed as alien: ‘Social workers did not view the organization outside the area teams as an object



of loyalty or identification. They viewed it as a source of frustration or, at best, as devoid of meaning' (Satyamurti 1981: 35). However, according to research into the views of senior managers in local government, including Social Services directors, they may also see themselves as professional advocates for their department within the organisation (Laffin and Young 1990: 110–113).

Kirkpatrick, who looks at management reforms in Social Services in the late 1990s (Kirkpatrick 2002), finds that, in all seven of the authorities examined, managers often have to struggle with ambiguous and conflicting policy demands (*ibid.* 34), and that they respond to these in different ways for different reasons. While he finds some examples of senior managers taking a clear managerial stance—calling for 'corporacy' and '...one view, one aim, one statement...' (an assistant director quoted in *ibid.* 35)—he also finds numerous examples of managers responsive to professional concerns about how to provide the best service (*ibid.* 36, 39).

In another major implementation study, Lewis and Glennerster question the suggestion (made by Nixon 1993) that '... managers who have wanted to shed their professional association with social work have had reason to welcome the changes'. Their findings suggest a range of attitudes to the professional culture of social work within Social Service. Some managers express impatience with this professional culture, while others—including some who were not themselves social workers—remain committed to it (Lewis and Glennerster 1996: 205). Furthermore, while many managers see managerial approaches as a way of realising the goals of community care, standardisation of organisational procedures are used as much to promote good professional practice as to constrain it (Lewis and Glennester 1996: 205). This view, that procedures and policies propagated by managers reflect shared professional concerns, is also identified by Robinson (2003).

Kirkpatrick and Lewis and Glennerster's studies also call into question the view that senior managers approach their instructions from policy-makers with an unproblematic, literal reading and seek to implement them within their commitment to a management approach. Kirkpatrick, for instance, points out that they have to negotiate conflicting demands and local political, organisational and professional structures in formulating policy (Kirkpatrick 2002: 41-43).

The admittedly fragmentary picture that emerges of senior managers from these studies calls into question the image presented by Lipsky and domination managerialism of autonomous management cadres within Social Services, acting as loyal implementers of a clear policy direction, distanced from professional concerns. Some managers may see themselves and seek to act in the way suggested by the domination perspective, but the evidence suggests that this stance is neither so extensive nor so consistent as to justify the street-level bureaucracy perspective and the domination managerialism portrayal of (senior) managers without any commitment to professional ideals.

The presentation of managers as a distinct group —managers, not professionals—does not reflect the more complex picture of the nature of senior management in Social Services suggested in the research evidence. Another problematic aspect of this binary approach is the picture of (senior) managers and practitioners with middle managers and supervisors as ciphers between fieldworkers and the 'strong but remote managers' (Howe 1986: 162). This fails to recognise: that management in Social Services departments is multi-layered and that within Social Services 'management' there are not only senior managers but also middle managers and supervisors, who are significant actors; that conflict can exist between management layers, and that there may also be alliances between managers and street-level practitioners (Harris 1998a, b). Hugman, for instance,



notes that within the complex environment of professional concerns and organisational priorities: ‘... the team leaders are regarded by more senior managers as well as by practitioners as occupying the borders between the two worlds, a position imbued with ambiguities’ (Hugman 1991: 77). The significance of this is that the focus on managers at senior level ignores what is, for most practitioners, their main experience of management—day-to-day supervision at team level (Seden and Reynolds 2003)—and does not engage with the possibility that these subordinate managerial actors may not just carry out the work of surveillance and policy policing in compliance with the goals of ‘the managers’, but are themselves ‘active shapers of the way initiatives develop’, making sense of policies and procedures in terms of their own understanding of the organisation (Balogun and Johnson 2005: 1596).

Freidson points out that, at first and second management level, professionalism has a strong influence in organisations that employ professionals (Freidson 1994: 138). Unlike the health service, where management is a distinct organisational group, in Social Services Departments social workers have tended to be managed by fellow professionals (Pahl 1994). While official statistics do not give information on the professional background of front-line managers, reviews of job advertisements in the press suggest that this continues to be the case. A recent study examines 40 job descriptions and personal specifications for front-line managers in Social Services, and finds that employers mostly seek professional qualifications and that: ‘There was little evidence of employers prioritising management expertise rather than professionally defined skills, abilities and experience’ (Henderson and Seden 2003: 87). The line between managers and workers is more blurred than the domination and street-level bureaucracy perspectives suggest and many front-line managers occupy hybrid roles that cross the manager/professional divide (Causer and Exworthy 1999: 84–85). Part of

the domination managerialism argument, however, is that, on becoming managers, qualified professionals jettison their backgrounds, suggesting that we need to look beyond those backgrounds in order to gain a sense of their commitments (Howe 1986, 1991a, Nixon 1993).

Many local social work managers are professionals and this raises interesting questions about the way they see themselves as managers and how they view practitioner discretion. In a recent text book for front-line managers, they are characterised as being guided by ‘... the values and ethics of social care, while at the same time meeting the requirements of government, employers and policy makers’ (Seden and Reynolds 2003: xiv). Reynolds also emphasises the need to recognise the professional dimension of management: ‘... there are links between practising and managing, and ... new managers should not only be able to build on some of their practice skills but also have responsibility to maintain a commitment to practice in managing other people’s practice’ (Reynolds 2003: 32).

Evidence from a number of studies suggests that local managers conform to the domination view of managers as a separate cadre hostile to professional discretion. Since the mid-1980s, and with increasing emphasis, researchers have identified significant changes in the behaviour and orientation of local managers, reflected in a tendency for managers to exercise increasing control of professional practice and to focus on the enforcement of corporate concerns, usually rationing resources (Howe 1986, Nixon 1993, Pahl 1994). Within Social Services the community care reforms in the early 1990s, which now form the basis of state social care for adults, were widely seen as a sea change in the role of Social Services managers:

As well as a more prescribed and rigid role for front-line workers, a more prominent part was expected of their superiors. It has been



recognised that front line managers offered an opportunity to complete such roles as regulating the duties of subordinates, survey the stricter eligibility (for services) criteria applied to clients during assessment, and also guard finite resources against claims for assistance from outside (Carey 2003: 122).

In a study of care management in the mid-1990s, Harris observes that operational managers have developed a 'business orientation' with close scrutiny of practice, particularly focusing the use of resources and worker productivity, using procedures and information technology. He also points to the changing basis of recruitment of practitioners into management, having changed from professional qualities as a practitioner (Harris 1998a: 849) to an ability to manage budgets and information systems (*ibid.* 856). Pithouse, in the mid-1990s, finds a changing focus to work and its supervision: 'care' and 'relationship' work within the team is now largely the responsibility of unqualified staff. For qualified staff and managers the priority is child protection work—legal, technical and focused on risk—and this is the focus of supervisory oversight (Pithouse 1998: 116).

Hadley and Clough also report an increasingly tense relationship between practitioners and managers. They find that managers and professional workers seem to inhabit different worlds—the former a world of efficiency, value for money, objectives achieved; the latter a world of crises in services, impossible pressures and inability to deliver (Hadley and Clough, 1996: 195). 'The result is that the majority of the workers in our sample find the behaviour of their organisations increasingly confusing and difficult to understand or predict, and become suspicious and cynical about the motives, pronouncements and actions of managers' (Hadley and Clough, 1996: 187).

Carey also finds that managers are generally unpopular with the

practitioners who have day-to-day contact with them, who describe them as strict or incompetent (Carey 2003: 127–128), and Pahl observes that there is now a chasm between social workers and their managers (Pahl 1994). While social workers tend to gain most satisfaction from their direct work with clients, the managers tend to gain satisfaction from organising well (Balloch *et al.* 1995: 95).

However, alongside evidence of conflict between local managers and local practitioners studies also suggest, in line with the discursive perspective, that local managers can also be critical and question the priorities of the organisation for which they work, and retain a professional commitment. Carey, for instance, finds that managers express frustration with the policies of their organisation and sympathy for the difficulties staff experience in a context of resource constraint (Carey 2003: 128–129). Pithouse also finds that team leaders are sensitive to the pressure on their staff and seek to lessen the impact of supervision on staff, protecting their supervisees from ‘the intrusive gaze’ of senior managers (Pithouse 1998: 113).

A striking finding of the NISW study of the social care workforce (Balloch *et al.* 1995, 1999a) is the ambivalence amongst many managers about the organisation for which they work. Managers feel as disempowered as social workers in their work—with only about a third of each group feeling satisfied with the amount of influence they have in the organisation (Balloch *et al.* 1999c: 189), and with two-thirds of both groups equally frustrated by a failure to meet the service users’ needs (McLean 1999: 68). Over a third of managers feel that their values are different from those of the organisation—only a slightly lower percentage than for field social workers (Balloch *et al.* 1995: 87).

The NISW study also calls into question the idea of the transformation of



practitioners when they become managers. It finds that preparation for the management role and commitment to the organisation's values is patchy amongst managers, who feel insufficiently trained and ill-prepared for their role (Balloch *et al.* 1995: iv). Fewer than 50% of the managers interviewed say they received any support from experienced managers when they first started in their role, and only a third have received any initial training (*ibid.* 53); only a quarter of the managers interviewed have or are studying for a management qualification (Balloch 1999: 152).

Another source of evidence for the domination point of view seems to be the increasing proceduralisation of practice. However, if management continues to have a significant professional element within it, then increasing numbers of procedures may include a strong professional element. Procedures and guidance, viewed from this perspective, are not necessarily alien to professional social work practice, but can, in fact, support it, while still exerting a form of control. Procedures can be professional tools, ensuring good practice, and supporting expertise (Baldwin 2000, Kirkpatrick 2002, Robinson 2003).<sup>1</sup> The empirical evidence is inconclusive. Management concerns have become increasingly prevalent within Social Services, but there is also conflict between local managers and local practitioners. However, the idea of managers shedding their professional concerns and becoming exclusively organisational creatures is called into question. Treating management as an homogenous category fails to recognise the different experiences and perspectives of different levels of management (Harris 1998a, b); dilutes issues associated with the management of particular work groups such as professionals; and—related to this point—obscures the different quality and nature of relationship between management and workers in different settings.

<sup>1</sup> This brings out another dimension in the analysis of discretion. Here, procedures can be seen as right professional practice, identified by a professional group collectively as the appropriate way to act—self-regulation; but for individual practitioners, they can be constraints on discretion, where practice is contrary to good professional practice.

The discussion up to this point has considered the broad issues of the nature of Social Services as an organisation, specifically the impact of managerialism and the continuing influence of professionalism in the structuring of discretion and the relationship between street-level workers and managers. The literature points to managerialism having had a significant impact on Social Services as an organisation. However, this has not invalidated the relevance of Lipsky's analysis, because Lipsky's view of street-level bureaucracies entails seeing bureaucracy as a managerial organisation (see page 44). A debate exists, nevertheless, about the nature of managerialism, which raises questions about the application of the street-level bureaucracy perspective to Social Services, but in quite a different way from the criticism of Howe and domination managerialism—namely, citing the continuing influence of professionalism, and challenging the idea of management as a separate occupational cadre. This argument, put forward by proponents of the discursive perspective, highlights the continuing potential of professionalism to influence discretion and management oversight.

## **PROFESSIONALISM IN MANAGERIALISED SOCIAL SERVICES: STILL GOING OR GONE?**

The preceding analysis points to different regimes of discretion within Social Services; that is, different systems of relationships and power between managers and practitioners which influence the level of practitioner freedom. Alongside the street-level bureaucracy perspective outlined in the preceding chapter, two other analyses have emerged: domination managerialism and discursive managerialism. The distinction between the two arises from the way in which the encroachment of managerialism is understood against the backdrop of the idea of bureau-professionalism. Bureau-professionalism refers to the combination of



organising principles of bureaucracy and professionalism in Social Services during the first decades following their establishment in the wake of the Seebohm report. Social Services, while located within the bureaucratic structure of local authorities, were strongly influenced by professional principles of organisation, emphasising professional supervisors as supportive colleagues rather than directive managers, and professional staff operating with a significant degree of discretion, trusted by fellow professionals who occupied the significant hierarchical posts within Social Services as an organisation (Stevenson 1978, Parry and Parry 1979, Clarke 1996, Harris 1998a, b, Payne 2005). The difference between the domination and discursive approaches to managerialism focuses on whether or not they see it as a clear break with this mode of organisation within Social Services.

The domination approach characterises managerialism as a conclusion (Howe 1986, 1991a, b, 1996, Pahl 1994, Jones 1999 and 2001). Managers are the winners in a zero-sum game:

Except in matters of style, all the substantive elements of their [social workers'] work are determined by others, either directly in the form of managerial command or indirectly through the distribution of resources, departmental policies and procedures, and ultimately the framework of statutes and legislation that create both welfare clients and welfare agencies (Howe 1991a: 204).

Managers are now the key actors in Social Services, interpreting laws and policies and controlling workers—both by means of a hierarchy of control and through an hegemonic control of the social work world view (although ideological hegemony, Howe argues, is more prevalent in older persons' services, while overt management control is more evident in child care settings where: 'Behaviours are judged, laws invoked and procedures

applied' (Howe 1986: 131).

In contrast to this point of view, the discursive perspective casts managerialism as a continuing process, within which there is resistance and challenge. This more tentative analysis characterises managerialism as an '...emergent culture of control which involves a shift from a professional to a financial/business orientation amongst managers, a focus on the management of scarce resources and the intensive surveillance of social work practice through the use of procedures both paper and computerised and intrusive supervision...', while also recognising that: '...the impact of these developments is likely to be uneven and, at least in some cases, may be open to negotiation...' (Harris, 1998a, 856–858). Managerialism is seen as changing, overlaying and altering existing professionalised structures, rather than replacing them. Leonard (1997), for instance, identifies the practice of discipline as a central method of managerialist control. Control of discourse is used to reshape discretion rather than to get rid of it. What may feel like discretion is, in fact, restricted within the ideas of what is acceptable, through assumptions that are imposed and enforced. However, actors are not seen as simply passive; they are also able to resist and challenge and subvert managerialism (Leonard 1997: 92).

In short, for the domination perspective, professionalism is no longer a significant factor in Social Services; managerialism has caused a seismic shift across Social Services, resulting in managers attaining control. In contrast, the discursive perspective presents a more complex and varied picture of change in which professionals retain some control, to a lesser or greater extent, alongside managers; and in which managers may be influenced by professional as well as managerial concerns. These, then, are the broad approaches of domination and discursive managerialism analysts. Their application to the specific areas of social work discretion within Social Services will now be examined in more detail.



A significant difference for the analysis of discretion that emerges from these different strands in the literature on managerialism in Social Services is an analysis of the extent to which discretion has been removed from professionals. One strand of this literature argues that social work is no longer a profession because it is not autonomous, due to both the extent and effectiveness of external controls and the way in which managerial ideas are now embedded and taken for granted (domination). Here, professionalism is presented in 'either/or' terms: either social work is autonomous—a profession—or it has no real freedom of decision-making and is not a professional occupation. The other strand—discursive—adopts a more nuanced view and recognises that, while practitioners may be subject to increasing controls—external and ideological—this does not exclude the possibility of professional discretion in their work, or of subverting the control of managers, albeit to a lesser degree than in the past.

Key authors in the domination literature, such as Howe and Jones, focus on the growing strategies and techniques of managers to control practitioners and the profession (such as procedures, guidance and tick charts) as real limitations on social workers' traditional discretion. Jones points to evidence of increasing regulation of practice by central government and local managers, and emphasises the feeling amongst practitioners that their work is now governed by paperwork and procedures, and a frustration arising from the sense that they are no longer respected and trusted within the organisation (Jones 1999, 2001).

This perspective characterises managerialism as managers in control: the victors in a conflict between managers and social work professionals over power within Social Services—which the professionals have lost (Howe, 1986, 1991a, 1996, Pahl, 1994 and Jones 1999, 2001). Managers have power

and have used it to disempower and control professional staff; power is understood as domination and control. Managers, sponsored by the New Right (Jones 1999), have played and won the occupational power game: 'The recent spate of legislation related to Social Services has created heavy work loads for managers, but it has also given them power in a way which many have found quite exhilarating' (Pahl 1994: 206). In contrast, social workers as an occupational group have now failed in their professional project (Lymbery 1998a). Social workers have failed to gain status and discretion, and are now subject to management control, to the point of being no more than drones (Howe 1986: 157). 'Less and less', in Howe's view, '... is the social worker expected, or indeed allowed, to make an independent, on the spot judgement or diagnosis of what is the matter. Less and less is the social worker likely to respond with a tailor-made, professional intervention based on his or her own knowledge and skills. There is a move from reason to rote' (Howe 1996: 93–94).

Discourse managerialism does not equate managerialism with managers in the same way. Rather than managerialism being the conclusion of a strategy of domination that has wiped away professional discretion, the discourse perspective sees managerialism as a dynamic process affecting all occupational groups within Social Services—managers as much as social workers—and identifies professionalism as a site of resistance to and possible adaptation of managerialism (Clarke *et al.* 2000: 8–9). It is another stratum in the geology of the organisation, which, rather than replacing what has gone before, is laid upon it, with the two interpenetrating each other to different degrees, in different ways, and in different settings (Clarke and Newman 1997: 76–77). There is a range of management styles, from the neo-Taylorist control and the crude market approaches of Thatcherism to an emphasis on processes and relationships through empowering partnership models (Pollitt 1993). But behind these differences in style is a shared discourse: the commitment to the goal of



the intensification of labour, seeing work identified and measured in terms of commitment to organisational performance, which ‘... foregrounds the calculus of “efficiency” and “performance” as the frame of reference for organisational action’ (Clarke and Newman 1997: 64). However, these managerial ideas are not hegemonic<sup>2</sup>, sweeping all other perspectives aside (*ibid.* 73, 77). Rather, managerialism is seen as seeking to reconstruct state social work in various ways (*ibid.* 76), through processes that are not uniform but are dynamic, interactive and shifting according to specific conditions (*ibid.* 75). Managerialism has not swept away professional power, but is seeking to contain and channel the discretion that has been an historic feature of field social work in Social Services (Harris 1998a).

These two approaches to the analysis of managerialism share a sense of an historical shift. However, they differ in terms of how they characterise the nature of this shift and its impact on professionalism. They also differ in their characterisation of the idea of discretion.

### **The Nature of Professional Freedom**

The idea of ‘professional’ is difficult to pin down but tends to involve an occupational group that has a degree of recognition and status—often based on its knowledge claims, organisation and norms of practice—giving it a greater ability than non-professional groups to guide and direct its own work (Freidson 1994, Noon and Blyton 2002: 210–2). Within this definition, analysts disagree on the level of control over work—discretion—that constitutes a defining characteristic of a profession (Noon and Blyton 2002: 210–212). What is clear is that professionals are widely understood as workers who are authorised to act with a degree of freedom from external control in their work (Evetts 2002):

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<sup>2</sup> Here the authors allude to Gramsci’s view of hegemony as the temporary achievement of an equilibrium, which is, however, liable to disruption (Clarke and Newman 1997: 140–141).

In Anglo-American social systems, the occupational control of work has been a defining characteristic of that special category of occupations called professions. Professional workers have been characterized as having autonomy both in respect of their professional judgments and decision-making, and in respect of their immunity from regulation or evaluation by others (*ibid.* 341).

However, discretion and autonomy are very different ideas: autonomy suggests a complete freedom of action while discretion suggests a more restricted freedom to act within a framework (Dworkin 1978, Evetts 2002: 345). Furthermore, as Dworkin points out, there are gradations of freedom within discretion; it is not an 'either or' notion (Dworkin 1978: 33).

The domination managerialism perspective equates professionalism with autonomy and presents the shift in control to managers within Social Services as seismic, wiping away professionalism. Jones exemplifies this position and also illustrates its central problem: the idea of an historical golden age (Harris 1998b). He contrasts the current imposition of managerialism with the 1980s, when social workers had discretion to act, and management regulation was focused on the constraint of radical practice (Jones 2001: 555). However, in 1983 Jones was arguing that the organisation of Social Services undermined professional discretion as such (Jones 1983: 132) in contrast to earlier times, when managers were only concerned with restraining discretion where there was a risk that social workers would go 'native' [*sic*] (Jones 1983: 131).

In contrast, the discursive managerialism account focuses on professionalism as discretion, the continuation of a degree of freedom; it sees managerialism seeking to reshape the historical bureau-professional culture of Social Services (Harris, 1998a). This culture emphasises a



parochial professional loyalty at fieldwork team level, and the distrust of senior managers (Parsloe and Stevenson 1978, Satyamurti 1981, Pithouse 1998, Harris 1998a, b). Management control of staff is noticeably light, with a wide-ranging acceptance by managers of discretion and autonomy amongst professional staff (Harris 1998a: 849). Managers in this context tend to characterise themselves in professional terms—for instance, in their approach to supervision, which is seen as a consultation between equals (Harris 1998a: 849). In a similar vein, Pithouse concludes that local managers see their role as nurturing and protecting practitioners and their service ideals against central interference, keeping a safe distance between the team and senior managers (Pithouse 1998: 97). This is not to say that practitioners are totally free to act as they choose. Newman and Clarke, for instance, identify: ‘... three ways in which managerialism has reshaped the place and power of bureau-professionalism: displacement, subordination and co-option’ (Clarke and Newman 1997: 76).

Displacement—the total control of professionals (as suggested by the domination perspective)—is rare. More often, managerial influence can be seen in professional subordination: ‘This takes the form of framing the exercise of professional judgement by the requirement that it takes account of the “realities and responsibilities” of budgetary management—need is now disciplined by managerial calculus’ (*ibid.* 76); or co-option: ‘This refers to managerial attempts to colonise the terrain of professional discourse, constructing articulations between professional concerns and languages and those of management’ (*ibid.* 76).

Managerialism, then, in the discourse perspective, is seen as reconstructing professional discretion rather than abolishing it. While these processes are widespread, they do not operate in a uniform way (Clarke and Newman 1997: 75–76), but are varying in different situations, interacting with particular contexts and shifting according to specific conditions. The following section will consider the evidence from research

studies about the nature of social work discretion within Social Services.

### **Social Work Discretion in Social Services: The Evidence**

Lipsky describes the common basis of street-level bureaucrats' discretion as their work in street-level bureaucracies, where freedom arises from policy confusion and resource inadequacy. Managers in this context are both limited in their ability to control this freedom and, to some extent, in collusion with it, in order to get work done (Lipsky 1980). The two strands in managerialist analysis indicate two other different ways of understanding social work discretion within Social Services. The domination strand is less sceptical of managers' claims to control in the street-level bureaucracy perspective. On the other hand, the discursive perspective alerts us to the continuing influence of professional social work discretion within Social Services, suggesting more caution in applying the street-level bureaucracy framework without some adaptation to local circumstances.

Over the past decade a wide-ranging literature has developed which has detailed the increasingly significant role and power of managers in Social Services and its impact on professional social work. This literature, covering the curtailment of discretion, offers support for the domination view of the demise of professional discretion in social work (Pahl 1994, Simic 1995, Hadley and Clough 1996, Harris 1998a,b, La Valle and Lyons 1998a, 1998b, Lymbery 1998b, 2000, Irving and Gertig 1999, Jones 1999, 2001, Postle 2001, 2002, Carey 2003, Harris, 2003). Within this literature there is a growing body of empirical research which substantiates and illustrates the significant impact of managerial control of professional practice, particularly in terms of the curtailment of social workers' professional discretion (Hadley and Clough 1996, Harris 1998a, Jones 2001, Carey 2003).



Researchers have identified a significant shift in the role of social workers, who have become care managers, and this is seen as having undermined professional discretion. Jones (2001), for instance, who surveys 50 practitioners working in local authorities in the North of England, argues that the traditional role of social worker, focusing on the needs of clients, has been distorted by managers, who have sought to control practice and have transformed social work, imposing 'hard-nosed commercial logic' (*ibid.* 560), a process in which:

...the contact [with service users] is more fleeting, more regulated and governed by demands of the forms which shape much of their interaction...I was told [by his interviewees] that social workers were pressured to be speedy in their assessments, limit the contact with the potential client and get in and out quickly... (*ibid.* 533).

Hadley and Clough (1996), who, in a study of the implementation of the NHS and Community Care Act (1990), interviewed community care practitioners in settings including social work, find that: 'In the Social Services, the split between purchasing and providing imposed an immediate reduction in both discretion and autonomy by splitting the role of the social worker' (*ibid.* 186).

A consistent theme arising from these studies is that professionals are now facing greater scrutiny and control of their activities by managers who emphasise social workers' accountability to the organisation: '... our interviewees are also aware of the influence of the development of a new form of scientific management that sees detailed information on workers' activities as an essential prerequisite for controlling the organisation' (*ibid.* 186–187). This theme, that social workers are now being subject to close monitoring through information systems and close supervisory control to

ensure financial and productivity expectations, is also identified by Harris in a small-scale study of the impact of community care reforms on social workers (Harris 1998a: 856, 858).

Jones (2001), encapsulating these themes, paints a picture of a work environment that is no longer professional—that is less trusting, more highly regulated and more mundane (*ibid.* 552); one of his interviewees claims that: “... now everything is controlled and other people make the key decisions and feed it back to you to implement. It all seems to be about covering people’s backs and saving money” (*ibid.* 555–556).

Finally, Carey, in a recent study of care managers, also finds that routines and procedures have been imposed on practitioners which have bureaucratised their practice (Carey 2003: 125). Managerial routines, he finds, not only structure work and discretion but facilitate monitoring and surveillance of practitioners by managers. He points out that, within this developing system of control, practitioners have been encouraged to recognise their corporate responsibility to organisational goals of efficiency and economy, and that the world of the practice is increasingly dominated by budget restrictions (*ibid.* 129).

The picture painted by the research so far reviewed appears to confirm the domination perspective, in that managers are increasingly assertive in seeking to control practice and have succeeded in doing so. However, another body of literature presents a different picture of professional practice in Social Services, indicating some continuation of social work discretion within the context of managerial progress (Lewis and Glennerster 1996, Lapsley and Llewellyn 1998, Pithouse 1998, Ellis *et al.* 1999, Kirkpatrick 2002, Robinson 2003, Bradley 2003).

Ellis *et al.* (1999) present a complex picture of local responses to the



community care reforms. Their study of two authorities, which includes observing practice, looks at the implementation of the NHS and Community Care Act (1990) in a range of adult social work teams. While they find that the community care reforms have had an impact on social work practice, this is not consistent; and they point to continuing street-level discretion in significant areas of practice. A fundamental issue they identify is that practitioners feel engaged in a struggle between maintaining their professionalism and conforming to managerial procedures. While in some teams practitioners talk of their continuing autonomy, the researchers also observe conformity and identification with managerial objectives (*ibid.* 273, 277). Generally they find that operational guidance is inconsistently carried out: 'Contrary to the rationalizing thrust of both central and local authority guidance ... no common approach to the task of determining access to assessment existed amongst teams included in this study' (*ibid.* 277). In addition to continuing discretion in terms of interpretation and adaptation of guidance to local circumstances, they also find that some teams disregard procedures (*ibid.* 274). Teams also vary in terms of the level of their resources and the impact this has on their level of discretion. Specialist teams, in particular, tend to have more time and greater access to resources (including non-Social Services funding), which give team members greater professional freedom in terms of their approach to practice and the range and level of services they can provide (*ibid.* 275). Paradoxically, though, within these teams better resources also enable them to conform to procedures on recording unmet need, which the generic and hospital teams fail to do.

While identifying the continuing extent of social work discretion, Ellis *et al.* are also critical of its use by some practitioners, contrasting those using discretion to advance professional norms with others who use it to '... reinforce rather than challenge dominant rationing imperatives' (*ibid.* 277). What is interesting here is that Ellis *et al.* identify continuing professional

(*de jure*), as well as *de facto* discretion. In another study, conducted by Lapsley and Llewellyn (1998), the researchers examine professional commitment in discretionary practice and are interested in the extent to which the new community care and its ethos of managerial concerns about resources influence professional practice. They find that social workers, on the whole, continue to demonstrate a commitment to professionalism in their use of discretion, while noting that there is some concern for the more economic values of efficiency and effectiveness.

Lewis and Glennerster's (1996) study of the implementation of the community care reforms involves a mixture of observational, documentary and interview-based research in four local authorities in the south of England. While they focus on the strategic process of local implementation, they also look at the experience of practitioners of the new system and conclude that, while: 'Managerialism has had an effect on the exercise of professional discretion' (*ibid.* 205), this should not be exaggerated. Despite practitioners' fears that their work would become routine and mechanistic, 'On the whole these extreme fears have not been realised. But the transparency of the new transactions, for example the visibility of assessment and the resulting service decisions, and the need to achieve consistency, for example in respect of eligibility criteria and response times, have inevitably required more standardisation of professional practice' (*ibid.* 205).

In another major study of community care reforms (Blaud *et al.* 2000) a similar picture of increased but limited managerial intrusion into practice is presented. An area examined by the research is the autonomy of care managers. The researchers find that the least qualified staff tend to have the least constraints on their practice—because they tend to work in the most routine, low-spending areas of care management (*ibid.* 129). Qualified staff, predominantly social workers, tend to work with complex and



resource-intensive cases, and are more subject to management surveillance and budgetary controls (*ibid.* 130). Using the experience of amendment to assessment or care plans as an indicator of autonomy (non-amendment equalling greater freedom), they find that, while 10% of all care managers have had work amended, this rises to 20% for those working with complex cases—predominantly social work staff (*ibid.* 129). They see this as a reflection of managers' concerns with control of expenditure. However, this still means that 80% of workers in these complex, resource-intensive areas of work have not been subject to the curtailment of discretion suggested by the domination perspective. The general picture of discretion as it emerges in the study is of a patchwork, both in the nature of discretion and in its extent, but with most staff in all areas identifying continuing significant freedom in their work (*ibid.* 128–132).

Guidance, as mentioned above, is frequently portrayed in the literature as a sign of increasing managerial control and reduced professional discretion. Robinson (2003) challenges this view, however. She looks at the impact of a structured assessment instrument in a probation setting. Reaction to the instrument is mixed—it is seen by some as possibly limiting professionalism, but by others as enhancing their professional practice and status, promoting quality and backing up their judgement. Rather than replacing discretion, Robinson argues, the assessment tool provides a way of reinvigorating it; it ‘... should not be regarded as inherently “anti-professional”; advancing technicality, in some circumstances, may lead to positive professional outcomes’ (*ibid.* 606), supporting a space for clinical judgement and discretion.

The evidence reviewed here points to a complex topography of freedom and control, offering support for aspects of arguments suggesting the curtailment and the continuation of discretion. As well as evidence of continuing *de facto* discretion, there is also recognition of *de jure*

professional discretion: freedom to act within the organisation based on the acceptance of professional claims to expertise. This complex picture is encapsulated by Pithouse (1998). He returns after 10 years to the site of his ethnographic study of childcare field social work teams. The original 1980s study found that professional discretion was taken for granted in the team. While practitioners had little control over services or resources, they expected to have a considerable degree of self-regulation of their practice. The relationship between professional discretion and management control was characterised by loyalty to the team, trust and a commitment to care. When Pithouse returns he finds changes but also continuities. The relationship between supervisors and practitioners seems more strained. Team leaders, while trying to ameliorate the pressures of increased departmental supervision of casework (*ibid.* 113), also have to monitor the management of cases more closely (*ibid.* 116); at the same time team leaders feel over-stretched in coping with the demands on them to supervise practitioners (*ibid.* 118–119). Practitioners seek to tread ‘... a careful line between seeking advice from a manager and retaining some autonomy around a preferred plan of action, while at the same time not exposing herself to risks that might accrue by withholding some aspect or other about a case’ (*ibid.* 121).

Pithouse finds that, while for some practitioners, the increased involvement of managers in day-to-day issues is difficult, others see their involvement as helpful, an acceptable process of scrutiny in which they can share responsibility for difficult decisions and complex work (*ibid.* 34). Related to these developments in practice is the changing focus of work. ‘Care’ and ‘relationship’ work within the team is now largely the responsibility of unqualified staff. For qualified staff and managers the priority is child protection work—legal, technical and focused on risk—and this is the focus of supervisory oversight (*ibid.* 123).



## Interpreting the Evidence

The argument about the curtailment of discretion is not only concerned with the existence of freedom to make decisions. It also entails an evaluation of the nature of this freedom. This is particularly the case in the debate between domination and discursive managerialism analyses of discretion.

Domination managerialism's argument about the curtailment of discretion weaves together claims that practitioners are not professionals because they are not autonomous with the view that practitioners are effectively and closely controlled by managers. Jones puts forward a picture of the occupational dominance of managers in a context in which: '*... what is required is a managed workforce with no illusions about professional autonomy ... focused on ensuring the "right" conduct on the job*' (Jones 1999: 47). However, if we understand professional discretion in terms of the more limited idea of freedom within limits, as opposed to autonomy, a very different picture emerges, even when we consider the evidence and arguments employed by domination authors.

A key element of Howe's argument involves locating social work within one of the three categories of 'professional' in Johnson's analysis of the nature of professional power (Johnson 1972, Howe 1986). Howe places state social work in a category that he calls 'third party control'—where a third party defines both the nature of needs and the manner in which they are to be met (Howe 1986: 118)—in contrast to Johnson's other two categories of 'colleague or collegiate' (closely associated with the ideal type of professionals as autonomous) and 'client-controlled' profession.

This characterisation of Johnson's schema is problematic. It replaces Johnson's original title of 'mediated' with the label of 'control' and this

account of the category does not acknowledge the capacity for professional freedom as well as the bureaucratic control Johnson sees experienced by 'mediated' professional groups.

For Johnson this 'mediated' category is where a third party (usually the state) intervenes in the relationship between client and professional: 'Mediation arises where the state attempts to remove from the producer or the consumer the authority to determine the content and subjects of practice' (Johnson 1972: 77). Here professionals have increasingly been incorporated into the framework of the state, with a professional hierarchy reflecting the organisation's bureaucratic structure (*ibid.* 79). But, Johnson points out, differences in organisational structure and location can influence the occupation's own self-identification and influence their commitment to their bureaucratic role and ability to operate in their professional role (*ibid.* 81). Johnson identifies social work in local authorities as a prime example of a mediated profession (*ibid.* 77–80).

In approaching the evidence of growing management power, the domination managerialist analysis sets up an unrealistic standard of professional discretion in terms of autonomy and creates a dramatic, but false, choice between free-autonomous-professional and unfree-controlled-bureaucrat. However, there is good reason for seeing the idea of a profession as an occupational group able to control its own work as a myth: '... no occupations manifest professional autonomy of this ideal typical type. It is also questionable whether historically any ever did, although autonomy is retained and persists as a "golden age" image of what professional work might entail' (Evetts 2002: 341–342).

Setting up the choice between either autonomy or control is too crude. It ignores the experience of the vast majority of professionals who are now employed by organisations (Freidson 1994: 130). While professionals are



incorporated into the bureaucracy of the organisation, they continue to operate with some freedom, even though they are controlled in some aspects of their work, in settings where they are often 'loosely coupled' to the organisation (*ibid.* 138). Like other street-level bureaucrats, social workers are able to practice *de facto* discretion in their work—as Lipsky argues. However, as professionals they are also different from other street-level bureaucrats in the degree of freedom that they are able to exercise and the extent to which it is formally recognised (*ibid.* 138–139).

Howe concedes that practitioners retain some freedom in their work, but in areas that, in his view, are not significant. First, there are areas of work not open to standardisation that call for '*in situ* judgement', such as counselling, where the practitioner is the only resource available to meet the need. Secondly, in areas of work that are not a managerial or political priority, the style and manner of work is left to the worker until service users begin to exhibit behaviours that are of direct relevance to organisational operation—for example, involving resource costs, anti-social conduct or threats to physical or developmental well-being (Howe 1991a: 219). However, Howe argues, the freedom that workers have is not significant because it does not relate to the use of resources and key practice areas such as the definition of need (*ibid.* 219).

Here Howe seems to be saying that social workers do have some freedom, but that, because this freedom is not important, they are not autonomous and cannot really be seen as having professional discretion. However, the areas of freedom he identifies in his own account are significant when we look at evidence about areas of recognised and officially sanctioned discretion, and are significant in organisational terms. Resources, procedures and need are central to community care, and from the beginning practitioners are given a significant discretionary role in the implementation of the policy and translating it into practice. Professional

judgement fleshes out community care policy. According to the Department of Health's guidance for practitioners on the implementation of community care, for instance: '...having weighed the views of all parties, including his/her own observation, the assessing practitioner is responsible for defining the user's need' (Department of Health 1991: 3.35). The guidance goes beyond seeing this as just interpreting rules: the assessment of need requires expert knowledge, which the professional brings to the assessment, filling an intended gap in the procedures: 'The same apparent need may have many different causes ... The proper identification of the cause is the basis for selecting the appropriate service response' (*ibid.* 3.32).

While Howe says that until the central interests of the organisation are at stake the style and manner of work is left to the worker, he does not acknowledge the significance of this concession. Who, for instance, decides when the point has been reached at which the circumstances require a shift from the practitioner's discretionary judgement to procedures? This is in large part a question of how the practitioner understands and interprets the facts of the situation and whether the practitioner is recognised by the supervisor as the decision-maker. Rule-saturated practice does not entail rule-bound practice (Maynard-Moody and Musheno 2003: 10). Policy implementation is not simply applying rules; it is also about deciding whether the rule applies in the given situation. (*ibid.* 10) Policy-makers and managers often assume that procedures will not be followed to the letter but that practitioners will use their judgement to make them work. This is clearly the message from the Chief Social Services Inspector in her exhortation to practitioners to use their discretion to implement the present government's modernisation agenda: 'The changes require ... A culture of care that engages with the hearts and minds, as well as the budgets, of all those involved. A culture of care, which knows that consistency is important but it has to be implemented with intelligence and enterprise, not dogma; a culture of care,



which puts an end to checklists that replace thinking and judgment' (Social Services Inspectorate 2001: 8).

A possible reason for not recognising social workers' professional discretionary role is the emphasis in domination managerialism on the proliferation of rules and procedures and the equation of this with control and deprofessionalisation (Howe 1986, 1991a, Jones 1999, 2001). Jones offers an historical explanation, portraying the entry of social work into Social Services Departments as the beginning of the end of 'vocationalism' (Jones 1999: 45), with social workers becoming workers, drawn into local state bureaucracy and required to follow instructions, procedures and directions (Jones 1999: 47). Howe makes a similar point, drawing on the work of Jamous and Peloille to support this view (Howe 1991a). Jamous and Peloille (1970) argue that the achievement of professional freedom relates to the relationship of the level of indeterminacy (work characterised by uncertainty and unpredictability of outcome) and the amount of technicality (capacity to formulate and proceduralise responses) in work content (the I/T ratio). The greater the indeterminacy, the greater the chance of achieving professional status. Groups claiming professional status are caught on the horns of a dilemma. Their claim to discretion relates to their ability to deliver the goods in areas of work that have the uncertainty and unpredictability (indeterminacy) necessitating their intervention. However, in order to intervene effectively, they need a body of knowledge that explains and makes predictable the problems with which they are dealing. Insofar as this body of knowledge is formulated, it has the potential to be codified and proceduralised and hence to undermine their claims to special qualities and skills. The higher the level of indeterminacy, the more potential there is for the operation of discretion. Howe uses this argument to challenge the idea that there is discretion in social work: '... to the extent that the occupation can systematically formulate its knowledge, practice, and outcomes, the work is prey to routinisation, de-skilling, and

organisational regulation, and these are the strategies of managers' (Howe 1991a: 216).

There are three difficulties with this argument: one empirical, the others theoretical.

First, Robinson (2003) is critical of the assumption that increased technicality in work—that is, prescribed practices expressed in procedures—should be uncritically read as undermining professional claims. Her study of the implementation of a risk assessment instrument in a probation service (*ibid.* 596) finds that, despite trepidation about its introduction in terms of undermining professional discretion, the instrument is welcomed by many practitioners and managers as a useful tool in helping them to assess and manage complex situations and a spur to greater consistency, transparency and equity in assessment practice. The impact of procedures on professionalism cannot be prejudged; it needs to be evaluated in each setting.

Secondly, there is also a problem in the assumption that the presence of rules equates with determinacy. The idea of 'essentially contested concepts' (Gallie 1955, Weitz 1977, Freedman 1996) provides a useful set of ideas to help understand why the presence of a body of rules may give rise to indeterminacy. Different but equally valid interpretations of procedures could be made by drawing on elements in the same body of rules, with these elements being outlined, emphasised or downplayed in different ways by different interpreters. The idea of evaluative and internally complex knowledge characterises much, if not all, policy and procedure that pertains to social work practice, allowing procedure to be prioritised and described in significantly different ways by different actors. Paradoxically, more rules may create more discretion; the complex nature of rules and their interaction and the problems of applying rules to concrete situations



is, after all, the basis of the legal professions' I/T ratio claim to discretion (Evans and Harris 2004a).

Thirdly, the idea that rules and protocols developed to guide professional practice are necessarily instruments of management control is problematic. It is not just that rules themselves can build up into a complex, interrelated body of knowledge; it is also that rules of practice may often entail a certain context of interpretation and background knowledge. Tick charts, by themselves, are meaningless: they require expert knowledge to make them usable (Munro 1998: 101–102). For managers to control practitioners through the proceduralisation of their professional practice, management itself has to change. It has to adopt that professional knowledge and, in doing so, change its identity. This argument is suggested by the continuing reliance, at least in relation to first-level management, on professionals being managed by fellow professionals (Freidson 1994), and is also suggested by the observation of managerialism's attempts to colonise professional supervision (Clarke and Newman 1997: 77)—which shows both the power and the weakness of managers and managerialism.

These arguments emphasise the value of assessing professional social work's status against the standard of discretion, rather than autonomy—freedom which is not absolute but set about with limits (Evetts 2002). By this measure, social workers within Social Services continue to be a professional group.

A possible argument against this view is that it ignores the role of sponsorship and support for professional status (Jamous and Peloille, 1970: 170)—something which many social work commentators identify as having been lacking for social work over the past two decades (Hopkins 1996, Bradley 2005, Payne 2005). However, while there is reason to believe that

support for social work as a professional group has been reduced, it has not disappeared. Professional discretion continues to have its supporters and its uses in a managerialised service. Harrison, for instance, points out that professionalism in the welfare state is still supported by consumers, who often value an independent professional rather than a state bureaucrat being involved in their care (Harrison 1999).

However, there are other reasons, too, why powerful actors may continue to see a role for social work discretion. While discretion may give freedom, it also ascribes responsibility. As Ellis *et al.* observe: 'Front-line staff had ultimate responsibility for managing inflated and conflicting policy objectives with inadequate levels of resources relative to demand, yet were subject to low managerial scrutiny' (Ellis *et al.* 1999: 276). There is an assumption in much of the discussion about managers that they are happy to take both responsibility and control in their organisation. However, responsibility is a risky business. Modern society is widely characterised as concerned about the management of risk (Malin *et al.* 2002: 18). Beck, for instance, has pointed to the impact of science in demystifying nature and giving the impression that risk can now be calculated and is susceptible to technical interventions (Beck 1992, Lupton 1999: 108). Government has been seen as taking on a protective responsibility to control and reduce the risks to which its citizens are exposed (Hood *et al.* 2001). In this context, Hood *et al.* argue that organisations not only manage risks but also manage the organisation's exposure to blame when things go wrong: risk regimes. They identify a number of elements in risk regimes, including the management of information release, but also identify more fundamental changes to the basic structure of the organisation. Here they identify two key strategies. One is proceduralisation, which involves the increasingly detailed specification of procedures and guidelines, setting out the right way to do things, so that when something goes wrong the organisation can point to the procedures as a defence against criticism (*ibid.* 2001: 166).



Another strategy is 'service abandonment'. The risk, for the organisation, of proceduralisation is that it implies an acceptance of responsibility. In many situations this is unavoidable, but in others the organisation can reduce its exposure to blame by clouding its responsibility for a service area. At its most extreme service abandonment involves withdrawing from providing a service, but more often it can involve stopping '...issuing advice or information for fear of blame, legal liability or other adverse risks' (*ibid.* 2001: 166). An example of this process can be seen in the use of retaining some idea of professional discretion and decision-making within social care organisations to distance managers and the organisation from responsibility for problems. Wells (1997), for instance, argues that managers are as much involved in a strategy of shifting responsibility as they are in seeking control, and that continuing professional discretion can be seen as an element in this process. He identifies a chain of blame-shifting in mental health policy from the top down, and points out that while government policy calls for the targeting of specialist mental health services on people with a 'severe and enduring mental illness', it has failed to provide a clear definition of the term. The definition provided by the government is a framework within which precise definitions are to be agreed locally: 'The government requires managers to strike a balance between demands, needs and resources but it avoids direct responsibility for what can and cannot be met' (*ibid.* 336). In turn, professionals are put in the position of managing individual demands for resources from service users, thus 'distancing management and policy makers from the reality of the "felt" experience of policy, which is ultimately left to practitioners to interpret' (*ibid.* 340). Marchant (1993) and Bradley (2003) point to a similar process in Social Services Departments generally, where practitioners are faced with vague and imprecise criteria and regulations, which distance senior officers and politicians from difficult rationing decisions.

The continuation of a professional element in the organisation of social

work within Social Services Departments can, therefore, be seen, in part, as a managerial strategy to redistribute blame. (The significance of this practice is suggested by Laming's criticisms in the Climbié report (Lord Laming 2003), which highlights the way in which senior managers distanced themselves from professional decision-making.) However, there may also be more positive reasons within the culture of Social Services for the continuation of an element of professional discretion associated with the continuing culture of bureau-professionalism, not only amongst practitioners but also amongst their managers.

## CONCLUSION

Lipsky's analysis of discretion in street-level bureaucracies has been considered in relation to contemporary debates about the impact of managerialism within Social Services and particularly on the nature of management and the extent of professional influence on discretion. Lipsky's work has been identified as directly relevant to the analysis of practitioner discretion within social work by authors such as Baldwin and Ellis *et al.* However, other commentators such as Howe and Cheetham argue that Lipsky's work no longer provides a convincing analysis because of the increasing influence of managerialism.

The argument in this chapter develops from the recognition that, contrary to this criticism, Lipsky's street-level bureaucracies are organisations in which managers and management concerns and techniques play a significant role. In contrasting these two analyses of discretion, Howe's argument is related to a broader literature on managerialism, which presents managers as dominant forces in organisations. Contrary to the perspective suggested by Howe, it has been mooted that street-level bureaucracy theory and domination managerialism are similar in their characterisation of the orientation of managers, as being committed to



organisational goals and their portrayal of workers as deprofessionalised employees. They also share the view that there is a fundamental conflict between management and these workers, although within this conflict the street-level bureaucracy perspective portrays managers engaging in pragmatic compromises with workers. This relates to the significant difference between these points of view. Domination managerialism's account of discretion emphasises the effectiveness of management control and the minimal nature of street-level practitioners' resources for resistance to this control. The street-level perspective, in contrast, sees managerialist techniques as flawed, in a context of necessarily vague policy and uncertain resources, giving rise to extensive means at street level to resist management control. The result is that, while domination managerialism underlines the minimal and residual nature of discretion, the street-level bureaucracy perspective points to extensive, day-to-day and practical discretion, exercised by street-level bureaucrats. Alongside the domination managerial perspective, I have argued that it is possible to identify another strand of managerial analysis, here called discursive managerialism, differing from the street-level perspective in questioning the assumption that managers' orientation is necessarily and exclusively organisational, and that their relationship with practitioners is necessarily conflictual. While it recognises that practitioners are part of an organisation and are, as such, employees, this perspective also points to the continuing influence of professionalism as a factor in managers' understanding of their role and as a resource used by practitioners to claim discretion in their work. It shares with street-level bureaucracy a recognition of the limited effectiveness of managerial techniques of control, but also highlights the influence of professional discourse as an additional resource for resistance to managerial control. The picture of discretion put forward by this position is variegated, focusing on local constructions of discretion that draw in various ways on *de facto* conditions and professional claims.

These interrelated but different analyses of discretion are summarised in the table below. The key areas they identify for further exploration about discretion and the value and limitations of Lipsky's theory focus on: the organisational context of discretion; the orientation and concerns of management; the nature and effectiveness of management control of practice; and the nature of the relationship between street-level practitioners and their managers.

### REGIMES OF DISCRETION WITHIN MANAGERIALISED SOCIAL SERVICES

	DOMINATION MANAGERIALISM	STREET-LEVEL BUREAUCRACY	DISCURSIVE MANAGERIALISM
ORIENTATION OF MANAGERS	<i>Organisational</i>	<i>Organisational</i>	<i>Organisational and Professional interpenetrate</i>
ORGANISATION- AL HIERARCHY CHARACTERISA- TION OF PRACTITIONERS	<i>Employee/ worker</i>	<i>Employee/ worker</i>	<i>Employee/ professional</i>
CHARACTERISA- TION OF RELATIONSHIP BETWEEN MANAGERS AND PRACTITIONERS	<i>Conflict. Managers dominating</i>	<i>Conflict. Management power limited. Need for pragmatic compromises</i>	<i>Conflict and principled collusion</i>
STRATEGIES OF MANAGEMENT CONTROL	<i>Effective</i>	<i>Problematic</i>	<i>Problematic</i>
RESOURCES FOR PRACTITIONER RESISTANCE	<i>Minimal</i>	<i>Extensive de facto resources</i>	<i>Widespread and varied potential: de facto and de jure resources</i>
CHARACTERISA- TION OF DISCRETION	<i>Residual</i>	<i>Extensive – de facto</i>	<i>Widespread potential, locally constructed</i>



This range of analysis suggests different ways of understanding social work discretion within Social Services Departments. Lipsky's perspective is, contrary to the arguments of some critics, directly relevant to British Social Services Departments and underlines the need to consider the effectiveness of management control. This organisational context of Social Services also points to the need to critically examine the street-level bureaucracy analysis of discretion in the light of the influence of managerialism and professionalism on social work practice. The interaction of these factors will be considered through the examination of discretion in relation to a particular organisational context by asking the question: **is this setting characterised by the conditions of street-level bureaucracy?**

Furthermore, as will be seen in Chapter IV, the fact that a site shares the basic conditions of a street-level bureaucracy should not exclude the possibility that other factors may also have a significant impact on street-level discretion within the organisation. Accordingly, it is also necessary to consider: **what additional contextual factors contribute to the extent and nature of discretion within a particular site?**

Managers have been identified as playing an increasingly significant role within Social Services organisations. This development, I have argued, rather than making the street-level bureaucracy perspective less relevant, in fact increases its relevance. However, the idea of management, which is central to Lipsky's analysis of street-level discretion—he characterises management as an homogenous entity which is committed to organisational values and restricts the freedom of street-level practitioners—is called into question by the literature which points to management as internally stratified and motivated by a range of concerns, not just organisational commitment. This analysis suggests the need to investigate **the nature of management within Social Services as a**

**street-level bureaucracy, particularly at the interface between street-level and front-line management, and between front-line managers and senior managers in terms of its structure and range of motivations of managers.**

Lipsky's analysis of discretion at street-level emphasises a dual process of control and resistance – managers striving to control, and street-level practitioners seeking to resist. He also points out that, within this context of conflict, managers and street-level bureaucrats collude in accepting limited discretionary behaviour in order to get the job done (managers) and to ensure that the job continues to be there (street-level practitioners). The literature which has been considered above is inconclusive about the capacity of management to control and the ability of street-level to resist, thus creating discretionary space. The literature also questions Lipsky's basic assumption that managers and street-level bureaucrats are motivated by different concerns—and particularly in the context of an historically professionalised bureaucracy such as Social Services. The issue that arises is that what Lipsky identifies as a collusion to keep things ticking over between managers and street-level practitioners may be motivated not only by pragmatic concerns but also by shared professional commitments. In light of the suggestion in the literature that there is a fundamental distinction to be drawn between senior strategic managers and local managers, I propose to explore two further issues about the relationship between managers and the control of professional street-level bureaucrats.

Senior managers rely largely on 'remote control' strategies, such as control of resources and procedures to direct street-level practice. **Is control through resources and procedures exercised uniformly across all areas of social work or only in certain areas? How effectively do these strategies control local discretion? To what extent can street-level practitioners resist? What role do local managers**



**play in enforcing resource and procedural controls?** The relationship between local managers and street-level practitioners appears to be central in understanding management control of discretion, both in terms of the enforcement of procedures and in terms of the possible recognition of professional commitments. In terms of understanding street-level discretion, the nature of the relations between local managers and street-level practitioners requires closer examination: **what is the nature of relations between local managers and street-level practitioners? To what extent is it structured by the idea of conflicting interests of managers and street-level bureaucrats? To what extent is it influenced by shared commitments and concerns, particularly around professionalism?**

## CHAPTER IV

### METHODOLOGY

#### INTRODUCTION

The discussion of Lipsky's analysis of discretion in *Street-level Bureaucracy* and the consideration of its subsequent development and application to the examination of professional discretion in Social Services have raised a number of questions. Critics have argued that the conditions of British Social Services Departments are quite unlike Lipsky's characterisation of street-level bureaucracy, and that the theory does not apply in the contemporary British context. I have argued that the street-level bureaucracy perspective is, in fact, directly relevant to the more managerialised nature of contemporary social work and raises important questions about the effectiveness and nature of management control portrayed by domination managerialist analysts. However, some proponents of the street-level bureaucracy perspective present it as a sufficient account of discretion. This is a disputable claim. Discursive managerialist analysts point to the way in which professionalism continues to influence the nature of discretion, both through the impact it might have on assumptions within the organisation about discretion, and through the relationship between managers and practitioners (and between managers at various levels in the organisation). While Lipsky provides a perspective on discretion within large, public organisations, its insights appear to be limited where professionalism is a significant factor in the structure of Social Services Departments.

This chapter will set out the process by which the research questions identified at the end of the preceding chapter have been investigated through the empirical study of a local authority Social Services



Department, as an example of a street-level bureaucracy.

The investigation of Lipsky's analysis of discretion in the context of Social Services identified three related but different views of discretion: the street-level perspective, which emphasises extensive *de facto* discretion; the domination managerialist view of minimal residual discretion; and the discursive managerialist characterisation of discretion as locally constituted at the intersection of professional and managerial discourses, and varying between contexts. This thesis will examine the conceptualisation of social work discretion in the organisational context of a Social Services Department, through the following research questions:

**Is the department characterised by the conditions of street-level bureaucracy? Which additional contextual factors contribute to the extent and nature of discretion within the department?**

**What is the nature of management within Social Services, particularly at the interface between street level and front-line management, and between front-line managers and senior managers in terms of its structure and range of motivations of managers?**

**How do managers exercise control over practitioners, particularly in terms of control of resources and use of procedures?**

**What is the nature of relations between local managers and street-level practitioners? To what extent are they influenced by conflicting interests? To what extent are they influenced by shared commitments and concerns, particularly around professionalism?**

There are two dimensions to the discussion of the research methodology. The first concerns the design of the study, and the second the rationale for the process of data collection and analysis. I will now look at each of these issues in turn.

## **THE RESEARCH DESIGN: CASE STUDY APPROACH**

In developing the empirical study I found helpful Edwards and Talbot's suggestion that a research design needs to be identified. They point out that the design's framework holds together the methods of data collection and analysis in a way that best answers the research questions and helps to clarify the nature of the claims that can be made for any findings (Edwards and Talbot 1999: 32–34).

Case studies are particularly useful in examining people's experience and relating them to their context, and for developing theoretical analysis that engages with '...the realities which conflict with [the researcher's] expectations' (Hartley 2004: 325). The complex and interrelated nature of the research questions reflects recognition of the actors' interaction and their context in public organisations and points to the appropriateness of adopting a case study approach. Case study research is suited to these interrelated questions because it involves examining the experience of actors in a specific context and seeking to understand the complexity and interconnectedness of their practices and the situation (Yin 2003: 13, Hartley 2004: 323). It also captures complexities of social life in a situation that enables us to develop a more nuanced and '... fine tuned exploration of complex sets of interrelationships' (Edwards and Talbot 1999: 50). Additionally, the case study approach combines the opportunity not only to explore these questions in a particular setting but also to use the lessons from this setting to elucidate and develop the theory further (Hartley



2004: 331).

There is an argument that case studies focus on the unique and the unusual and are not appropriate to making generalisations in developing theories (Stake 1998). In this respect case studies are often contrasted with survey research, which is designed to make general observations (Blaxter 2001: 71, 77). Surveys have been presented as a means to generalise findings through sampling: a survey interrogates a sample of a population and, on the basis that this sub-group is a fair representation of the wider population, makes claims about the way in which its findings reflect the characteristics and experiences of that population (Hartley 2004: 331). Stake (1998) argues that case studies should focus on uniqueness. The primary purpose of the case study is to recognise the difference and particularity of each case and learn from it. Generalisations, he argues, create disembodied abstractions that reduce the impact of the case and detract from its power—not least, its ability to demonstrate the limitations of general theory (*ibid.* 94, 104).

In line with this view Stake distinguishes between instrumental and intrinsic case studies (*ibid.* 88). The instrumental approach views the case study as a bundle of data which can be used to test or develop theory. In contrast, the intrinsic approach recognises the particularity of the case—the way in which it is unlike anything else. This distinction alerted me to another approach to conceptualising case study research, which is outlined below.

Stake's argument for an intrinsic approach paradoxically relies on an instrumental argument: that the case study is different from the way things generally are. That which makes a case different or unique (*ibid.* 87–88) is a pre-existing idea of the ordinary; rather than being chosen for its own sake, a case is chosen because it does not conform to an idea of what is common (Gomm *et al.* 2000: 102).

## Generalising from Case Studies: the Theoretical Case

Walton proposes an instrumental approach to case studies, emphasising the importance of theory in identifying cases. He rejects an intrinsic conception of cases—the idea that the case is a natural entity, ‘out there’ and predefined—and instead argues that the properties of events, actions, institutions *etc.* are constructed as a case in a relationship with theory (Walton 1992: 121). Theoretical concerns define the case and identify significant dimensions and where its boundaries are. The same range of circumstances might be constructed as different cases from different theoretical perspectives (*ibid.* 134)—for instance, the same hospital could be a case of street-level bureaucracy (Lipsky 1980) and of negotiated order (Strauss *et al.* 1963), depending on the concerns of the researcher. However, his claim is not simply that theory can be imposed on any situation. For Walton, there is a process of matching and adapting between theory and circumstances (Walton 1992: 126–134). The case study is in a dynamic relationship with theory; theory clarifies the focus of the case study, while the concrete circumstance of the case study is used to develop, adapt and challenge theory.

Walton sees this process operating in two ways (*ibid.* 125). Theory is developed through analogy: it works in one case; another is seen as analogous, and the case study tests this analogy and demonstrates it (or not). Alternatively, cases are studied which, while similar, are also different: they are problematic, and require the theory to be adapted or changed to take account of the circumstances. A similar emphasis on the role of theory in case study work is made by Burawoy (1991), who argues that case studies provide the opportunity to look at theories of general structures and examine how these structures operate and interact in particular, often anomalous, cases (*ibid.* 280).



A possible criticism of this emphasis on theory is that the facts are forced to fit the theory. Theory acts like a *Khunian paradigm in normal science*, where the goal is to confirm and elaborate the exemplar case (May 1997: 33). The challenge is how to maintain a balance between extending theory from one situation to another, and still challenge and adapt that theory—and here, as mentioned above, the case study approach provides a powerful approach to unlocking assumptions and opening up thinking (Hartley 2004: 331).

Walton's characterisation of theory as hypothesis, held tentatively and continually open to change, development and adaptation, is an important notion in protecting against imposing theory on reality. Ragin (1987) also provides some pointers to how this can be achieved in practice. His view is that *inductive theory-generation brings up points for consideration*. These points are not hard and fast truths; they establish a dialogue between the investigator's ideas and the evidence, taking the initial hypothesis, *developing and changing it, the better to explain complexity (ibid. 44)*. In the context of case studies, the value of this questioning approach is that it looks behind apparent similarities and differences and acknowledges the *interaction of individual factors and the broader context: '... to determine how different combinations of conditions have the same causal significance and how similar causal factors can operate in different directions' (ibid. 49)*.

### **Identifying the Case**

The first step in case study research involves 'choosing the case study', by asking what sort of case study is needed to answer the questions being posed (Hartley 2004: 327). This raises the question: how does the researcher know when a case and a theory relate to one another? In answer

to this, Schofield points out that:

A consensus appears to be emerging that for qualitative researchers generalizability is best thought of as a matter of 'fit' between the situation studied and others to which one might be interested in applying the concepts and conclusions of that study. This conceptualisation makes thick descriptions crucial, since without them one does not have the information necessary for informed judgement about the issue of fit (Schofield 2000: 92–93).

'Thick descriptions' do not have to be voluminous accounts of 'the case'. What is important is that the description provides sufficient background information, the context, to allow a reader to understand the findings (Lincoln and Guba 2000: 40). A thick description gives a sense of the circumstances from which the findings emerge and within which the theory belongs. Its purpose is to clarify the background assumptions that make sense of the theory and help identify similarities and differences in the context of the original study and the new situations in which the theory can then be applied and developed.

The concern of this thesis is the critical examination of Lipsky's street-level bureaucracy perspective in relation to professional discretion in managerialised Social Services. The context of this perspective, without which '... the analysis is less likely to be appropriate ...' (Lipsky 1980: 28), is the conditions of work which characterise these organisations. This is what constitutes the thick description and the basis of establishing fit between the theory and particular cases. Street-level bureaucracies are organisations characterised by problems of scarce resources that are compounded by ill-defined organisational goals and unrealistically high expectations of public agencies and their staff (*ibid.* 27–28). They are also organisations in which 'performance oriented toward goal achievement



tends to be difficult if not impossible to measure' (*ibid.* 28). They are difficult organisations to work in and to manage. Transferability, though, is not about establishing an identical match; it is often more like a family resemblance, and as well as recognising similarities is concerned with understanding possible differences (Guba and Lincoln 1989: 241). In relation to the examination of issues raised in the preceding chapter, an important dimension of difference is the presence of professional staff at street level and in management roles.

Yin identifies a range of approaches to case-study research, based on the number of sites within a study and whether the focus is on the whole setting or specific parts within it (Yin 2003). This study is designed as a single case study of social work in adult services in a local authority Social Services Department, which focuses on two embedded units of analysis: an older persons social work team; and a mental health social work team (see pages 125–131). The rationale for adopting this design is that a single case study provides the opportunity to undertake the critical examination of theory—street-level bureaucracy (*ibid.* 40)—and, within this, the use of two units of analysis to compare and contrast the influence of professionalism and managerialism on discretion and the relationship between practitioners and managers within this street-level bureaucracy setting (*ibid.* 42–45). To this end I have compared social workers in an older persons team and in a mental health team. Social workers are a minority of Social Services employees (Department of Health 2005), but are closely associated with the ethos and management of Social Services (Hill 2003: 197–199). Social work within the new Social Services Departments was primarily seen as a generic role, but subsequent developments gave rise to the increasing specialisation of social work along client group lines (Hill 2000b). The Mental Health Act 1983 and its establishment of the role of Approved Social Worker (ASW) reinforced the historical separateness of psychiatric social work and enhanced the

training and professional status of mental health social work (Shaw 2000, Payne 2005). The community care reforms of the early 1990s, which are closely associated with the insinuation of managerialism within Social Services, were primarily concerned with the control of expenditure on older persons services (Challis and Hugman 1993: 320, Lewis and Glennerster 1996). In examining the impact of care management on older persons and mental health services, a distinction has been made between 'brokerage care management', which is largely administrative and concerns coordinating services, and 'clinical care management', which emphasises the central role of care managers as professional providers of services (Huxley 1993, Burns 1997). Using this distinction, Huxley has argued that the brokerage approach is more relevant in understanding adult community care, while in mental health the clinical approach is more appropriate (Huxley 1993: 376–377). Burns also points out that in mental health, clinical care management has been more influential in the operation of the Care Programme Approach—the mental health version of care management (Burns 1997: 394). The contrasting nature of these two different services points to their value as sites for examining the influence of professionalism and managerialism on discretion.

### **Accessing the Field Sites**

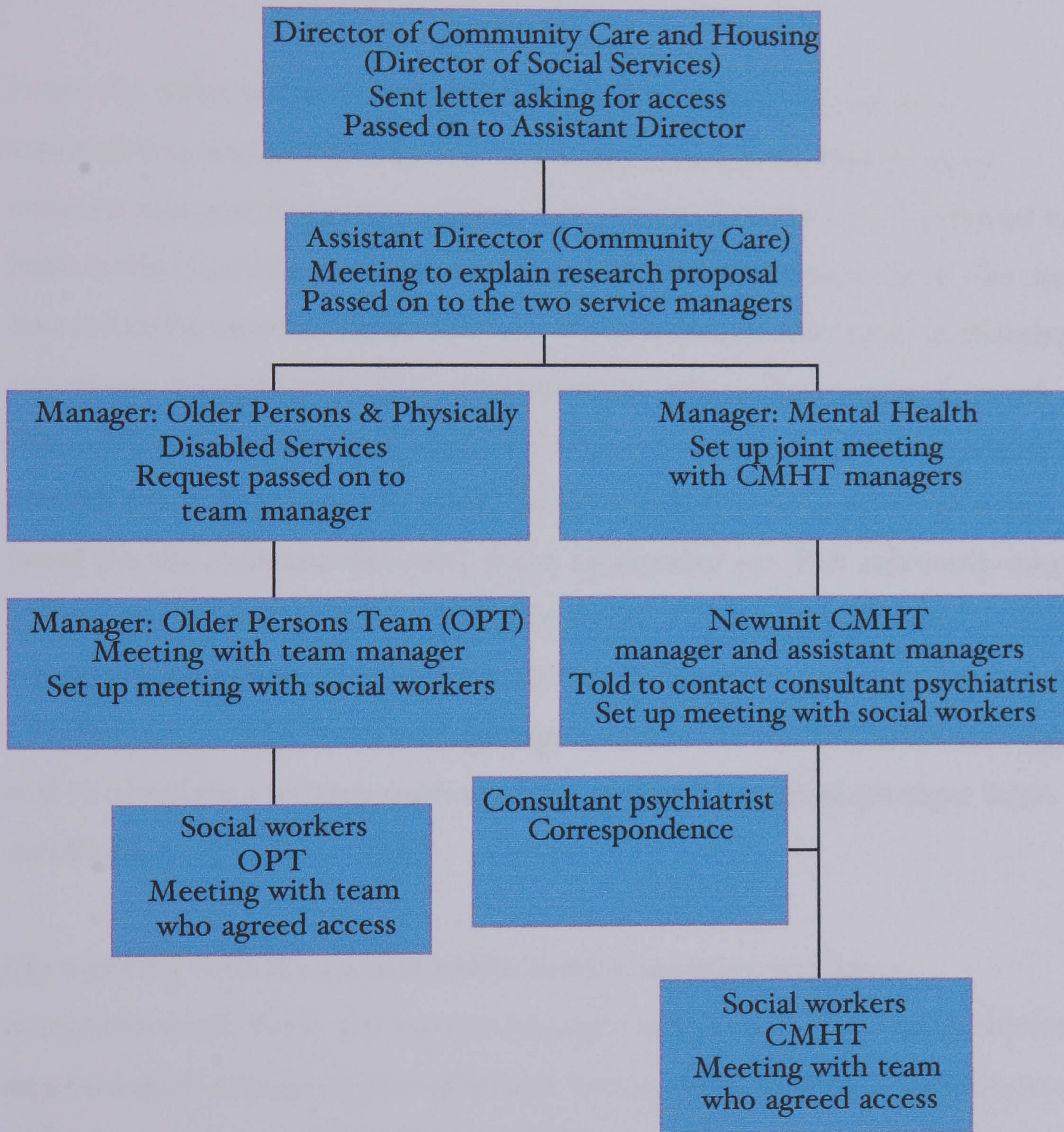
The first step in putting into effect the development of the field study involved gaining access to a research site (Hartley 2004: 327).

One approach to accessing a research site would be to use local contacts on the ground and work up from street level (Berg 2004: 151). However, as I had recently moved over a hundred miles to take up a new post, it would not have been practical to seek access via my previous employment contacts and I had not yet established local links. Accordingly I wrote to local Social Services directors to request permission to carry out fieldwork



in their authorities. One of the directors responded, expressing interest.  
 Fig. 1 summarises the process of gaining access, which is described below.

*Fig. 1* **ACCESS TO RESEARCH SITES**





I met the assistant director for adult services, who agreed to my research going forward and contacted the director of the local mental health trust, which jointly manages the community mental health team (CMHT), to obtain its agreement. She also passed on an information sheet about the study (see Appendix 1) to the older persons services manager, who agreed to put me in touch with an older persons team (OPT) manager who had expressed interest in the research.

I met the older persons manager to discuss the research. She was interested in and positive about my proposed research. Her primary concern was ensuring the confidentiality of the interviewees. I referred her back to the confidentiality undertaking on the information sheet. She also seemed to be curious about the motivation of senior managers in allowing the research to progress: in a contemporary note of the meeting I noted that: '[The team manager] asked me about what [the assistant director] wanted out of the research. I said I don't know but that I had made the point [to the assistant director] about anonymity etc. Felt awkward—was I being tested out?' and I made a note to myself to '... think about confidentiality of the thesis' (Field note: OPT, comment by team manager, October 2001). The team manager agreed to invite me to a team meeting and to circulate a written outline of the research proposal amongst team members.

My meeting with the mental health service manager was less straightforward. First, the service manager had invited three local assistant mental health managers (one of whom managed social workers in the team) to the meeting. Secondly, the tone of the meeting was more challenging. One manager, for instance, was concerned that my focus on social workers would exacerbate professional fissures in the team. Throughout the meeting I felt it necessary to handle the situation carefully and to avoid overstepping an invisible but clearly present line. At the end of this



meeting the service manager agreed to invite me to a team meeting.

In my research information sheet I had mentioned consulting social work files to examine the influence of procedures on the progress of a case. The service manager told me that this would require permission from the team's psychiatrist. I contacted the psychiatrist, offering to meet her to discuss the research. She wrote back that any involvement of health staff in the research would first require the approval of the Health Ethics Committee and that 'Social Services files, which I believe you wish to see, contain letters from myself as a third party, which Social Services are not entitled to disclose without permission' (personal correspondence 22.10.01). I read this letter in the context of my sense of resistance in the meeting with the managers. In this situation I felt that discretion was the better part of valour and decided not to seek access to files.

The process of negotiating access alerted me to the pertinence of Burgess's observation that: '... gaining access to a research site is not a one-off event; it is instead a social process that ... influences not only the physical accessibility but also the development of the design, collection, analysis, and dissemination phases of the investigation' (Burgess 1991: 52).

As noted above, one aspect of the research design that changed as a result of the process of gaining access to sites was the idea of reviewing a sample of case files in each team. Originally I had intended to look at one or two files and follow through the process of decision-making in order to establish how procedures and rules were used or not used and how they were interpreted. Having decided against this in the CMHT I then decided not to pursue this course in the OPT. While I could make an argument for looking at the files in terms of useful data, I realised that I had not fully appreciated the possible impact on service users of having their case files examined in this way. (The damaging impact on service

users of confidential information disclosed beyond its original purpose was emerging as a key issue in another piece of research I was conducting at the time [Evans 2002, Evans and Harris 2004b]). On balance I did not feel I could justify seeking access to case files for a useful but subsidiary aspect of the research.

My sense that there was resistance to the research in the CMHT was subsequently reinforced during the observation period, when an assistant manager, who was at the meeting held to negotiate access, told me that ‘ [The service manager and team manager] hadn’t wanted me to come to the team because of the current disruptions (not specified) but that [the assistant director] had told them that they had to give me access’ (Field note: CMHT, comment by assistant manager, December 2001). Whatever the veracity of this information or the motivation of the person in telling me, it raised questions for me of the ethics of access. I felt that ‘imposed’ access would have been a problem had I been talking to people in their personal capacity. However, as I was interviewing managers and staff in their capacity as public officials/professionals, and as the imposition was on the team to provide access rather than on individuals, I felt it acceptable to continue on the basis that the practitioners and managers had a choice whether or not to participate.

The same manager also told me that social workers in the mental health team were also uneasy about the research: ‘The problem has been that there have been recent audits of files and the CPA [care programme approach], and people feel they are being checked up on again ... I’ve circulated the stuff you gave me but it just doesn’t seem to sink in’ (Field note: CMHT, comment by assistant manager, December 2001). This was an issue which needed addressing in both teams: a manager in the OPT had asked about confidentiality, and the team had also been subject to inspections. Before each interview I reiterated the written information I



had given interviewees and underlined the confidentiality statement and their right not to participate.

As a result of my meetings with managers I was invited to team meetings, and the team members agreed to my being given access to the team. I had provided the teams with an information sheet outlining the nature and purpose of the interviews, and these meetings involved going through the sheet and dealing with questions, which tended to be practical—such as how long I would be present in the team, how long interviews would take *etc.* Following these meetings, the team managers contacted me to let me know that the teams had agreed to give me access.

The remainder of this chapter will outline the methods of data collection and the approach taken to the analysis of data.

## **DATA COLLECTION AND ANALYSIS**

Case study research usually involves a range of data collection methods (Hartley 2004: 328). In this study observational and documentary research support the interviews, which are the main focus of the study. This combination of methods allows me to explore the influence and interaction of managerialism and professionalism in the relationship of practitioners and their managers and to build a picture of official and unofficial discretion in each team. I will outline the role of each of these techniques in turn.

### **Observation**

The role of observation in my research is to support my interviews, and to provide an overview of the structure and function of the teams and local issues (*ibid.* 328). The main element of observation was at the start of the

fieldwork, when I spent a week with each team as an observer in November and early December 2001. After the teams had agreed to my research, I asked for an induction into each team. These were organised by the manager of the OPT and the assistant manager of the CMHT. These 'induction' days involved being shown around the offices, being shown paperwork and procedures by practitioners, shadowing practitioners and talking to them informally. The purpose was twofold. First, I wanted to 'appreciate the situation' (Berg 2004: 155): to get a sense of the organisational environment inhabited by the team and how they characterised it. I made field notes on these visit days (writing them up in the evening) and collected copies of the policy and procedure documents mentioned in the course of the day. This gave access to informal aspects of the teams that would not have been gained by commencing the interviews immediately. For instance, one person took me into the coffee area, where there was a copy of a recently published Social Services league table on the noticeboard. This gave rise to a conversation about the way the local authority was portrayed in the local press.

Within the structured observational phase my role was largely passive, in recognition that I was not a participant in the team's work. This experience allowed me to recognise and make connections with my own previous experience as a social work practitioner. For example, in hearing accounts of obtaining funding for care packages, I was able to use my own experience to understand the process. However, my experience was different, having been at a time of more generous funding. While I needed to ensure that my experiences were not imposed on the situation, they allowed me to recognise the nature of the experiences and challenges faced by these professionals.

Secondly, the induction observation gave the opportunity to meet and build relationships with prospective interviewees. Both teams had recent



experience of audits and inspection and I made a point of letting people know that my professional background was similar to their own in order to distinguish myself from these official actors.

In addition to this formal observational period, my observation continued throughout the research period as ‘... ad hoc or opportunistic data collection’ (Hartley 2004: 329). While the interviews were conducted in interview rooms in the reception areas, after the first couple of interviews in both teams I was invited to the office for a drink while I waited for practitioners to finish tasks. On one or two occasions these opportunities proved enlightening—for instance, allowing a conversation with one of the assistant managers about a meeting attended that morning in preparation for a forthcoming SSI inspection.

Pole and Lampard (2002) note that: ‘The quality of the data gathered in observation can only be as good as the method(s) used to record what is seen and what is experienced’ (*ibid.* 80). The observation was unstructured and did not permit the use of a predetermined schedule to record the data. Instead I made contemporaneous notes wherever possible and would write up a journal at the end of each observation day. The journal described incidents and captured comments, and I also noted the source of comments where possible (e.g. ‘social worker’ or ‘manager’). In the report of the study which follows, data from the journal are referred to as ‘field note’, followed by the team (OPT or CMHT), and, where the note is of a person’s comment, whether that person is a social worker or a manager.

## **Documents**

The second element of my data collection strategy was documentary research. This focused on the examination of the procedural and policy documents—many of which I had collected during my observational

period—and other documents, such as accounts of organisational structure, community care plans and audit and inspection reports, which provided both the framework within which street-level practitioners and managers operated and a picture of the outlying organisational context. I also used archival sources to access documents relating to the introduction of community care in the shire county and the process of handing over Social Services from the shire county to the new unitary authority in the late 1990s.

In using these documents I was aware of the need not to take them as simple reflections of reality but to recognise that they were written for certain purposes, with particular audiences in mind and that they reflected a viewpoint (Denscombe 2003: 215). I tended to use the documents for two purposes. The first was to convey the official picture of the organisation: how its senior officers portrayed it to the outside world. This was to provide me with the official view. The documents gave a sense of the structure and the official account of the organisation within which practitioners operate and of the language and nature of policy and procedure in the authority. The second purpose was to use documents such as inspection reports and committee minutes as sources of financial and statistical information, giving a picture of the material context of practice: staffing levels, resource provision *etc.*

The documents also gave important background information with which to prepare for the interviews: ‘... fore knowledge of the situation’ (Merton and Kendall 1946: 54). First, they gave a sense of the organisational language used by interviewees—for instance, ‘matrix’ was used to refer to ‘eligibility criteria’—and an awareness of documents referred to by interviewees (such as ‘the blue form’—*i.e.* risk assessment). While, at times, I had to seek clarification of terms and assumed knowledge in interviews, it gave me sufficient background to allow the interviews to



flow. Secondly, being aware of the documents and policies enabled me to rehearse and prepare for issues that might arise in interviews and how I might explore and clarify them; for instance, using phrases from the matrix to explore the clarity and flexibility of eligibility criteria.

The documents consulted are produced by or have as their subject 'Oldshire' (the former county) and/or 'Newunit' (the new unitary authority). Accordingly they are not included in the bibliography, as this would breach the research authority's anonymity. In the account of the case and the findings the general source of the document is indicated—e.g. 'Community Care Plan', 'Inspection Report'.

## **Interviews**

The main focus for data collection was one-to-one interviews with practitioners and local managers in each team.

The focus of the study undertaken involves unofficial day-to-day practices. A picture of formal structures, as mentioned above, can be obtained from documents such as procedures, policies and reports, and from the way the authority presents its work on its website. Some impression can also be gained from strategic players of their view of local managers and practitioners. However, within the constraints of my resources—the time available for the fieldwork—my priority was to gain perspectives from the street level of the organisation: practitioners and their first-line managers.

Before undertaking these interviews I contacted the practitioners and managers to ask whether they would be happy to be interviewed. All but one social worker in each team agreed to be interviewed and the team managers and assistant managers in both teams also agreed to be interviewed.

Prior to conducting each interview I went through the information sheet previously circulated in the team (Appendix 1). Two issues tended to arise from this discussion: practitioners' interest in and motivation to participate in the interviews and their view of the research as directly relevant to them and concern about *maintaining confidentiality*, particularly ensuring that senior managers were not able to identify the comments of individual interviewees. As seen above, I addressed confidentiality proactively with interviewees. I will return to this issue in my discussion of the analysis and presentation of the data (see Chapter VII).

Following these discussions I asked participants once again whether they wanted to be interviewed. All agreed to be interviewed. I then asked them to sign an agreement form (see Appendix 2).

I also asked each participant to complete a profile pro forma at the start of the first interview, which gave me information on gender, ethnicity, period qualified, period working for authority and period working for the team (see Appendix 3). The sheet was given an anonymous code number. This information is provided in graphic form (Tables 1 and 2 in Appendix 4).

As will be seen from Table 1, most of the managers and social workers interviewed were women. As a male interviewer I needed to be aware of how gender might influence the interview process. However, as the subject matter did not relate to 'personal issues', it is likely that gender would not be a significant barrier in terms of building a relationship and discussing roles in the organisation (Padfield and Proctor 1996).

All interviews were tape-recorded with the permission of the participants. The tapes were erased after transcription. The tape transcripts were given



the same anonymous code number as the respective interviewees' profile sheets.

The interviews were conducted in both teams from late autumn 2001 to spring 2002. Practitioners and managers in the teams were interviewed using similar interview schedules (see Appendix 5 and 6), which focused on their understanding of the nature of the work context, the role of social work practitioners and how this was governed. These themes arose from the research questions identified in the literature review. A semi-standardised format allowed the interview to cover those themes, while giving participants the freedom to express their own perspective and subjective understandings (Flick 1998: 82–88). The research questions relate to conditions of work within the organisation, particularly clarity of policy and adequacy of resources; the nature of management and the control of practice; and the nature of the relationship between local managers and practitioners. In developing the interview themes I sought to translate these potentially abstract questions into more concrete terms by drawing on my own previous experience as a practitioner and my current involvement with practitioners and students on placements. For instance, to explore the relationship of local managers and practitioners, I decided to focus on supervision, which, in my experience, was a key site in this relationship (and which was also identified as such in the literature—e.g. Pithouse 1998). I discussed the interview schedule with colleagues who were practitioners, and with my supervisor. The aim of these discussions was to ensure that I was linking the theoretical concerns of the research questions with day-to-day practice issues in a way that provided triggers for discussion. For instance, in developing questions about the context of work, I did not wish to impose my own understanding of friction within the managerial hierarchy, acquired through observation, and so posed the question in terms of the organisation, allowing interviewees to explain their view of the

organisation and any levels within it.

This form of interview can be criticised for being superficial, allowing interviewees to present an account of their situation that does not reflect their day-to-day practice (Ellis *et al.* 1999). I originally intended to use a review of case files as a check on this possibility. However, as explained above (see page 109), I abandoned this idea for practical and ethical reasons. Instead, I incorporated a style of interviewing that would explore answers in an active way. For instance, as well as asking for information on levels of discretion, I asked interviewees to explain how they understood the term and evaluated the level of discretion. I also asked for examples from their practice of the situations discussed. In discussing procedural clarity, for instance, I asked interviewees to identify documents and statements to substantiate their view, and used two sources—managers and practitioners—to cross check against each other.

Particular difficulties with this approach relate to the conduct of the interview and the nature of the data generated. A possible risk is that exploration might feel inquisitorial, making interviewees uncomfortable and defensive (Flick 1998: 85). I sought to avoid this by ensuring that my questioning was tentative. The comments I received from interviewees suggest that this worked: they described the interviews as interesting and said that they had made them think more carefully about their experience at work.

The second potential difficulty was the danger of imposing my point of view on the interviewee by taking an active role in the interview. However, I would argue that my approach recognised the inevitability (and necessity) of bringing ideas and presumptions to the interview (Gadamer 1975)—for instance, in identifying the areas I wanted to cover. The advantage of this recognition is that it required me to encourage



interviewees to present their own viewpoint, as material to challenge and question my own presumptions (*ibid.*). I sought to do this, as mentioned above, through the use of a semi-structured interview approach.

In presenting the interview data, I have sought to use the interviewees' own words wherever possible. Often this has involved cutting verbatim quotations to enable me to meet the word limit. Cuts are indicated with ellipses and usually involve extraneous, illustrative material and phatic statements. Where proper names have been used I have changed them and put the pseudonym in square brackets. For instance, the following statement:

But I will go out and do stuff. I will go out and do some shopping and I'll ... last week I had ... doing some of the washing as well.

Simply because noone else to do it, it needs doing, it maintains that person and it's easier to do it. Now I know that I shouldn't be doing those tasks, but I do it. I mean, when I'm running for the shopping for one of my old people because the carer has yet again failed to turn up and she had no food and I know she doesn't eat. I know she doesn't eat. And so I ... you know, you're running down town and thinking, 'this is mad'. I must be the most expensive shopper in [name of unitary authority]

becomes:

'But I will go out and do stuff. I will go out and do some shopping and I'll ... Simply because noone else to do it, it needs doing, it maintains that person and it's easier to do it. Now I know that I shouldn't be doing those tasks, but I do it ... you know, you're running down town and thinking, 'this is mad'. I must be the most expensive shopper in [Newunit] (MS4).

The source of the quotation is given in brackets at the end of each quotation. The first letter indicates the team: O for the older persons team, and M for the mental health team. The second letter denotes whether the interviewee was a manager (M) or a social work practitioner (S), and the number identifies different individuals and is based on the order in which they were interviewed. The above quotation is ascribed to MS4: that is, the fourth social worker interviewed in the mental health team.

## **Analysis**

Yin identifies four principles for the analysis of case study data: exhaustive examination of the evidence; focus on research questions; consideration of a range of interpretations; and locating the interpretation within the body of existing knowledge (Yin 2003: 137). The first step of analysis involved summarising interview transcriptions, observation notes and document notes, and then using these to build a picture of the case study—identifying basic patterns, in terms of my research concerns.

In the marshalling of data, reading of transcripts and analysis of their contents, the street-level bureaucracy perspective and the domination and discursive managerialist accounts of discretion were foregrounded. I read each interview transcript, summarising the material according to the focus of my theoretical concerns. Following this, I collected the summaries to obtain a global sense of how the data related to these concerns. I then re-read each transcript against this global picture, examining the quality of its fit with the data in that particular interview. The aim was to provide a coherent narrative, but one which took account of the full range of the empirical evidence. This was achieved by examining the data in three different but related ways. The main focus of data collection was the



interviews, and the observational and documentary data provided important contextual material to support the interview process. Secondly, within the interviews the data from different groups provided different sources of information which identified shared perceptions but also different perspectives. Finally, the three sources of information—observation, documents and interviews—also provided different fragmentary elements of the case study, which I have sought to combine to provide a more rounded picture than any one source alone could draw.

This was not a straightforward, linear process, but rather involved an iterative process of dialogue between my research concerns and the empirical data. My focus was on discretion and the interactions of street-level bureaucrats and their managers, but I also needed to be aware of research and theoretical arguments which called into question the continuation of discretion (rather than taking it for granted); in examining patterns identified in the data and comparing and contrasting the two teams, it was necessary to consider the alternative interpretations of rival positions.

Additionally, the interpretations I developed needed grounding in the whole body of the empirical data. This required me to check my interpretations against confirmatory evidence, but also to identify any evidence left out which might be contradictory and feed this back into my interpretation.

The whole process has been informed by the idea of an hermeneutic circle (Gadamer 1975), where a theoretical understanding is used to guide the initial reading but is then subject to critical analysis against the detailed findings, with the aim of amending or changing the theory to better account for the range of findings.

In order to anchor the analysis, given the primarily qualitative nature of the data employed, I have sought to use quotations from the original material as far as possible in the presentation of the findings. I have sought to represent the full range of voices within identified categories, but there is extensive quotation in some situations of one or two individuals who are in a particularly strong position to provide an overview or who have particular insights—for example, the older persons team manager—or who provide clear representative comments.

The approach taken in the interviews enabled me to gather rich, detailed and sometimes unexpected data. However, the small number of people involved—15 in all (see below)—meant that, while it was possible to identify trends and categories, these were inevitably impressionistic and the general points drawn reflect the art rather than the science of analysis. The limited number of interviewees, in just two teams, also makes it difficult to protect their anonymity. Two strategies are adopted to achieve this. The first is to avoid analysis on the basis of ethnicity and gender. As only one interviewee is not British White, and all but three across the two teams are women, this would clearly identify some interviewees. While participants are sometimes referred to by gender, this is on a random basis—sometimes referring to a woman as a man and *vice versa*—as a means of further protecting confidentiality. While for practitioners this strategy would be sufficient, for the managers, where job titles are used, it would not. Accordingly, findings relating to managers will be restricted (University of Warwick 2005: section 6.1).

## **CONCLUSION**

This chapter has explained the rationale for adopting a case study approach to investigating discretion. Having outlined the idea of a



theoretical case study it has identified a location for the research—two adult social work teams within the same authority—that allows the comparison of discretion and of the influence of professionalism and managerialism in two sites. The main methods of data collection are outlined, focusing on interviews as the primary source of data. Interviews involved all the team managers (five in total) and all but one of the qualified social workers in each team (five in each team).

The findings of the case study are presented in the next two chapters. Chapter V presents a ‘thick description’ (Lincoln and Guba 2000) of the research authority and of the two adult social work teams within the authority which form the research sites. It outlines the basic characteristics and background which provide the context for understanding the findings and which identify the similarities and differences between Lipsky’s characterisation of street-level bureaucracies and this particular research setting. Accordingly, the data presented in Chapter V are particularly relevant to the first research question: **is the department characterised by the conditions of street-level bureaucracy? Which additional contextual factors contribute to the extent and nature of discretion within the department?**

Chapter VI presents the findings as they relate to the remaining research questions (see pages 95–97), concerning the nature of management, control of practice through resources and procedures and the nature of relations between local managers and street-level practitioners.

## CHAPTER V

### CASE STUDY OUTLINE

#### INTRODUCTION

Chapter IV focused on an account of the way the research was undertaken. Its design is as a case study, and this chapter will provide an outline of the case. The rationale for undertaking the case study was that it allowed a critical analysis of discretion through the exploration of the interaction of factors at street level. As explained in Chapter IV, there is evidence to suggest that Social Services are street-level bureaucracies, and that they are also sites in which managerial and professional discourses are influential. As Gomm *et al.* (2000) point out, it is important not just to assume transferability or fit, but to demonstrate it (*ibid.* 102); and this chapter will outline the case context and seek to demonstrate its appropriateness as a site to explore conceptualisations of social work discretion.

The idea of 'fit' is important in qualitative research: it involves identifying similarities between the basic conditions within which the original theory was developed and the situation to which it is applied; but also recognising important differences between the original and the new setting (Lincoln and Guba 2000: 40, Schofield 2000: 76, Gomm *et al.* 2000: 93). My aim is twofold: to compare the case with street-level bureaucracy theory and to identify how the theory can illuminate the situation; and to contrast the case with the theory, in order to critically examine and consider the contribution of other perspectives on discretion. In addition, the case description will provide basic background knowledge to inform the findings. In this respect this chapter also addresses itself to the first set of research questions identified in Chapter III.



**Is the research authority characterised by the conditions of street-level bureaucracy? What additional contextual factors contribute to the extent and nature of discretion within the research site?**

Street-level bureaucracies are certain forms of public bodies providing direct services to citizens, and are characterised by wide-ranging goals, policy complexity and insufficient resources for demand for services. In Chapter III I argued that Social Services Departments conform to the basic conditions of street-level bureaucracies, but that they are also the sites for conflict between professionalism and managerialism as service-organising discourses—and that, as such, they provide a useful location in which to compare and contrast the different analyses of discretion identified in Chapter III.

There follows a description of the local authority in which the research was conducted, and the two adult social work teams studied. Characteristics of participants in the case study will then be outlined, and their possible effect on perceptions of the world of practice which participants inhabit will be considered. This will lead to consideration of the authority's recent history and its legacies in the current organisation and practice.

## **THE DEPARTMENT AND THE TWO TEAMS**

The study authority, here called 'Newunit', is an English unitary local authority which has a population of around 150,000 and is primarily rural, though dominated by its market town. The main call on Social Services, as measured by expenditure, is older people's services. The council has a long history of Conservative control, but in the past decade control passed to the Liberal Democrats. Newunit is a relatively new Social Services authority and inherited this responsibility from the former county council

authority, which ceased to exist in April 1998, and which is here referred to as 'Oldshire'.

Oldshire was a large authority with a population of around three quarters of a million in a mixture of rural and urban communities. During the 1980s Oldshire was controlled by the Conservative party, but in the early 1990s the county moved to no overall control. The authority saw itself as businesslike, with the Social Services Department, for instance, welcoming the White Paper *Caring for People* (Department of Health 1989) in terms of creating a mixed economy of care with greater private provision, and pointing out that: '... we are ahead of the White Paper ... in ... the work which has been set in hand to establish Quality Assurance in the Department, the developed management initiatives which will give our providers a head start ...' (Oldshire Social Services Committee Paper March 1990).

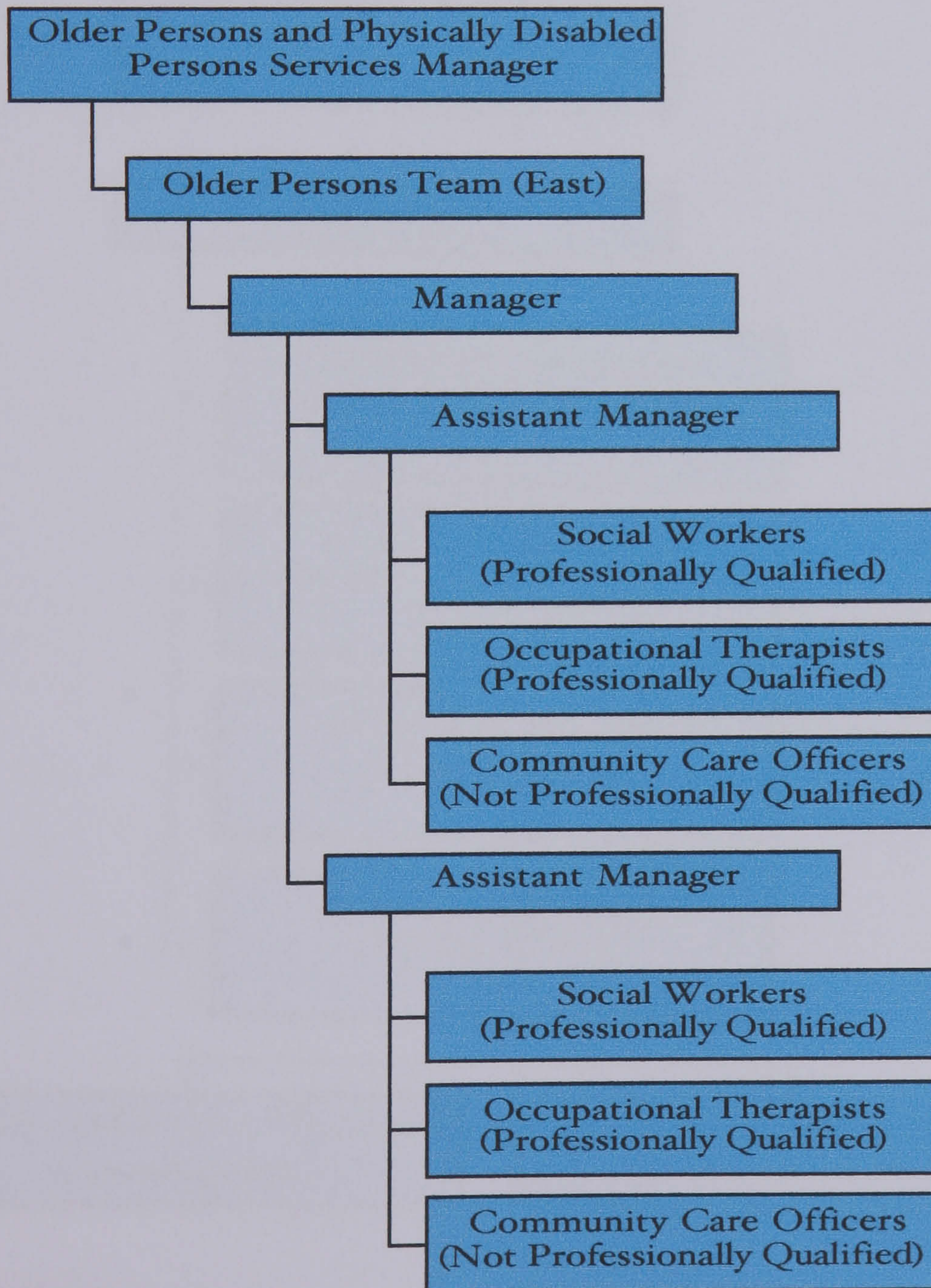
Within Newunit the research looks at two different social work teams: an older persons team (OPT), and a community mental health team (CMHT). These teams are made up of a number of staff; my interest is in the professionally qualified social workers, who enabled me to look at street-level bureaucracy as mediated by professionalism. Two different adult teams also provide an opportunity to compare and contrast the impact of managerialism and professionalism on discretion within different working contexts.

The council recently reorganised its structure, with Social Services now split between children's and adults' services. Adult community care services, which include services for older people and people with mental health problems, were recently amalgamated with housing. The corporate director (Community Care and Housing) was also the Director of Social Services (see Figure 1).



Within the elderly and physical disabilities service (EPDS) the split between commissioning, such as care management, and service provision, such as home care. There are two, geographically organised persons teams (OPTs); both are care management teams responsible for assessment, care planning and commissioning. The teams are made up of social workers and occupational therapists (all employed by the council) and take direct referrals and referrals from individual and other agencies. This document looks at one of these teams. The OPT structure is summarised in Figure 2.

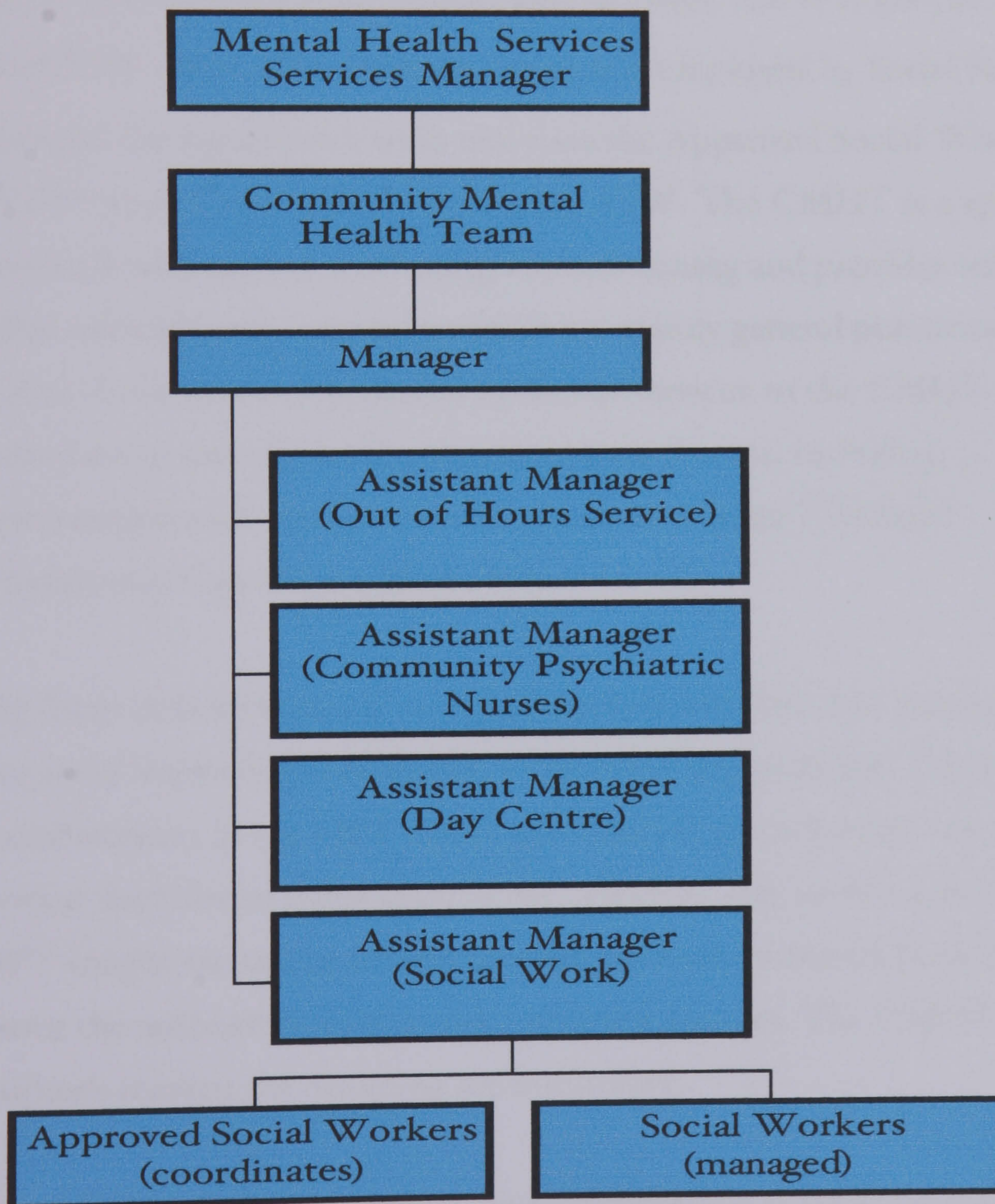
**Fig.2 OLDER PERSONS TEAM: ORGANISATIONAL CHART**





The community mental health team (CMHT) covers the whole area and is a joint Health and Social Services team made up of social workers, community psychiatric nurses, psychiatrists and a day service, with social workers employed by Social Services and other staff employed by Health. (The CMHT structure is summarised in Figure 3, below).

**Fig. 3 COMMUNITY MENTAL HEALTH TEAM: ORGANISATIONAL CHART**





In the OPT the team manager and two assistant managers are all women who are qualified social workers. The assistant managers manage both occupational therapists and social workers. They also carry a small caseload. Newunit's publicity material about the service does not mention professional titles, only referring to the generic 'care manager' role.

In the CMHT both the team manager (male) and the assistant manager (female) running the social work service are social workers. The manager is a joint Health and Social Services appointment, and is employed by the local NHS trust<sup>1</sup>. The assistant manager is employed by Social Services, manages the social work team and runs the Approved Social Worker (ASW) service, and is also a practising ASW. The CMHT is a specialist mental health service combining commissioning and provider services, and takes referrals only from other agencies, mainly general practitioners (GPs). 'Core services' provided by Social Services to the CMHT are described in the official documents in broad terms, including: '... ongoing intervention and interaction with clients and carers' (Newunit Community Care Plan 1999–2000).

My focus in both teams is on social workers and their line managers. All the social workers and managers interviewed are qualified. There are six social workers in the OPT and in the CMHT. In each team one social worker declined to participate in the research. The social worker in the OPT sought me out to tell me that her decision stemmed from her anger about the authority's cuts in older people's services. The CMHT social worker's reasons for declining are not known.

In the OPT three of the social workers interviewed are full-time and two are part-time; all the CMHT social workers are full-time, as are all

<sup>1</sup> There are other assistant managers—for instance, a community psychiatric nurse (CPN), who manages the CPNs.

managers in both teams. Most managers and workers are women: of the five managers one is a man; eight of the ten social workers are women. All but one of the people interviewed are White British.

In the CMHT both managers have been managers for over 10 years. In the OPT only the team manager has extensive management experience (11 years). The other two managers have two years' and one year's management experience respectively (see Table 2, Appendix 4).

While there is a range of experience both as social workers and as employees of the authority in both teams, a significant difference in the pattern of worker experience is demonstrated in Table 2 (Appendix 4), which sets out the number of years each interviewee has been qualified and the amount of time worked for Newunit or its predecessor authority. From the table it is clear that the two groups of social workers and managers in each team are quite different in relation to their career histories. Most workers in the OPT have worked in the authority since they were qualified (one social worker appears to have extensive experience outside the authority, but this is mainly the result of a career break; another person worked for the authority for some time before being sponsored to undertake social work training). The exception to this pattern is the team manager, who has worked in social work teams elsewhere. By contrast, in the CMHT all the workers and managers have been employed as social workers by other authorities than Newunit or Oldshire.

In order to understand the current organisation and issues in Newunit, it is necessary to review the recent history of the teams and the department. Despite recent changes at the senior level of Social Services, the day-to-day organisation—care management and Social Services policies and systems—were largely developed in Oldshire, then taken over and



continued by Newunit. Recent policy initiatives, such as the control of financial overspend, can be understood only in the context of Oldshire's legacy, which is outlined below.

## **The Implementation of Care Management**

A pivotal point for adult Social Services in England and Wales was the implementation of the NHS and Community Care Act in 1993 (Hill 2000a: 7), which was central to the intrusion of managerialism into adult Social Services (Harris 2003: 43). Oldshire embraced the reforms of adult Social Services in the early 1990s. In implementing care management, local authorities had to consider the context within which it was to be put into effect, particularly the idea of Social Services as an enabling authority, and the idea of a market of care, which distinguished the roles of purchasers and providers of services within social care (Hill 2000d: 164, Harris 2003: 43-46).

Oldshire took a proactive approach to implementation of the new community care. The form of care management adopted in the county was strongly administrative and based on a clear purchaser/provider split. The authority saw itself as blazing a trail for care management and a more market-based approach to care provision. In a Social Services Committee paper, senior officers comment that: 'Many of the ideas contained in the White Paper are already to be seen in the way in which we work in [Oldshire]', and that the consultation primarily sets the scene and asks questions about how, precisely, the authority should go forward. For instance, in its role as enabling authority, it predicts that: '... a clear distinction will need to be made between the purchasing and providing functions within the local authority' and emphasises the need for a training and personnel strategy focusing on new skills for 'case managers' (*sic*) in negotiating and designing care packages and financial management for

managers (Oldshire Social Services Committee Paper March 1990).

Alongside organisational changes within Oldshire, the community care reforms were accompanied by important changes, closely associated with the purchaser/provider split, in the authority's view of professionals such as social workers. Social workers became care managers:

... social workers as care managers or whatever, they were put in commissioning. You were buyers or you were sellers. Social workers were buyers, and what they bought were services from providers. So the sense that social workers could be providers as well—it was still acknowledged verbally, as, oh yeah, well of course, we might be providing a service as well. But we were situated on that kind of a divide (OM1<sup>2</sup>).

While these changes had a significant influence on adult community care services, a range of other factors seemed to reduce their impact on social workers in the CMHT. In relation to the community care reforms, national policy reinforced the separateness of mental health. In putting forward its community care policy, central government went against Griffiths' proposal and split lead responsibility for community care. While local authorities were responsible for most community care, it gave responsibility for mental health planning to the NHS (Shaw 2000: 107). As care management was being implemented in Social Services, a different but parallel form of care management, the Care Programme Approach, was implemented in mental health.

In Oldshire, mental health services were not a priority. Before these reforms there was a third lower investment of social services resources in mental health services locally when compared with the national average for Social Services (2% of annual revenue expenditure, as opposed to 3%)

<sup>2</sup> For explanation of source code see page 120.



(Social Services Inspectorate Report 1989). There was an emphasis on joint Health and Social Services provision and CMHTs were developed in Oldshire, one of the first of which was in what would become the Newunit area (Oldshire Three Year Plan 1990). Social workers within the team felt that mental health was increasingly marginal to the local authority:

I remember going up to Shire Hall, a group of us here, because we were feeling so frustrated that there didn't seem to be any policy, there didn't seem to be any overall views ... mental health seemed the poor cousin. There was more emphasis on elderly and children and families, and we just felt there wasn't any strategy (MS2).

### **Team Work and Professional Social Work**

Both the CMHT and the OPT were and are, in Ovretveit's terms: 'Formal multidisciplinary community team[s]: a working group with a defined membership of different professions, governed by an agreed and explicit team policy, which is upheld by a team leader' (Ovretveit 1993: 64). Under the umbrella of formal teams, Ovretveit distinguishes different forms of organisation and using his typology helps clarify the differing ways in which these two teams were organised, and how this organisation has changed over time.

At the time of the introduction of community care, Oldshire was organising its teams in terms of client groups. In the older people's services, this involved teams of both social workers and occupational therapists. In Oldshire, the OPT was a 'fully managed multidisciplinary team[s]: team members from different professions, fully managed by the team manager' (*ibid.* 75). The team was made up of social workers, occupational therapists and unqualified staff, who were employed by Social Services and jointly managed by the same managers. The CMHT, on the

other hand, corresponded to another type of formal team identified by Ovretveit: the 'managed-core and coordinated-associate team'. Here, some team members are line-managed by the team leader, while others come under another organisational structure; their contribution to the team is negotiated and coordinated (*ibid.* 68). At team level the leadership role was taken by the consultant psychiatrist, although, as the following comment from a practitioner suggests, this leadership was not accepted uncritically by all:

The mental health team was set up 15 years ago; it's been looked after by two consultants up to last year—white, English middle class and paternalistic. They were keen to educate up the social work staff in the medical model. They left last year. It's been a big change, it's been a steep learning curve (Field note: CMHT, comment by social worker, December 2001).

When Social Services were transferred to Newunit, the CMHT remained unchanged: it was already geographically based in the district. The OPT was reconstituted with some geographical changes to its boundaries and with social work staff previously based in hospitals brought into the team.

The internal organisation of the OPT as a single agency (Social Services) multi-disciplinary team has, then, remained the same, although the particular geographical areas to which the team relates changed slightly over recent years.

In 2000 the CMHT was reorganised into a jointly managed, multi-agency, multi-disciplinary team with a team manager (from a social work background) appointed by Health and Social Services. Amongst other things, the team manager oversaw community psychiatric (CPN) nurses and social workers. However, unlike the OPT, where occupational



therapists and social workers are managed by the same managers and share the same room, in the CMHT there are separate CPN and social work teams, each led by a member of its own profession; and the social workers, who are still employed by Social Services, work within both Social Services and local trust policies. Social workers and CPNs as professional groups occupy different rooms.

The picture that emerges from the CMHT is of social work in the context of entrenched and strong professional identities, central to the defining of role. One practitioner who worked in adult services in the early 1990s (and subsequently moved to the CMHT to be the assistant manager) contrasts the impact of community care reforms in both teams in terms of a continuing professional identity:

The adult and disability team embraced care management full fold; we took on joint working very readily. I learnt a lot about OT, and understood buying and selling services between each other. In the mental health team they had their profession, they were not going to be care managers. From the outside they were seen as isolated, peculiar (Field note: CMHT, comment by assistant manager, December 2001).

All interviewees in the CMHT make a point of drawing a clear line between their roles—which they characterise as continuing to have a ‘clinical’ dimension—and that of workers in the OPT, which is more administrative. This point is echoed in the authority’s Community Care Plan, which, in contrast to other adult client groups, talks of care managers in mental health providing ‘... ongoing intervention and interaction with clients and carers’ (Newunit Community Care Plan 1999–2000: 28).

The structure of Social Services budgets for the OPT and the CMHT

reflects these different roles. Forty-four percent of the current mental health services budget is spent on 'assessment and care management' (even after allowance is made for ASW assessment time), whereas in the OPT the percentage of budget covering the cost of professional staff is much lower, at 13.2% (Newunit Community Care Plans 1999–2000: 29 and 2000–2001: 34). The proportion of professional time, as compared with the rest of the budget, may be higher in the CMHT because there are fewer funds for the purchase of services and lower in the OPT because of economies of scale. Nevertheless, even taking this into account, there remains a significant discrepancy between the two teams' budgets for professional staff—a point underlined in a recent SSI inspection report, which points out the low proportion of professional social work staff in the OPT compared with other authorities.

### **Impact of Local Reorganisations**

The picture so far in adult services has emphasised the impact of care management reforms, and therefore of managerialism, particularly in older persons services (see page 131). However, a number of limiting factors within the organisation, particularly the effect of the reorganisation of Social Services in 1998, have curtailed management influence within Newunit.

Newunit became a Social Services Authority following the abolition of Oldshire. In a national study of the partial reorganisation of local government in England, Craig and Manthorpe (1999) find Social Services Departments expressing concern about reorganisation because of loss of central expertise, having to refocus existing service provision in line with new local priorities and losing economies of scale.

Senior managers within Social Services criticised the local government



commission proposal to abolish Oldshire and shift Social Services to six district authorities. They questioned the capacity of the unitaries to provide Social Services and support professional staff, and argued that the change would result in increased management costs (Oldshire Social Services Committee Paper, July 1994). A report by the Director of Social Services also points out problems with budgets: '[Oldshire] spends significantly above its Standard Spending Assessment on social services—a seamless transition of services will only be achieved if this level of funding is matched' (Oldshire Social Services Committee Paper October 1994). A year later the Director of Social Services reiterated her concerns that the reorganisation was likely to lead to an increase in costs, disruption and loss of momentum in the implementation of community care (Oldshire Social Services Committee Paper March 1995).

The new unitary authority was able to attract senior figures from Oldshire's Social Services: the Deputy Director of Social Services, for instance, became Newunit's Director of Social Services, and a previous senior planner is the current director of Social Services. However, Social Services' move from the shire to the unitary disrupted central management control in a number of ways.

As part of the management reforms associated with community care, Oldshire introduced a 'client record and information system' (CRIS), designed to computerise records and manage and monitor case management. The computer system was countywide, and with the reorganisation it had to be disaggregated to operate at district levels. Within Newunit this resulted in its largely becoming a basic case-recording system, a situation reflected in the SSI's observation that: '... it was unable to meet modern management information needs' (Inspection Report 2002: para 9.9).

Another significant issue for management and control within Newunit was its ability to support a strategic management and control function. This largely seems to have been related to funding problems inherited from Oldshire, which will be discussed further below.

In relation to older people's services, a recent SSI inspection report highlights the problem of insufficient strategic management capacity to develop the service (*ibid.* para 9.3).

The impact of the move also resulted in a loss of expertise at the centre. Newunit carried over and continued to operate policies developed within Oldshire, but the senior staff who developed them were distributed amongst the six unitaries. For instance, one practitioner, who moved from Oldshire to Newunit, comments that in terms of local procedures relating to the operation of the Mental Health Act:

We used to have a county-wide legal team, who had a lot of confidence ... who had a lot of knowledge of mental health law, and we then had to use our own lawyers in [Newunit] and basically had to help train them up, because they actually came in completely naïve on mental health ... a lot of mental health legislation is not just going to the books: it's people's knowledge of such situations (MS2).

Alongside changes in Social Services, both teams have had to cope with changes in the organisation of local Health services and central government emphasis on partnerships across Health and Social Services (Hill 2000c: 154–157), involving the pooling of budgets and integration of services (Mitchell 2000: 188–190). Cross-agency work with Health has been problematic because of continuing changes in local NHS organisation—a point noted at national level by the Chief Inspector of Social Services (Social Services Inspectorate 2001, para. 5.41). In this



context, the OPT has set up working relationships with the two primary care trusts (PCTs) to which it relates, and with them has agreed a joint assessment document and eligibility criteria. The situation in mental health is slightly more complicated and was described by one manager as 'planning blight' (MM2). While the OPT is a primary care service, the CMHT is a specialist secondary service, with working relationships between Social Services and Health and a provider trust. The Local Priority Needs Trust (co-terminous with the unitary authority) was abolished and replaced with a Mental Health Trust, which was co-terminous with the old county. There are plans for a new trust to be developed which corresponds to the two PCTs, covering and extending just beyond the unitary authority.

### **Pressures on Resources**

Fundamental concerns about reorganisation are also voiced in terms of the resourcing of Social Services and the ethos of the new authority. Several practitioners in the OPT contrast the current resource problems in Newunit with their experience of the resource situation in Oldshire: 'All I know is that all the time we were a big authority, there just was not that restriction on resources' (OS4).

A recent Audit Commission/SSI joint review notes that:

In 1998/9, the new Authority inherited a level of expenditure significantly above its Standard Spending Assessment (SSA) and increased Council Tax by 22% in order to cover planned commitments and avoid any disruption to services for users. There was a further 6% increase in 1999/2000. ... This higher level of contribution from local revenue, however, is more due to a relatively low central government grant settlement than because the

Authority is a high spender (Inspection Report 2001: para 1.3.1).

The report criticises Social Services' incremental budget-setting and calls for the development of budget-setting based on 'year zero' needs. (Incremental budgeting involves using the previous period's budget as the basis for the next period's budget, with additions for new items. In contrast, a zero-base budget is where '... a manager responsible for its presentation is required to prepare and justify the budget expenditure from zero base ie assuming there is no commitment to spend on any activity' [Hussey 1999]). The report emphasises the need for politicians to make decisions about the levels of services they are willing to provide.

As a consequence, Newunit Social Services have seen attempts to reduce spending. The Director of Social Services, for instance, points out that: '[Newunit] is facing severe budget problems this year, and Social Services has to take its share. This means we are looking to make significant savings in the budget of adult services (Newunit Community Care Plan 2000–2001: 1).

However, within this overall picture funding for different teams within adult services has been uneven. In 1999–2000 older people's services were funded at 3% over national average provision, while mental health services are 40% below national funding levels (Inspection Report, 2001: para 1.3.2). The focus for cuts has been on older people's services. Mental health services during the research period have been receiving increased funding in the form of specific grants from central government associated with the modernisation programme in mental health; but alongside this practitioners and managers describe core funding for care management in mental health as insufficient. In the older people's services, cuts are not just to bring expenditure in line with other authorities, but are also used more aggressively to reduce the level of Social Services funding:



I asked when the savings would be achieved. Apparently the elderly team needed to save a quarter of a million, but so far they've saved nearly half a million. They're still being asked to make savings, because other adult services haven't managed to make savings. In part it's because the elderly services are easier to cut, because there's a high throughput and high volume—this will bring down costs quicker! (Field note: OPT, conversation with manager, November 2001).

The department has used two techniques to deal with its financial problems in the older persons service. Eligibility thresholds for service provision have been raised (this threshold was higher in the OPT area than in CMHT). There have also been active moves to reduce spending through the imposition on the OPT from the centre of a policy of 'two out, one in': for every new hour of home care allocated, two hours of the existing service have to be cut, for both domicillary and residential care. This process of budget-cutting, however, seems to have gone beyond what is required to reduce the OPT budget.

## **Risk**

Another factor that appears to differ between the OPT and the CMHT is the role of the idea of risk. Contemporary society is centrally concerned with the identification and management of risk (Lupton 1999: 102). It has been argued that the presence of risk, insofar as it entails uncertainty, can contribute to a professional orientation within work contexts (Jamous and Peloille 1970). Within the mental health services, concern with risk has been central since the early 1990s, reflecting a shift in national policy to concern with risk, dangerousness and community (Department of Health 1995, Muijen 1996 and Reith 1998). This concern is, according to one of the mental health managers, echoed in the culture of the mental health

service:

I think we probably encompass risk in mental health in [*sic*] a greater extent. I suspect policy has pushed that along over the last 10 years. You'll be aware that most of the press going back 8, 10 years was about risk-taking and disasters happening in the community' (MM2)<sup>3</sup>.

While risk, as uncertainty, can contribute to indeterminacy in that it reduces the capability of managers to predict and control practice (Jamous and Peloille 1970), it also gives rise to concerns that can result in increased monitoring of practice (Hood *et al.* 2000, Munro 2004). For instance, practitioners in the CMHT see increased discussion of risk at policy level and the introduction of risk polices as a means of checking up on practitioners, as much as a means of improving practice:

There's much more conscious consideration of risk, on the risk assessment forms, which are helpful, because they help you focus a bit more ... [but] there is a little bit of a situation where, unless you've filled in the form, people are assuming you've not weighed up the risks (MS2).

While in mental health the focus of concern has been on violent or aggressive behaviour and suicide (Shaw 2000: 113–117), concern in older persons services, locally and nationally, has been slower to develop, and has focused on vulnerable adults' risk of victimisation—particularly abuse and exploitation in residential care (Newunit Community Care Plan 1999–2000: 47). Newunit acknowledged national concerns in this area and identified it as a high priority locally, pointing out that: 'On average there

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<sup>3</sup> MM2 refers here to the high public profile of mental health services and risk management following the publication of a report on circumstances surrounding the murder of Jonathan Zito by Christopher Clunis (Ritchie *et al.* 1994).



has been one incident [in adult services] requiring investigation over the past year' (*ibid.* 43). Local multi-agency procedures were developed which the authority felt raised public and professional awareness (*ibid.* 43). The Community Care Plan noted the intention to launch new procedures and develop a training programme (*ibid.* 11). Vulnerable adults procedures were introduced in line with central government guidance on the introduction of a framework for multi-agency assessment and coordination (Department of Health and Home Office 2000).

However, one social worker in the OPT points out that in the implementation of the plan, planned funding for staff training did not materialise (OS1), and another practitioner voices concern about the way risk is understood and used in local policies: '... there is a perception that if something does go wrong there's some sort of culpability there ... although you're sharing it with your line manager (OS2).

## **MODERNISATION: INTENSIFICATION, CHANGE, FOCUS AND PERFORMANCE MANAGEMENT**

At the same time that Newunit acquired a responsibility for Social Services, the New Labour government came to power, promising to modernise public services. In relation to Social Services, this process involved building on the community care reforms, with an intensification of market and managerialist approaches (Mitchell 2000, Harris 2003: 49).

The preceding account of the policy and financial context of social work practice in Oldshire and Newunit mentions the increasingly problematic financial context of service delivery, with expenditure subject to increasing scrutiny concerning Newunit's ability to fund the continuing level of Social Services (a classic situation in street-level bureaucracies).

Modernisation reforms have exacerbated this situation. The programme of modernisation is wide-ranging and complex (Mitchell 2000). Key elements which are relevant here are the emphasis on a performance management culture, which involves both a strategic framework and a mechanism for monitoring and achieving that framework and the use of ring-fenced budgets to drive forward specific modernisation projects. In adult Social Services, these moves have been clear in the government's development of National Service Frameworks for mental health (Department of Health 1999) and for older people's services (Department of Health 2001). The National Service Frameworks are part of a process Hudson has described as the *nationalisation of Social Services: the increased control and direction of local services by central government* (Hudson 2000: 224). They: '... lay down models of treatment and care which people are entitled to expect in every part of the country ... [and] spell[s] out national standards ... [of] what they aim to achieve, how they should be developed and delivered and how to measure performance ...' (Department of Health 1999: 1) The Performance Assessment Framework (PAF), '... a set of indicators for adult services intended to reflect "effectiveness of service delivery and outcomes"' (Netten 2005: 97), is integral to this process. The PAF was first published in the form of league tables in 2001. Increasing central government funding for personal Social Services has increasingly taken the form of special and specific grants tied to satisfactory performance and outcomes (SSI 2001: 105–106)—completing the performance management circle that underpins the modernisation agenda.

The local implementation of modernisation initiatives has exacerbated the tensions of management control, policy clarity and resources that already characterised the context for social work practice in Newunit. Under modernisation, the policy context of practice has been characterised by continuing change. This is particularly evident in reorganisations within



Social Services and in relation to other organisations. Modernisation has emphasised the need for multi-agency and multi-disciplinary work to provide 'joined-up', seamless services. Social Services has been reorganised at a corporate level. When the department transferred from Oldshire, it retained the full range of responsibilities across children and family services and services for adults. However, more recently the authority split Social Services in line with anticipated moves in government policy towards the establishment of corporate children's services (Department of Education and Skills 2003), with children and families going to Education and adult services joining up with Housing under the former Acting Director of Social Services. At CMHT and OPT level, however, this split does not seem to have had a significant impact. It is unclear how far this reflects the division between adult and children's services that developed over the past 10 years (Hill 2000c) or whether the impact of this sort of change takes time to work its way through.

One of the key elements of national frameworks is the reiteration of the need for cooperation across care agencies. This includes the development of pooled budgets and possibly the development of joint Health/Social Care agencies (Health Act 1999, Health and Social Care Act 2001). In Newunit, the impact of this push has reflected national policy, with more explicit and shared frameworks for funding community care—for instance, in the older people's services, a joint framework for assessment and eligibility criteria for provision has been agreed between Social Services and the area's two PCTs.

Within the CMHT, the team has moved from joint but separate management to joint management under Health leadership. During this period there were also a number of reorganisations in the health service, and more are planned. These have contributed to what the CMHT manager characterises as 'a policy vacuum' (MM2).

The impact of demands for change and implementation have highlighted *problems of management capacity within Newunit (see pages 137–138)*.

Alongside policy developments, there has also been an increasing emphasis on *regulation and review—a situation which, Power (1997) has argued, reflects a general tendency in modern government to require the demonstration of compliance and performance through the exercise of audit, which he calls the ‘audit society’*. The OPT and the CMHT were subject to a number of audits prior to my period of fieldwork. The continuing impact of this programme is perhaps captured in the following *quote from a practitioner*:

Because we went into unitaries it’s been absolutely relentless, the change, or it feels like it has. Shortly after going into unitaries there were various reviews. Again, that’s just ongoing, from different areas, from different departments, internally and externally (OSI).

Performance monitoring has also become more prominent with the development of the PAF. The performance of all Social Services in England is monitored against common standards and recently Newunit was identified as a poorly performing authority. There have been two immediate consequences of poor PAF performance: management energies have been redirected to develop systems for the capture of performance data, in order to improve the authority’s star rating; and it has fed into the local debate about Social Services funding in the council and in the press.

At management level, the poor PAF performance of the adult services has resulted in significant activity to review systems for recording; failure to routinely capture data is seen as the main problem, rather than actual performance. At the same time, PAF status is seen by managers as crucial



to securing funds and retaining their freedom to manage. As one OPT manager puts it:

... it's mostly a data entry problem ... But it still does matter, actually, because if we're performing badly on that, or appearing to, and on other things, that affects the amount of money we get. It affects the fact that we may get told that we're put under somebody else's control ... So those things that seem bureaucratic are actually important (OMI).

Local press reports have focused on the underfunding of Social Services, especially in terms of service cuts and the authority's poor performance against the PAF targets. Headlines such as: 'One star council needs more cash to twinkle' and 'Council act over funding crisis' have raised the political profile of older people's services.

Another element of modernisation generally has been funding to support service development. In both services, managers and practitioners comment on the inadequacy of core funding and set this next to new money coming in to Health and Social Services, which is ring-fenced for specific services. They point to the value of many new services, but criticise the assumption that existing provision is sufficient. In the CMHT new monies are seen as bringing in necessary services and bringing the national framework into effect. In the OPT new monies are welcomed, but at the same time they highlight core funding problems and cuts experienced in core services and also create inequities, with people in certain hospitals having access to monies that are not available to those in other hospitals (funding to facilitate discharge is tied to only one of the hospital trusts used in this area).

## CONCLUSION

This chapter has explored the 'fit' between a range of ideas about the nature of social work discretion in Social Services through an examination of the case study authority—Newunit. 'Fit' is the idea that the basic conditions assumed by a theory can also be found in the area under investigation. 'Fit' does not have to be exact: it is more like a family resemblance, in which, alongside similarities, there are also significant differences. Newunit, I have sought to demonstrate, is an appropriate site within which to explore the ideas of discretion discussed in Chapter III. Historically, Newunit and its predecessor authority, Oldshire, have been proactive in their implementation of managerialist reforms in Social Services. However, within this environment the key conditions associated with discretion in street-level bureaucracies—policy uncertainty and resource and policy mismatch—have also been identified. Practitioners and managers talk of relentless policy change and the tension between focusing resources on those in greatest need and, at the same time, undertaking preventative work, within the broader context of a budget crisis identified by the Director of Social Services. Alongside the significant influence of managerialism within Newunit, continuing elements of professionalism have also been noted in both teams, though in different ways, with more official recognition for the professional role in the CMHT and acknowledgement of professional status by local managers and practitioners in the OPT.

In the foregoing account I have sought to demonstrate the basis for my assumption that Newunit provides a valuable research site to explore street-level bureaucracy in the context of professionalism and managerialism. Additionally, the picture that I have presented of Newunit provides a backdrop against which to understand and consider the findings that will be presented in the following chapter.



## CHAPTER VI

### FINDINGS: VOICES FROM THE TEAMS

#### INTRODUCTION

In the preceding chapter the key characteristics of the research authority and the two adult teams were outlined and the ‘fit’ between the street-level bureaucracy perspective and the research authority considered. The idea of ‘fit’ raises questions of not only the similarities between the theory and the empirical study, but also areas of significant difference. Social Services, as the domination managerialism perspective argues, is strongly influenced by managerial concerns but the key characteristics of the street-level bureaucracy account of discretion—*policy imprecision and insufficient resources to meet policy goals*—are also present. However, significant additional factors, which contribute to discretion but which are not central to these analyses, have been identified, namely the complex nature of management in terms of its structure and different motivations of managers and the continuing influence of professionalism in the structuring of official discretion within the organisation. These observations relate to the first series of research questions structuring this thesis:

**Is the research authority characterised by the conditions of street-level bureaucracy? What additional contextual factors contribute to the extent and nature of discretion within the research site?**

This chapter will consider in more detail some of the points raised in the preceding chapter, in relation to the nature of discretion within these social work settings. This will be done by considering the data from the

case study in relation to the following questions, which arose from the review of literature in Chapter III (see pages 95–97):

**What is the nature of management within Social Services as a street-level bureaucracy, particularly at the interface between street-level and front-line management, and between front-line managers and senior managers, in terms of its structure and range of motivations of managers?**

**Strategic managers exercise control of local discretion through control of resources and use of procedures.**

**Is control through resources and procedures exercised uniformly across all areas of social work or only in certain areas? How effectively do these strategies control local discretion? To what extent can street-level practitioners resist? What role do local managers play in enforcing resource and procedural controls?**

**What is the nature of relations between local managers and street-level practitioners, and how does this influence the nature of their discretion? To what extent is it structured by the idea of conflicting interests of managers and street-level bureaucrats? To what extent is it influenced by shared commitments and concerns, particularly around professionalism?**

While it is possible to distinguish these three areas analytically, it is important to remember that they are also interconnected, particularly in considering the impact of local management on discretion and the ability of practitioners to resist control.

Within the empirical study the interviews with practitioners and managers within the two teams form the main basis of these findings. In



these findings the managers within the two teams—team managers and assistant team managers—are referred to as ‘local managers’. Managers responsible for strategic policy within the authority are referred to as ‘senior managers’. The account given in this chapter of senior managers is from the perspective of local managers and street-level practitioners.

## **THE NATURE OF MANAGEMENT**

Managers are presented by Lipsky and the domination perspective as a unified group: they implement policy, and they seek to control the discretion of street-level practitioners. Despite the differences in these two perspectives about the effectiveness of managerial control (which will be discussed below), they both assume that managers accept and seek to implement the policy required by senior managers. (On this basis, for instance, Lipsky assumes that discretion is located at street level: managers implement policy, and any deviation from policy is due to street-level discretion.)

### **Managers’ Views of the Organisation**

The first area examined here is the views of managers about the *organisation within which they work, particularly of the policies and procedures that structure their work*. In contrast to the view that managers accept organisational priorities and policies, the evidence from *local managers interviewed in this study is that they are far from uncritical about the policy they have to implement, and most have major misgivings about the policy context within which they work*.

The managers and assistant managers were interviewed in each team studied. The preceding chapter indicates that these two contexts involved organisational structures sufficiently different to require separate

examination of the two sets of managers. The primary organisational difference is that, while the older persons team (OPT) largely operates within the organisational context of the local authority, the community mental health team (CMHT), as a joint Health and Social Services team, operates in the overlapping context of Social Services and Health.

### ***Older Persons Team***

Local managers in the older persons team have strong misgivings about the authority's policy in relation to older people's services. They feel that the council and senior officers devalue their client group and lack commitment to professional social work with older people:

We had to reduce our qualified staff numbers, so that only half of our field staff were qualified staff, and the other half were, I won't say were untrained, but were an unqualified community care outfit ... it's a financial move. It's cheaper. ... and that's not been a view that's been taken with any other service ... my feeling is, it's a lot to do with the way elderly people are viewed in society, as being in a way people who only need practical services (OMI).

This local manager—the team manager—goes on to identify the authority's approach as ageist, and sees this as a wider discriminatory approach in society to older people:

... you know, the rhetoric about bed-blockers ... all hides the fact that what you're talking about is people. They are an institutional nuisance ... There would be a national outcry if people starting calling people of any other age bed-blockers (OMI).

Local managers feel that the real importance of older people's services to



the council and senior officers lies in their cost and in the need to reduce the general Social Services overspend (see page 137). They feel that older people's services are used by the council as an easy way of cutting costs, through tightening eligibility criteria and through an additional rationing filter, where resources are not released to new eligible cases until twice the equivalent resource is saved: the 'two out, one in' policy (see page 141). Local managers are highly critical of this policy, to the point where they describe it as illegal, but they also see it as difficult to challenge because of the compromises and corner-cutting they and practitioners sometimes employ to get the work done:

We've had this ... confirmed again by the solicitors this week ... if somebody ultimately does go to a judicial review about it [Newunit] will almost certainly lose the case. So I suppose there are calculations about avoiding situations where people are most likely to go for that ... I think most of us [local managers] would be quite comfortable for something to go to a judicial review—but we want to be sure that it's a case where we haven't compounded errors with other things ... you want to be sure that the policy issue isn't going to get lost in a whole load of stuff about someone didn't do this, or they didn't fill in that form properly (OM1).

In this setting of resource cuts, care management, which is seen by the council as the primary role of social workers (see page 148), becomes increasingly difficult. Managers express frustration about a failure to recognise the resultant pressure on care managers and on them—that not having the resources to care manage creates more work, not less: 'How do they [care managers] find time? They find it at the expense of our waiting list getting longer, really. That's the only leeway there is' (OM1).

However, alongside this sense of conflict between local and senior

managers, there is also an area of collaboration over achieving targets set for the authority by central government, particularly in terms of the performance assessment framework (PAF). Adult services, which were 'named and shamed' (see pages 146–147), seek an acceptable star rating in order to access 'pots' of central government money and supplement insufficient core Social Services funding. Local managers express concern that the equity of services offered is compromised in this process:

The Bed Clearance Programme (BCP) money is tied up to performance indicators, and this distorts services. It's only discharges from the [town] hospitals that the money can be used for ... The team know the targets are distorted, and that people in other hospitals, e.g. [list], are not getting the service they should be getting, and that there are inequities. But unless they meet the performance indicators to discharge from the [town] hospitals, they won't get the money next year (Field note: OPT, information from manager, November 2001).

For local OPT managers, meeting performance targets is necessary not only to gain access to central government funding, but also to avoid being subject to special measures and replaced by other managers. Concern about the impact of poor performance ratings can be seen in local managers' reaction to an SSI inspection:

It's the consequences. I mean, nobody likes to be seen as failing when you think you're doing good work, but it's also the practical things. We don't want outsiders scrutinising us even more closely over a longer period. We don't want to be put under special measures (OM3).



## ***Mental Health Team***

The CMHT combines Health and Social Services teams. However, local managers do not see the the two services within the team as integrated to any significant degree. While the team manager—who has a social work background—manages both Health and Social Services staff, below this level the management structure reflects the Health/Social Services divide, with different assistant managers for the day service and social work team (Social Services) and for the community psychiatric nurses (Health). The team manager and the assistant managers responsible for supervising the social workers both see mental health as marginal to Social Services concerns. One manager's frustration is evident in this summary of the organisation of the team:

I still manage Health staff and local authority staff, who still see themselves, there's still a divergence of what they do ... I mean, the idea of integrated teams is to have one set of procedures, but we're still responsible to different [organisations]—well, three—a PCT [primary care trust], health trust and Social Services (MM2).

For different reasons, local managers feel that the team operates in a policy vacuum in relation to the local Health service. The team manager emphasises the problem of 'planning blight' on the Health side because of continuing structural reorganisation, and subsequent problems in the development and implementation of policy:

The other thing ... that sort of kaiboshes us a little bit is, if you like, the [new] trust is probably going to have a very limited life anyway ... we've gone from two trusts, one big trust for a limited period of time, and then we'll move back into probably six PCT-based

community mental health teams (MM<sub>2</sub>).

The assistant manager acknowledges the connection between Health and Social Services, but for her this is less of a problem; her concern is that the social workers in the CMHT are 'semi-detached' from Social Services: that mental health is not seen as one of Social Services' priorities, and that Social Services policies do not often fit the particular needs and issues of mental health:

I think that we're often forgotten about, because they're [senior Social Services managers] talking about children's services, adult services, and they just forget that mental health does actually need that little bit of a different approach (MM<sub>1</sub>).

She is also highly critical of what she sees as Social Services' active neglect of mental health, pointing to inadequate Social Services resources for mental health, and to the shifting of costs to local Health providers:

We're going pre-Seebohm; we're going to be swamped over by Health, because Social Services is strapped with the poll tax and that; people will go into Health more and we'll be squeezed down and we'll have nothing to play with, social work-wise (MM<sub>1</sub>).

Overall, local managers in both teams are critical of the policy context within which they operate. However, this evaluation arises from two quite different organisational experiences. In the OPT criticism focuses on senior managers' view of the service in terms of cost-cutting opportunities and meeting performance targets, rather than as a client group or profession to be valued. Local OPT managers express frustration that senior managers do not understand the practical difficulties of having a care management role without resources to care manage. However, they



also cooperate with senior managers to achieve government-set targets. In the CMHT, managers feel marginal to the organisations in which they operate. They talk of a policy vacuum in relation to Health because of continuing structural changes. In relation to Social Services they talk of feeling 'semi-detached'. Managers in both teams (with the exception of the CMHT team manager) voice concern about the underlying values of the policy they must implement, which they contrast with their own commitment to their client group, and to the value of professional social work.

### **Local Managers' Views of their Role as Policy Implementers**

Managers in Lipsky's *Street-level Bureaucracy* and in domination managerialism are portrayed as committed to policy implementation. Broadly speaking, it is possible to distinguish two approaches to the understanding of policy implementation: a top-down approach, where policy is specified by senior officers and implemented according to their instruction in a chain of command running down the hierarchy (Hogwood and Gunn 1984); and a bottom-up approach which emphasises the problems of translating centrally formulated policy into local practices, giving local actors a key role in interpreting, adapting and choosing policy according to local conditions and concerns (Barret and Fudge 1981). Lipsky's account, for instance, employs both these views of policy implementation but locates them in two different occupational groups within street-level bureaucracies: managers are characterised as top-down policy implementers, who have to struggle to control and curtail the bottom-up policy-making instincts of street-level bureaucrats.

### ***Older Persons Team***

In the older persons team, managers describe a change in their role in the

organisation, arising from their changing relationship with more senior managers in the organisational hierarchy over the past decade. They talk of a diminution in the professional element of the relationship, which is now better understood in terms of the interface between the two different worlds of business plans and professional practice. This change, the team manager feels, has to some extent been liberating:

It's a business plan approach to the Social Services department. I think in the old days it used to be the people at the top, at least they were expected to be professionally qualified ... they would look down almost as if they were a social worker or whatever, but they're higher up so they're taking a broader view of it ... I don't have the sense that it's like that, now. I think firstly at the top you're not even expected to be a professionally qualified person. It's not required. There's a much greater divorce between that and what people are really doing, in the sense that at the top what you're doing is setting out what the objectives are, and broad strategies. But—and in a way this is good—you know, you're expecting other people below you, which sort of empowers them ... I'm employing you to know how to do that. You get on and do it ... it's not my concern exactly how you did it, providing you're not doing it in a way that comes back to my ears as being grossly unacceptable (OMI).

Managers feel they have wide-ranging, if unofficial freedom, but that this tends to be a limited freedom to be pragmatic. Procedures and guidance are seen as overelaborate and there is believed to be a tacit acceptance from senior managers that local managers can be selective in applying them:

... there are so many rules and procedures and everything else that ... you know, no-one's got the memory of an elephant, so everybody's



got a whole load that they can't remember. So there's a sort of ignoring of certain things ... And in a sense I think that's quite tolerated (OMI).

Procedures must be tailored to the day-to-day conditions of practice within the organisation:

I think what happens a lot is that the written policies and procedures are almost over the top on the side of the worthiness and including everything under the sun and every consideration—in a way that is totally unrealistic, given the resources that are actually devoted to doing the assessments ... You'd get through about two a week if you do them like that (OMI).

In this respect, local managers are as subject as street-level practitioners to the conditions of policy uncertainty and insufficiency of resources. In these conditions, they too make discretionary decisions about policy operation and implementation, and about which policies to follow through. Local managers are acutely aware that their flexibility is constrained by the core concerns of the organisation—the 'must dos':

... the must-do things is [*sic*] very much centred round money. Anything that causes a problem around money is a definite no-no! Getting expenditure properly authorised and things like that. Making proper orders and so on. Must-dos will be around doing assessments in a fairly recognisable sort of format, a fairly acceptable way of doing it (OMI).

Financial pressures connect with the need to attract central government funding by meeting performance targets, and feed into the requirement to

capture performance measures through the correct processing of paperwork. However, even in relation to budgets, local managers have developed a system to allow some financial flexibility in mitigation of the more extreme aspect of this requirement (see page 182). This relieves pressure on the margins, while the fundamental problem of financial restrictions remains a dominant issue.

Local managers' compliance with some of these 'must-do' procedures is related to their analysis of the poor PAF performance as primarily a recording problem; underlying practice is seen as sound. Accordingly, OPT managers focus on developing paperwork procedures, and see policing the paperwork as a major source of concern, particularly for the assistant managers:

The PAF indicators get checked very regularly and we get feedback from people that deal with our stats ... There's extra pressure on that at the moment; our PAF indicators led to us being named and shamed. So we want to improve that, which is fair enough. But sometimes the professional bit doesn't seem to fit too squarely with the paperwork. [The team manager] says it does, but it doesn't quite feel right to me sometimes (OM3).

In order to present the team's work in a way that will be valued by inspectors, special efforts are made to ensure that paperwork is up to date and properly presented:

There are some people working until three or four in the morning on various pieces of work and ... We've got some help in, students helping to sort the files out, and a bit of overtime's available to cope with waiting lists (OM3).



In this context local managers make the point that they are 'playing the game' of senior managers and the government, but also seek to distinguish themselves from other players. They must negotiate, adapt and manipulate, and think about presentation of data:

I don't think we live in a very numerate culture, and one of the things that I just noticed gradually by experience was that when you had to write reports about things, or report on things with figures, how impressed people are by any old numbers or percentages, regardless of how rubbish the methodology was by which you reached them! ... Sometimes to get what you want—I almost feel that as long as you don't go so far that you kid yourself, that you really take yourself in with your rubbish figures ... if you're using them to get what you need and what you want, why not? Everybody else is doing it ... They're obsessed with having good percentages. Good places in league tables (OMI).

This manager distinguishes 'the game' from the reality of practice:

For a lot of years I've looked at other things that go on and you learn not to say things, as well, in meetings, and ... what you want to say is: but the emperor hasn't got any clothes on! ... And after a while you learn that sometimes it's better not to ... You work towards the same end but you kind of go round things in another way ... So instead of coming straight out with it, you kind of work around while still keeping people's egos intact (OMI).

The criticism of policy and procedures outlined above provides evidence of the nature of integrity in local managers' views. This entails a mixture of commitment to older people as a disadvantaged client group; identification with professional status, and loyalty to the local team. It also

entails a contrast with 'management': one local manager contrasts professional action to achieve improvement in resources, with managers, who are there to run systems efficiently:

What's worrying is that we know we're doing this as a means to an end. What's going to happen when others come in to take over the system? You can see this in Health, where the new generation of managers see that the system is working in its own terms, and it becomes the end (Field note: OPT, comment by manager, November 2001).

While generally it has been possible to present the findings in terms of differences between local and senior managers, it is also important to acknowledge that pressure on the authority, in terms of management capacity, has tended to blur the distinction somewhat. Local managers describe being pulled in two directions—towards strategic planning, and as practitioners, stepping in to fill gaps in services. The authority is small and the team manager, particularly, is pulled into strategic work, leaving day-to-day management to the assistants:

But some are like [team manager's name], for instance, doing an awful lot of development work and not ... well, she's here, and we can refer to her, and she's very good, but it's sort of ... I think she sort of passes down to us management and running of the office sometimes (OM2).

Meanwhile, the assistant managers talk of being drawn in to the practice role to deal with pressing problems, thereby blurring the distinction between managers and street-level bureaucrats:

I do find my role is very much this front-line stuff ... which needs



to be done immediately. And then I'm also on ... a 'lone workers' group looking at how we can protect ourselves; I'm on an EMI group looking at trying to develop services and create a service for older people with dementia or older people with mental health problems, and ... various other groups, you know ... I'm always pulled towards the immediate work, because it is immediate (OM2).

### ***Mental Health Team***

The two local managers in the CMHT have differing perspectives on their role in the organisation. The team manager sees the implementation of top-down policy as central to his role, while the assistant manager sees central policy as a sometimes helpful but more often frustrating element of the work environment.

The team manager, who, amongst all the managers interviewed, most closely meets Lipsky's characterisation of a manager, describes his role in terms of a chain of policy implementation, running down from the top via management to the front-line staff. However, he also describes a dual process of policy being disseminated and dissipated as it is passed down the hierarchy:

It would be really good if the strategic goals of [Newunit] were the sort of things that every member of the team—from social worker, receptionist, community support worker—could see what they were doing as contributing towards those ... I think the further down the structure you go, the less those strategic goals are apparent to you. So for my senior manager, the strategic goals of the council are bread-and-butter, day-to-day stuff. When you get down to my level, strategic goals make sense; perhaps what I'm doing is converting

those into operational practice. And then the supervisors below me is [*sic*] about, you know—I won't say just my goals; my interpretation of what the strategic goals of [Newunit] are, and how we can make that a client goal (MM2).

For the team manager a key problem in the process is that managers at his level are not involved in advising and educating members about the 'business' of the authority:

I see no evidence at my level of councillors being helped to understand the business ... I think at my level and the first-line manager level, that's where perhaps the most valuable things can be said directly to them ... 'this is how our business works' ... There are times when I wonder whether members are aware of our contribution towards people with mental health problems, or whether they see that as a wholly Health issue (MM2).

In contrast to this top-down view of policy implementation, the assistant manager, who manages the social work staff, is more critical of policy and sees the professional role (and her professional staff) adapting and interpreting policy creatively to make it workable:

You can get very hide-bound and say, 'the government says we've got to do this, so I'm only going to do that, and my manager says I've got to do this so I've got to do that'. I think if you're sensible and if you take your profession seriously, I think you can, on a day-to-day basis, practise quite autonomously, really. It is dependent on having management structures that aren't overtly bureaucratic. And it's like anything else – you could actually, though, make yourself paralysed because you'd say, well, the bureaucrats say you've got to do this and this. So I think it's very much how you decide you're



going to go for it (MMI).

In part, this approach to policy implementation is pragmatic; for instance, instead of using the formal caseload weighting system:

I just do hassle value, basically, one to five, you know, on the people I supervise. You know, I will do supervision, I look down, I say, 'right: hassle value. Are you visiting once a week? Once every three weeks?'—whatever. But it's very crude. But it's better than nothing. And I'd sooner do that than wade through a load of paperwork (MMI).

But there is also a criticism of policy (see page 156) and of the bureaucracy and lack of trust of professional staff:

One of my big arguments—nobody will ever take me up on this—is a GP can write a prescription in three minutes and you know there's going to be a lot of problems with that prescription. They have quite a big budget and, OK, they have a lot of training, but now so do we ... you know damn well that you go to see the clients, you know they need A, B and C and then you've got to go through all sorts of silly tricks to get it ... I don't see why we have to write three-page reports on everybody ... I let lots of things go as a manager. Somebody wants a community support worker—I just say yeah, you know. I just trust them (MMI).

The role of the CMHT team manager is more fixed than that of the OPT team manager, and this is a source of frustration for him, as he believes that he should be more involved in strategic decision-making. However, like the OPT assistant managers, the CMHT assistant manager is also involved in practice, primarily as an Approved Social Worker—again,

blurring the distinction that Lipsky emphasises between managers and street-level workers.

Local managers in both teams see themselves as policy actors—in the sense of interpreting, adapting and choosing policy. In part, this was a role given within the organisation, but it is also a response to the situation in which they find themselves—having to juggle conflicting policy requirements and insufficient resources—rather like the street-level staff they manage. Most local managers criticise their senior managers' perceived policy stance and seek to use their discretion to reduce the impact of what they see as *damaging policies*. While one manager—the CMHT team manager—characterises his role (and that of the assistant manager) in terms of officers within a hierarchy, carrying out their instructions, the *general picture that emerges here is of managers who do not conform to this picture of organisational compliance*. These managers criticise policy, and seek to mitigate its impact in line with their professed commitment to service users and professional social work.

The distinction that Lipsky draws between managers and street-level practitioners is also problematic. Managers, like street-level practitioners, are subject to the discretionary conditions of street-level bureaucracy. Furthermore, the assistant managers in both teams straddle the divide between practitioner and manager, supervising staff but also working on cases to reduce the number waiting for allocation.

### **The Practitioner's Role: Conception and Control**

The question of managers' control of practice presumes a dissonance between managers' idea of what practitioners should do and practitioners' conception of their role. The following section will consider this point before examining the nature and effectiveness of management strategies in



controlling discretion.

The street-level bureaucracy perspective and domination managerialism emphasise the basic conflict between managers and street-level workers, with managers seeking to control and limit street-level practitioners' roles. Evidence from the case study points to clear conflict between some practitioners and the organisation in terms of their role. The OPT practitioners claim not to be allowed to practise as social workers, and are constrained by budgets and procedures into a much narrower care management role. However, the CMHT is less congruent with the picture of role conflict. In this team, the discretion of professional social workers is seen as acknowledged by the organisation, and practitioners' concerns revolve around fears of a change in the current situation (in which they retain considerable professional discretion) and (for a small group of practitioners) the current extent of officially recognised professional discretion.

The emphasis in Newunit is primarily on social work in terms of care management, as an administrative task, although there is greater acceptance of a broader social work role in the CMHT. Practitioners in both teams characterise senior managers' view of social work as primarily administrative care management. All, however, feel that social work is, in fact, a wider role, involving particular skills and a focus of interest that do not always sit comfortably with Newunit's version of care management. The role prescribed by Newunit is identified as an actual or potential limitation on their professional discretion.

### ***Older Persons Team***

In the OPT care management is seen as the role prescribed for social workers by the authority. Amongst practitioners in the OPT there is

general disquiet that social work skills and values are being squeezed out by a narrow and administrative form of care management. Here the issue is not necessarily care management itself—which many practitioners see as having positive aspects: ‘In some ways I think because of the care management [*sic*] there is more variety available, because people have got one eye on the cost. The good side of that is that I think it has improved the range of services available to people’ (OS4). Frustration is chiefly expressed about the highly administrative version of care management involved, focusing on crisis work; all the practitioners contrast this with social work, which is seen as more wide-ranging in terms of skills and of goals and values.

These concerns are reflected in two strands of comments from practitioners. The first is that care management restricts their deployment of interpersonal skills, which they see as central to their professional identity:

So as a care manager, I think I tie it up to services and arranging those services; whereas as a social worker it’s what I’m bringing as an individual to, say, my relationship with the client (OS1).

I think with care management it’s very focused on assessment, care planning, care implementation, monitoring, reviewing, and that there is quite a pressure, I suppose, to close cases when they’re stable and move on to new work. And there isn’t so much room for perhaps the counselling role (OS3).

The other concern is the way in which care management changes the nature of practitioners’ relationship with service users. One practitioner explains the nature of this shift as concern for money intruding into care for the person:



I was trained as a social worker, not as a care manager. I think the *management of the whole package for me involves—that's what takes you over into the finances, into the commissioning of services and costing the package, which I certainly wasn't trained in. I was trained in much more looking at what a client needed and trying to find it (OS4).*

The financial context is also a prevalent issue, in terms of time and resources. A widespread concern is the increasing withdrawal from preventative work. When care management was first introduced in Oldshire, councillors—against the advice of senior officers—required inclusion in the care managers' role of responsibility for 'preventative' work and a budget for this (Oldshire Social Services Committee Papers May and September 1993). However, following the move to the unitary authority, the preventative element of the care management role has been lost in the tightening of eligibility criteria and this was a source of frustration for the practitioners:

Because [Newunit] has designed an eligibility criteria [*sic*] which is very high threshold, and ... is not doing any preventative work ... it's a vicious cycle, because there's no preventative work, so people whom we could have helped when their needs were not complex, their needs escalate and they become worse. And we are actually taking those people when they reach crisis point (OS5).

This shift is felt to weaken practitioners' ability to practise in accordance with fundamental professional principles:

Going back to when I applied for my CCETSW training ... I suppose I saw [social work] in terms of empowering people and

facilitating and advocating for people .... And I still see those roles as being relevant. But working, for instance, in the kind of field I'm working now, with ... older people and increased eligibility criteria ... you're limited in some things you can do, so you become a bit more of a sort of agent of social control, in a way (OS2).

The general impression among OPT practitioners is that their employing authority fails to understand or value them as professional social workers, and seeks to restrict significant aspects of the freedom they consider necessary to do their job, by casting their role in terms of narrow, administrative care management:

For me social work is about supporting people and enabling people and empowering people to help themselves, and to sort out their own problems without me taking over from them. And that is by means of giving them information, directing them to the right places and, obviously accessing them to services which they're entitled to, and looking at ways of being able to help themselves ... I think [Newunit] has got a certain different concept of what a social work person is, in that the social worker is really very constrained with policies, and with the guidelines and with what the local government expects social services as a department to do for the community. Because most of that is resource-led, most of the time it doesn't actually look at what social work is all about. So a lot of times, a social worker feels as if they're [*sic*] negotiating and dealing with money, and dealing with things like getting resources for their clients, but not really doing the actual social work itself, which is about being with people and actually enabling people (OS5).

OPT practitioners see their freedom to act in terms of their professional role, constrained by policies, procedures and resources that focus their



work on the much narrower care management role; and they see the emphasis on managing resources within care management as sitting uncomfortably with professional values.

### ***Mental Health Team***

The situation in the CMHT is quite different. As seen above, social workers' professional role is both acknowledged and resourced in mental health. Practitioners see care management as a strategy to which the organisation is committed, but one which is not applied strictly within the mental health setting. However, the organisation's commitment to care management is an issue of dispute within the staff group, in terms of the continuing necessity for professional discretion. It is possible to identify two different stances on this issue.

One group—three practitioners—sees care management as a restriction on professional social work discretion; but these practitioners, who identify themselves as social workers, indicate an ability to work in line with their own ideas of practice, because of the more flexible idea of care management within the CMHT than in the rest of the adult service. This flexibility, they claim, allows practitioners to continue in the role of direct service-providers:

I'm probably much less orientated around care management, and more orientated around direct intervention. So rather than ... purchasing care, or purchasing packages of care, to make direct provision for people through other agencies, I would be tending to, through the referral system, take on clients who I feel that I could do direct work with (MS1).

This group believes that practitioners are given the space and flexibility by

their managers to act professionally, because of the complexity of mental health work and the specialist nature of services within this area of work:

... there was a very strict care management model a few years ago. We weren't supposed to do anything other than care management. It's a bit of a misnomer, because there's not much to care manage. And in most situations, particularly in mental health, you're actually still the main resource—your relationship with the client or the family or the provider—so you're actually still doing what you've always done in social work: you get to know somebody, get the relationship going and negotiate (MS2).

The other two practitioners evaluate the relationship of care management and social work from another perspective. They positively identify themselves as care managers: 'I think I see myself more as a care manager than the majority of social workers' (MS4). One claims that social work is no longer relevant: that care management offers a clearer and more focused role for practitioners, reducing responsibility in constraining freedom, and making the role more amenable:

... social workers are dinosaurs. There are no social workers any more. It's just come down to a title on a piece of paper ... It stopped with care management. So we're not overly concerned any more with what I call 'care'. We are far more governed by financial constraints and matrices and the old-fashioned social worker that worked within a margin of welfare just doesn't exist any more. I like care management. I always have done, because my recollection of social workers was that they were always overwhelmed ... I think care management actually empowered social workers, and clarified the role of social workers, and gave us some direction and more focus and more policies, procedures and there were more rules



(MS5).

Across both teams, social workers contrast 'social work' with 'care management'. While in the OPT care management is consistently seen in negative terms, in the CMHT a small group of practitioners portrays it in a positive light, as more focused and practical than 'social work'—although these practitioners express concern that they are not supported by the organisation to practise as such. This contrast is within a context of a more widely defined idea of care management than that in the OPT. However, for other social workers in the CMHT, it is still seen as a potential limitation on their practice.

Practitioners also talk of the strategies used by the organisation to control and constrain the social work role, and point to the central role of the control of resources, in terms of purchasing services (especially in the construction of eligibility criteria), doing the job (resources for staffing), and procedures and guidance for practice. This area is examined in more detail below.

## **REMOTE CONTROL AND LOCAL RESISTANCE**

Domination managerialism, in contrast to the street-level bureaucracy perspective and discursive managerialist analysts, characterises managers as not only seeking control but also being in control. This section will consider how senior managers seek to control street-level discretion. In the earlier account of the managers' role, the distinction has been drawn between senior managers, working at a strategic level, and local managers in day-to-day contact with team practitioners. Resources and procedures are the primary mechanisms by which senior managers seek to control local practices. In examining these mechanisms, the following questions will be considered:

**Is control through resources and procedures exercised uniformly across all areas of social work or only in certain areas?**

**How effectively do these strategies control local discretion?**

**To what extent can street-level practitioners resist?**

**What role do local managers play in enforcing resource and procedural controls?**

The first point to note is that the use of resource management and procedures is not the same across all adult services. Within the OPT, both resource management and procedural guidelines have greater significance than in the CMHT. This seems to reflect the more significant place of the OPT in the authority's budget, and perhaps a greater recognition in the CMHT of a professional social work dimension to care management. Supervision plays an equally important but different role in both teams.

## **Control Through Resource Management**

### ***Older Persons Team***

Restriction on funding is seen by OPT practitioners as a fundamental constraint on their discretion:

... everything is resource- and money-led, so you really have got, each and every time, have to check what you can use money on, or what you can't use money on ... You have to conform with what the procedure says and what the system says and what the department has agreed to (OS5).

The OPT has been increasingly subject to financial constraints by the authority, and as a result, not only are resources more restricted, but



financial decision-making has been shifted up the organisational hierarchy from team managers to a service-led resources panel.

Qualified social work practitioners tend to deal with complex cases that often involve costly care packages. Due to tighter budgets, the Social Services funding process entails exhausting all other funding sources before committing Social Service money. The process for fund approval is, in part, integrated into care management procedures: team managers must endorse practitioners' decisions on eligibility following assessment, but also obtain permission from a higher level within Social Services, via the resources panel for most Social Services funding, and via the Health hierarchies for any joint funding.

Eligibility criteria are the primary means of controlling expenditure within Newunit's care management regime, and these have been increasingly tightened. The service uses a matrix: type/area of need on the horizontal axis; and level/urgency of need on the vertical axis, ranging from 8 (low-level need) up to 1 (urgent need). Recently the level identified by the authority as need that will be met has moved from level 3 to level 2.

However, even within the constraints of these tightened eligibility criteria, OPT practitioners see room to exercise discretion. Eligibility criteria are seen by all practitioners (and local managers) as open to interpretation. The criteria rely heavily on professional knowledge and judgement to be put into effect, and this allows for professional discretion:

I think in practice, because they [eligibility criteria] are so broad and open to interpretation, if we as the care managers strongly feel that a particular client needs our service, we would give them a 2 and make them eligible (OS4).

In one sense I think it's clear, in that it's trying to give examples of 'this is the sort of level of dependency we're looking at in order to provide a service'. But then there's still, I think, scope for interpretation. So it's like with anything that's written down: you could interpret it slightly differently, or perhaps you might interpret the risk somebody is at in a slightly different way ... I can't remember all the wording, but I think it's like with anything, it's a substantial amount of care, but what do you mean by that word 'substantial', or 'imminent', a situation that's imminently going to break down? (OS3).

Practitioners adopt two stances with regard to their discretion in interpreting and applying the criteria. One position focuses on understanding the criteria in terms of justice and fairness, and is uncomfortable about practitioners' *de facto* discretion (see Chapter III). The two practitioners adopting this position recognise scope for interpretation, but are also concerned about the inconsistency this creates in applying the rules:

...my impression is, the eligibility criteria has [*sic*] been laid down and for me it has to be looked at in the light of that ... there might be people who have a need, but whether or not we can act upon that would always be seen in the light of the eligibility criteria (OS3).

However, three other practitioners' approach to the interpretative discretion is guided more by a sense of seeking to achieve their own perception of just outcomes:

... a leaflet came out that said changes to eligibility criteria, round the clients, which said if you've got a carer who does this, this probably means that we won't be able to support you. But I've always treated it



that you're looking at the needs more of an individual ... So there is a judgement there, I think, that we make, about how we apply those criteria. Because, I mean, if I had a client who, all they wanted was help with shopping and their daughter was doing it and the daughter was managing and wasn't under tremendous pressure ... I would use that eligibility criteria [*sic*] as my defence. But there might be other times when I may treat it a bit more subjectively (OS2).

In this context, team managers are generally seen by practitioners as supporting their eligibility determinations:

And that comes down to my professional judgement, I suppose. I think, well, I can see that if we don't do something about this we're going to have a problem, you know. Or that client will continue to deteriorate ... there may be the straw that breaks the camel's back ... And I think we're allowed to operate a bit of discretion there, and I think our supervisors will go along with that quite happily (OS2).

Both groups acknowledge that local managers encourage flexibility in their approach to eligibility criteria, in the sense of achieving 'sensible outcomes', but they express different views about this freedom in terms of the emphasis on outcomes over process. The first group expresses disquiet about the encouragement of practitioners to apply eligibility criteria in a flexible way, seeing this as unfair to those clients who do not receive the same degree of flexibility:

And the word that was used at the time was 'it's like adopting a pragmatic approach'. I like to think that it's a level playing field, personally, but there we go ...

**Q:** Who described it as a pragmatic approach?

**A:** It was a manager who said that (OS1).

The other group is more comfortable with *de facto* discretion and its endorsement by local managers: 'It is actually working at the moment, and ... our managers are agreeing with who we're classifying as 1s and 2s' (OS4).

However, there is a limitation to practitioners' willingness to operate with *de facto* discretion. Several interviewees refer to a situation in the preceding year, when, alongside the published eligibility criteria, instructions came down by word of mouth from senior managers that the criteria should be applied in a tighter and narrower manner than officially acknowledged:

When the decision was made that we would be providing services for matrix 1 and 2 clients, that wasn't supported by a policy, like a written document to support that. It was a policy decision that was agreed with local councillors. So we had a verbal directive. We had no written statement to support that, which made the job ... of having to share that information with clients and support people with that information—it made it much harder, because I think people could give different accounts of that policy (OS1).

Practitioners were concerned about this, not least because of their position with clients who met the formal criteria but were below the line set by the informal criteria. They objected to the authority's failure to acknowledge its tighter criteria publicly, and its perceived use of practitioners to mask a political problem with funding. The practitioners as a group wrote to senior managers to register their disquiet and demand that the authority formally acknowledge the tighter criteria it was seeking to operate. The authority eventually published the tighter criteria and cases were reassessed against it (Brayne *et al.* 2001: 317–318).



One of the local managers describes senior managers' reaction to the reassessment exercise:

There was quite a lot of suspicion when the matrix changed from only providing services for 1 to 2, 1 to 3; suddenly every client became a 2. I'm sure there was a lot of suspicion in terms of the [senior] management. But it [practitioner's reassessment] wasn't just about people saying, oh, I'll have to move you to a 2 because you won't get a service otherwise. It was a lot to do with the fact that they had been 3 throughout the years but nobody'd put the change in the matrix as they'd deteriorated, you know, because it wasn't important (OS2).

This quotation reinforces the sense of different relationships between different levels of management and street-level workers. It indicates suspicion of senior managers and distrust of local decision-making. This, perhaps, has contributed to the insertion of an additional decision-making level within the care management process, alongside the new, tighter criteria: a resources panel to manage budget cuts for adult services. The panel<sup>1</sup> receives applications from practitioners who have assessed service users as eligible, to decide on the allocation of resources.

One local manager in the team explains the panel process as follows:

... to get a lot of resources people have to go through our resource panel, and through their assistant team manager, and I think things will be put back to people if they're not that clear, and I suppose the kind of questions that we're pushing people to ask themselves is ... what will happen if we don't do anything? What is likely to happen? You have to say, OK, how likely are they to have a fit, what will

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<sup>1</sup> The panel is made up of the service manager and other team managers or their deputies.

happen if they have one, what difference will it make if we put the—will it make any difference? And if so, what? Whereas I think in the past when resources are not so tight you just think, oh, yes—bit risky, that, you know (OM1).

Practitioners criticise the panel process for the delay created in providing service and the unfairness and distress created for clients awaiting resources. One practitioner, in describing the process of presenting cases, claims that applications are usually returned with requests for further information:

It's usually very simple things like 'have you explored Health funding for this particular client? If not go away and do so, and if it's not appropriate bring it back'. Again, it's not usually a case of turning things down; just wait, on the whole, just wait (OS4).

Related concerns voiced about the panel process are the amount of paperwork involved, and the knowledge required of how to present paperwork for positive and quick decisions:

It's got to be seen by the team manager, then it goes to the service manager to be signed, then the service manager, sometimes he hasn't even read the paperwork, because there's a huge wad of work ... But he's got to sign it, then back to you. And then you can look for all the other assessments, and he's also got to be sent those: the nurse's assessment, the consultant's assessment—and they have got to be put together, sent off to him, then they come back to you, and then that's when you can actually forward them to the PCT [primary care trust]. But before you do that you've got to collate all these assessments ... By the time it gets to the PCT, they look at it and they decide, Oh, this is nothing to do with us, we're not going to



fund this—so effectively you’ve lost about two weeks running around trying to look for funding. So when the PCT says, No, this doesn’t meet our criteria, then the papers come back to you, then you have to start over again because then the resource panel meets only once a week. So if you’ve missed that week it means now you’re going to have to go in the third week to put it in to go to the panel. So effectively you’re going through the systems for about three weeks, before you can know whether you’re going to get this funding or not (OS5).

Another concern, expressed across the board, is about the role given to practitioners of communicating panel decisions to users and carers waiting for services. This is referred to as ‘the Thursday chore’:

‘Sorry, your care package didn’t get agreed this week’. You think, Oh, don’t tell me that, what am I expected to do? And you as a social worker have got to deal with it. We’re always at the rough end of that (OS5).

Overall, practitioners see this process as a severe limitation on their discretion and ability to meet clients’ needs in line with their professional judgement. Serious misgivings are voiced about the panel process, even in terms of the narrower, care management role.

Despite these *misgivings*, practitioners work with the panel process beyond the passive sense of making their cases on paper; they are involved actively in comparing the urgency of cases and prioritising those going forward to the panel:

... it’s when you’ve got people in hospital needing residential nursing beds. That’s when we do negotiate, very amicably, between ourselves ... when [the assistant manager] knows there’s a vacancy coming up

she'll say, Well, your client is actually at the top of the list, but [name of colleague]'s client has got X reasons why, or whatever, and we usually resolve it ... it wouldn't be suggested if there wasn't a very real reason why. And then again, if I felt strongly that my client's needs were greater then that would be respected as well (OS4).

While practitioners do not discuss their reasons for working with the panel process in this way, one of the OPT managers believes that the local nature of the panel, including team and assistant managers, makes a difference:

... it's because you have to keep the process fairly open ... I think if you took the process even one more step, so that the people making those decisions weren't in day-to-day contact with their team ... it's almost people don't feel too uncomfortable—I won't say without exception—the fact that they know, if they're really worried about something, they can come to [name of other team manager] or me easily. We're here. We're people they know. We're not people they're going to find difficult to approach ... (OM1).

Practitioners, too, note that they can present an argument for urgent funding to local managers, who were involved in setting up the panel system and built in the flexibility to use short-term money for pressing cases:

What happens in this team for home care, is, if it's urgent it will be agreed on a temporary basis and it will carry on being temporary until they've got sufficient hours to make it permanent. So in a sense they give you the package when you need it. It's just a way of working the system, which I respect (OS4).



## ***Mental Health Team***

Practitioners in the CMHT present their resource situation in a more positive light than those in the OPT. They express concerns about shortfalls, which are viewed in different ways by different groups of practitioners (see below). However, overall they present their position as better than that of other social workers in adult services, both in the level of resources and in the process by which resources are obtained for service users:

Well, we've probably been really fortunate ... I understand adult and disability always have to apply—they now have to go to a panel, which we don't have to do; for respite we don't have to go to a panel. So in that way I think we're very fortunate ... And we have a community care budget, so if we want support to go in, then we have to get it authorised by our manager (MS3).

Working in a multi-disciplinary team and with new legislation gives practitioners access to new sources of funding:

... it's pooled budgets now. Under the NHS Act 1999, Health and Social Services now have the legislative power to pool budgets and resources and chop and change money, and ... increasingly so under the new PCT arrangements. So there has been a new core of money that has come into the service. But not necessarily for care management (MS3).

Alongside a recognition of an improving resource situation in some areas, there is concern about significant gaps in service and the fact that substantial mental health resources are tied up in particular services:

I think we've got better resources now. They're developing, compared to when I first started. Got more accommodation. More day activities happening. But we're still lacking resources for young people with mental illness. ... We're not catering for particularly the young males, who really don't want to come to the day centre, that kind of thing. We haven't yet tackled that (MS3).

In response to this situation this group—practitioners characterising themselves as 'social workers'—concludes that: 'it's very much down to the individual worker to try and find something to replace that need, which is very difficult' (MS1).

However, as outlined in the case study chapter, the level of funding for social work staff in the CMHT gives both professional freedom and time to act as direct service-providers, alongside care management:

You're actually still the main resource—your relationship with the client or the family or the provider; so you're actually still doing what you've always done in social work: you get to know somebody, get the relationship going and negotiate (MS2).

The two practitioners who identify themselves as 'care managers' emphasise the absence of resources to purchase services and see it as a more fundamental problem, limiting the service they can provide:

We have very, very poor resources ... We have X number of hours with home care, which are not a good service for our clients, because they're not trained in mental health, and it's only the home carers that show a specific interest in working, you know, and they're few and far between (MS4).



They talk of having to respond to the situation by using their own time, but not in the sense of using a valuable resource, as expressed by the 'social work' group of practitioners. Rather: 'You use yourself a lot. You use whoever you can find, really' (MS4)—to create an informal economy of care which can be managed:

But I will go out and do stuff. I will go out and do some shopping and I'll ... Simply because noone else to do it, it needs doing, it maintains that person and it's easier to do it. Now I know that I shouldn't be doing those tasks, but I do it. ... you know, you're running down town and thinking, 'this is mad'. I must be the most expensive shopper in [Newunit] (MS4).

This practitioner is concerned about having to use her own time to fill the gaps, as it risks undermining the argument for more resources to enable practitioners to act as care managers:

...and the thing that concerns me more than anything is, the more we do it, the more you accept, if you see what I mean, the more part of your work it becomes. Which to me is wrong. I should be able to pick up that phone and get somebody to do that task for me (MS4).

The key point here is the differing evaluations of the same resource context, in terms of its impact on discretion. The main resource is seen as social work time and those practitioners characterising themselves as social work professionals feel that they have professional discretion, backed up by the appropriate resource (*i.e.* time). Those who see themselves primarily as care managers see their freedom as limited by the lack of resources to purchase services, and use their time to create an informal economy of care and enable them to practise more as care managers.

In the CMHT the relationship between practitioners and the eligibility criteria within the service differs from that in the OPT. The CMHT is a specialist secondary service, accessible only by referral from primary care services. The primary role of eligibility criteria for these practitioners is to control access to them as a provider service. Within the CMHT two sets of eligibility criteria operate for the social work practitioners: Social Services criteria, and the NHS Mental Health Trust's criteria for identifying patients suitable for treatment by a specialist mental health service.

Practitioners in the team view the Social Services eligibility criteria in two different ways. One group emphasises their uncertainty, underlining problems in applying them to complex situations, which create room for interpretation:

They're not that clear. For instance, it would say something along the lines of 'is this person at risk of being socially isolated?'. Well, what does that mean? It's a very loose term. It could be somebody who just likes their own company and like many other people chooses not to socialise that much and have a limited circle of friends. Or it could be somebody who's developing a schizophrenic illness and is displaying negative symptoms and is staying indoors because they're worried that somebody out there is out to get them or they're being spied on (MSI).

and the volatility of mental health problems:

...you could have quite a few clients who, if you were just to look at them, it's not a picture of how they are today. You might say, well is she functioning? Yeah, she's functioning fairly well ... But you then



set that against the broader picture of something—got a well-documented bipolar disorder, 10 admissions under Section 3—so they're actually well just now, but ... we wouldn't be closing that case. Whereas adult disability—they put in a package of care and it's fine and then close it, or put it onto a once-a-year sort of thing (MS2).

These practitioners see Social Services eligibility criteria as setting an appropriate general level of entitlement, while allowing them discretion and flexibility in their application.

The other view is that the criteria are clear and unambiguous. However, those who see the criteria in these terms differ in their understanding of the basis of this clarity. For one practitioner: 'Oh, it's very clear. It's written down. We have a matrix on it, setting down what it is ... Very specific, yes' (MS3). For her, the criteria are a restriction on practice. The remaining (two) practitioners claim certainty about what the eligibility criteria entail, rather than clarity in the criteria as such: 'I mean, it's very clear, the eligibility criteria; you know, completing that, they either meet it or they don't ...' (MS4). This certainty seems based less on a detailed knowledge of the criteria than on a personal understanding and commitment: '... gosh, I don't know when I last looked at the eligibility criteria. I think a lot of it for us is around suicide risk and self-harm and those sorts of ... there clearly is a need for a service if they're presenting as threatening' (MS4).

The main concern for CMHT practitioners is the impact of the wider NHS eligibility criteria on their role, which they identify as working with people with serious mental health problems. They express concern that the wider criteria will overwhelm them, and will prevent them from operating according to their professional judgement.

All practitioners agree that demand is outstripping their ability to provide a service. The main cause for this is seen as *inappropriate referrals from GPs accustomed to referring all mental health cases, rather than just serious cases, to the mental health team. Practitioners express frustration that GPs do not deal with minor mental health problems in the surgeries, in line with the national service framework (Department of Health 1999: 28), but continue to refer them to the CMHT. As a result practitioners are asked to take on cases which do not meet social services eligibility criteria, but which do meet the Mental Health Trust's more inclusive criteria. Practitioners criticise this situation and the uncertainty and conflict caused—both within the team and across disciplines. They call for greater clarity:*

*CPNs have been so used to working to GP practices and just—can you see this person?—they would see the person, do an assessment and then say, no, we don't need to see them any more, we suggest this or that. So they're saying, a lot of them, how do we know this person doesn't need this service unless we see them? While some of us are saying—it's quite clear they don't need it ... really, I suppose, we should either be working to their matrix or they should be working to ours, or we should have a compromise and we go from 1 to 3 or 4 (MS3).*

However, there is some disagreement about the source of the problem. For three practitioners (those who identify themselves as 'social workers'), it comes down to organisational management and agency politics. For this group the tighter use of eligibility criteria is a way of managing demand—an alternative solution would be a waiting list—and allowing them the time to focus on their work as service-providers and on a priority group of younger people with severe mental illness. They see the situation in terms of political problems between Health and Social Services and



hiatus in policy development:

... there aren't any real strong protocols about what we do, and I think that is possibly deliberate, because it is so difficult to get a consensus of agreement between Social Services and Health. And when I say Health I include the GPs and consultants when necessary; at the primary care trust level, it's very difficult to get people to sign up. Because obviously the GPs are inundated; they want to offload onto us; we're saying, 'hang on a minute, there's a Social Service organisation', we're saying 'don't meet our criteria'. But a consultant will say, 'well, look, this person has been prescribed anti-depressants; the GP is concerned; we've got to see them.' I think that's why it's very difficult to have these joint criteria (MS1).

For the other—'care management'—group the problem is managers' failure to take charge of the situation. They call for stronger team management to enforce criteria and to enforce care management procedures in the team:

I mean we have our criteria, but we don't stick to it. We are still taking the lower end of the scale as well. And I think that's because management don't like to turn these people away. And fine, you know. I agree that these people could do with a service. But not from the mental health team, because we've moved on from there now. We can only deal with the severe and enduring [mental health needs] (MS4).

This group is critical of managers' perceived inability to manage:

... our managers don't know how to manage because they don't have to manage ... We should be managed on the input of casework,

allocation; we should be managed on the waiting list ... Because none of us want to do poor work. We try to do quality work. Quality work needs a certain time (MS5).

The control of resources to purchase services is less a focus of concern for CMHT practitioners than for the OPT—although there is a division amongst practitioners, as mentioned above, and for those who identify themselves as ‘care managers’ this is a more significant issue. However, there are two general areas of widespread concern about resource management in the team.

The first is the introduction of tighter controls on smaller and smaller amounts of spending. There is a view that controls are necessary for allocation of large amounts of money, but a feeling that the controls now in place for ‘petty cash’, requiring the approval of managers, places inappropriate limits on practitioners’ professional discretion:

Well, I think if I had to go through for that [funding for a placement], I’m not critical of them, because that is a lot of money ... It’s probably smaller things like getting support workers, getting home care, can you access some groups, things like anxiety management, anger management ... I think then you’re back to what model do you have for your team, how you’re going to use your professionals (MS2).

The second concern amongst the practitioners, all of whom are ASWs, is their lack of discretion to commit resources to prevent compulsory admission under the Mental Health Act 1983, and the requirement for a manager to authorise the funding: ‘I mean, to try and get hold of one of the managers here and say you want to do that. Because home care would say, whose budget is it coming out of?’ (MS3). They express frustration



that, while practitioners try to balance concerns with risk and liberty, the authority's prime concern seems to them to be control of expenditure and bureaucratic procedures.

Control of resources is a major focus of the management of discretion. Eligibility criteria have been developed to structure decision-making in both teams. However, eligibility criteria themselves are seen as open to interpretation and, in fact, requiring professional judgement—for instance, around ideas of risk and need—to make them operate. Within the OPT the pressure to control resource use is more acute: resources are actively being cut; whereas in the CMHT the main resource is the practitioner's own time, and additional resources are also being brought in to fund development associated with the national service framework. In the OPT, while eligibility criteria are being tightened, decisions about resource allocation are shifted up the management hierarchy to counter what senior managers see as practitioners' subversion of eligibility criteria.

## **Procedures**

Alongside the management of resources, the other key mechanism of remote control of practice discussed by practitioners and local managers is the procedures developed under the auspices of senior managers.

Procedures are often difficult to distinguish from financial management, particularly in relation to care management, where eligibility criteria are central to control of expenditure as well as assessment and provision of care. Here 'procedures' is used to refer to guidelines on the practice of key aspects of work.

In both the OPT and CMHT, formal procedures are identified by the organisation as an important part of the practitioners' context of work. In the care management procedures, which apply to children's and adults'

services, it is stated that:

This policy and procedures are *[sic]* designed to enhance our service to users, by promoting and enabling good practice in our interactions with people who come into contact with social services. Secondary to this, but also of vital importance to an efficient and effective service, is the need to fulfil local and national data and administrative requirements (Newunit Care Management Procedures: 4).

These procedures are a significant recent development. Care management policies across the organisation have been reviewed and relaunched, giving:

... much greater guidance through the structure of the forms as to what should be included in assessments, support plans and reviews (Newunit Care Management Procedures: 7).

However, a close examination of the care management document reveals that, while it talks of applying to all Social Services and includes a range of different matrices for children's services, mental health, older people and physical disabilities services, the pro-formas provided are more limited. The document distinguishes forms for children's services and adult services, but the adult services forms are headed 'elderly and physically disabled' (copies of this document were collected from both the OPT site and the CMHT site).

Local policies are also set in a wider framework of national policies and directives (Newunit Community Care Plans 1999–2000 and 2000–2001). On the ground, the national initiatives of direct concern to practitioners, and which they discuss as impacting on their practice, are the performance assessment framework for the OPT (Department of Health



and Office of National Statistics 2001) and the national service framework for the CMHT (Department of Health 1999). In both teams the formal recognition of risk and the need to record assessments are also notable themes, including the development of vulnerable adults procedures.

As established ways of acting and prescribed modes of conduct, procedures are contained in written guidelines and policies. However, within teams, practitioners tend to talk of having to ‘muddle through’ in the face of the volume of and continuing changes and additions to these procedures. Here the understanding of procedures is largely located in informal knowledge and expectations within the teams:

Care management procedures are being reviewed because we’ve recently had introduced the joint assessment form, which you’ve probably seen—the whole point of that is it’s a joint assessment. ... it’s a further change. It’s a further adjustment. Another form to get used to. So if you were to follow me from start to finish with assessing a new client, you would find that I’m continually asking other colleagues ‘Which form should I be using now? Have I covered this? Have I covered that?’ And that’s the feeling that I feel as an individual I’m left with all the time. So in terms of applying any policies and procedures, I never feel that I’m totally on top of it. It’s always changing (OS1).

### ***Older Persons Team***

In the OPT procedures are seen as fundamental structures governing the work, but are characterised more as a framework than as a straightjacket:

I don’t think it is strictly specified. I think the core of the work is probably seen as the care management tasks ... the assessment, care

planning. I don't think any sort of other aspects of the work are rigidly laid down, so I suppose that's where you'd bring your own skills and discretion in with regard to what you need to do in your work with your client (OS<sub>3</sub>).

However, in addition to the processes of obtaining funding outlined above, there is also increasing pressure to practise care management by the book. This seems to arise more from Newunit's concern to represent itself to central government than from a particular commitment among senior managers to enforce procedures as such. This was particularly evident during the interviews because they coincided with the 'naming and shaming' of the authority's adult services by the Department of Health for their poor performance against the performance assessment framework standards (see pages 146–147). In order to ensure better performance against the indicators in the next round, managers reviewed the way in which data on performance were captured within the department, and concluded that the problem was a failure to fill in the right paperwork at the right time and in the right way and the consequent failure to collect activity properly on the computer system. According to one practitioner, for instance:

More recently it seems that a lot of our data collecting hasn't been that efficient, and that's influenced where we stand. So care management procedures will be reviewed from the basis that data is [*sic*] recorded accurately to record our performance (OS<sub>1</sub>).

Accordingly, managers are involved in a tighter enforcement of the care management process as a paperwork practice: making sure that forms are completed when they should be, and that the right form is used and is correctly filled in so that the activity can be recorded on computer for the PAF indicators.



Local managers and practitioners now regard following procedures by the book as a 'must do':

*There are certain expectations that in the assessment process you would use that paperwork and then you might need to go on based on your stage 1 assessment to your stage 2 assessment if it was more complex, and—yeah, the actual paperwork you use is very much part of the [Newunit] structure (OS3).*

*There is an increasing emphasis on data collection. Forms used to be separate from data collection (for performance indicators); there would be a data form at the end to be completed. Now there are new forms—data collection is now in the body of the assessment—to ensure data are collected. Practitioners understand it's important to obtain good PAFs and how it will impact on finances for the department, but as a social worker I feel it's not one of my primary roles to collect performance data. Now data boxes will need to be completed within the body of the care management forms. If they're not done there'll be a problem—it would be sent back to you or filled in by the senior. Things are being seen and signed more—back to accountability. For care management forms and data collection but not for social work (Field note: OPT, information from practitioner, November 2001).*

However, even within this tightening focus on following procedures, practitioners still feel they can adapt the system:

*I think there's always an element of interpretation, because if we talk together as a team, we sometimes find out we've used different paperwork for the same thing or you might find a way to cut a*

corner with the paperwork and think, well, I can miss out that form because I've got the same information on another form. I think to a certain extent people adapt the paperwork to what makes sense to them (OS<sub>3</sub>).

... some people might write up a support plan as soon as they've completed the assessment, so they would send to the client an assessment summary with the action they will be taking, which might be applying to a resource panel for funding for home care, for example; whereas some of us would actually carry out the action, and then write up the support plan at the time that you've got everything concretely in place ... So in that sense we would have all followed the procedure of doing a support plan and giving that written summary to the client, but we might have done it at slightly different stages (OS<sub>3</sub>).

Another recent development in the proceduralisation of work is the implementation of a vulnerable adults policy, in line with central government guidance (Department of Health and Home Office 2000). A point of interest here is the structural formality of the procedure itself but the lack of follow-through by the organisation in its implementation. The policy involves a bureaucratic procedure relying on a programme of training to give it effect but, following the establishment of the structure, the training required to bring it into effect was not carried out because of lack of resources, leaving the policy as an empty framework:

Social workers tend to deal with the more complex cases. With our vulnerable adults procedure that must be one of the department's expectations. The vulnerable adults policy goes across all adult services: I believe within all these procedures there's the expectation that the work is done by staff with appropriate training ... There is a



vulnerable adults coordinator ... [who] ... runs case conferences and whose role it is to write procedures/training ... Although I should have had training I haven't. They developed the training but then decided it was too expensive so it's been done on a 'trickle-down' principle. I think that's poor practice (Field note: OPT, comment by practitioner, November 2001).

### ***Mental Health Team***

The CMHT characterises procedures as sparse and their role as low-key. Overall procedures are characterised as flexible and allowing for professional discretion.

We've got sort of a mission statement for the team about how we treat people, you know, and those sort of policies, but ... it is very much up to the individual worker how you determine the piece of work you do and in what way you do it. If somebody presents with depression, then it's up to you to decide how you want to work with that depression (MS4).

In contrast to the emphasis on strict adherence of pro-formas in the OPT, CMHT practitioners feel they have more flexibility:

It's carte blanche, really. All the pro-formas are doing is prompting you to ask the right questions. So it's a prompt to take a history, rather than a prompt to look at a specific level of need, or an absence of a service that would benefit ... There's no set format for presenting a level of need (MS1).

Paperwork is characterised as adaptable and allowing for individual approaches to come through—a useful guideline, but not a constraint:

I think the [risk assessment] policy is that there should always be an updated risk assessment on file, and that is it. It doesn't go in to explain what that means—you know, dated when, or how often or ... it's that simple. An updated risk assessment on the file. And people interpret that however they choose to interpret it (MS4).

Furthermore, practitioners believe they are afforded considerable freedom in terms of the style of work undertaken with clients:

I would think we're fairly autonomous ... my sense of professional responsibility is, if I felt there was somebody I was concerned about, somebody may harm themselves or harm somebody else, I would actually report that back. Or if I felt a person was vulnerable in some way, by a number of symptoms, I would kind of alert management to that, which is, I think, a sense of professional responsibility ... or [if] there are complaints coming in about something, anything like that. But outside of that I suppose we're fairly autonomous. I will make decisions on a day-to-day basis (MS3).

Practitioners within the team feel that they are afforded wide-ranging discretion by the organisation. Procedures are characterised as few and flexible. There is, however, a small group within the team (two of those who identify themselves as 'social workers', see above) expressing concern about the increasing impact of procedures on their professional freedom. One of these practitioners calls into question the level of management surveillance:

Lots of things have to go through your line manager and every time you do this, CPA, form goes through to be signed off by them ... After it's completed they're supposed to sign it before it goes



through the computer system. I suppose that's a way of ensuring quality, I don't know. To me as a professional worker I don't think that's always necessary (MS2).

The other practitioner sees a degree of management oversight as important, but is concerned about increasing intrusion of management direction into professional discretion:

I suppose it's probably about right, although I think it's changing. I think because of accountability, people are feeling that managers have to be more on the ball in relation to what people are doing and not doing. And that's come from the government down. It's been very prescriptive about what you should and shouldn't be doing, and you have to meet ... my suicide rate's got to be cut dramatically by 30% or something.<sup>2</sup> So I think from outside you're expected to meet certain targets, or perform in a certain way. So by its nature it would not always allow for autonomy or individual discretion (MS3).

Recent developments in the CMHT have included a requirement to see new referrals within a certain time scale, and a more formal risk assessment procedure. Other practitioners in the team, however, do not see these as constraining and even see increasing proceduralisation of practice as necessary to support professional good practice.

One area of day-to-day practice where policy is felt by practitioners to be prescriptive is that of response times to referrals, which falls within the requirements of the national service framework and national standards:

<sup>2</sup> There are criteria in terms of ... the time scale between when you  
<sup>2</sup> The National Service Framework: Mental Health, Standard 7 'Preventing Suicide', calls for a reduction in the rate of suicides nationally by at least 20% by 2010 (Department of Health 1999: 76).

send that letter of appointment and when you actually see them. We have guidelines for that: we have to see people in a certain amount of time ... we are allowed to operate a waiting list, as long as you justify how your waiting list works and if people are prioritised within that waiting list. So people who need seeing quickly ... it's about how you prioritise who requires an urgent service and who doesn't ... but there is no rubric about how you prioritise. There is no written protocol about how you prioritise who will and won't receive a same-day service (MS1).

Another development is a policy on risk assessment:

... our assessment document's quite new. So ... before, we would do our own assessment and just make up our own typed-up assessment forms, in whatever format we chose to do it, you know, we'd always do different. And then we'd do a risk assessment separately. But in the assessment document there was no part to record risk ... Now we do a blue form [the risk assessment form] with the assessment document, so whenever we do an assessment the risk assessment goes with it ... the managers now expect that, and will ask you now, 'where's the risk assessment?' (MS4).

Practitioners criticise what they see as unwieldy paperwork or bureaucratic intrusion into their practice and value the flexibility currently enjoyed, but they also welcome the introduction of policies and procedures which simplify processes or which support professional practice. For instance, one practitioner comments on the recent work undertaken by managers to integrate care management and Care Programme Approach procedures:

We'd fill in a CPA form and then we'd have to fill in a [care



management] review form, because it went on two different systems ... And we used to have to fill out care plans, plus the CPA, because we'd have our own set of forms. But in the last year ... they've agreed and brought somebody in to review everything (MS3).

Another notes that:

... there are some god-awful practitioners out there, and they're always the ones who come to the headlines... is sort of increasing momentum for this sort of social work council to impose guidelines and guidance on social workers ... which I think is useful, because I think we all need to be working to a professional standard. But equally my concern would be that that would restrict our ability to decide how we work and who we work with (MS1).

While most practitioners feel positive about the level of discretion afforded in their work, some concerns are voiced. One sees the breadth of autonomy as an occasional burden:

... sometimes it feels as though you're expected to resolve something where you're not able to, really. Or you can end up feeling incompetent, that you don't have that effect on that person to resolve it (MS3).

Another has a wider concern about the level of professional discretion and accountability; for this practitioner, there is too much freedom, in the sense of demands on her time:

We have far too much discretion. I would have to advocate strongly bringing back the old school approach. So what's wrong with clocking on and clocking off? At least I got an honest day's pay for

an honest day's work. That's the taxpayer's money. So if I sit for an hour that's the taxpayer's money I'm sitting on (MS5).

The discussion of findings in relation to financial management and procedures has so far highlighted the way in which financial controls and procedural guidelines rely on their interpretation, not only by practitioners but also by managers, pointing to the central process of their negotiation within the manager/worker relationship. This will now be considered in more detail.

The background account of the authority in the preceding chapter underlined its budgetary concerns. Senior managers are concerned about expenditure and seek to cut it. Within adult services, the OPT is the main spending service. The CMHT's budget is not only smaller but differently structured, with a much larger proportion of expenditure on staffing than in the OPT. The data presented above indicate that the emphasis of efforts to manage resources is on the OPT. Procedures are another element of the means of controlling practice employed by senior officers, and again are not as evident in the CMHT as in the OPT. Many procedures are not only local initiatives but are also related to central government requirements. Here there seems to be an important distinction between those procedures relating to the government's PAF and procedures relating to good practice—primarily those discussed above in relation to risk. Procedures concerning the monitoring of care management processes are related to the PAF. These, in turn, are seen by senior and local managers to relate to continuation of funding sources and to non-interference by central government in local management. These procedures were enforced. Others, relating to good practice around risk in both teams, are more lightly managed. Furthermore, there is an interesting distinction between the bureaucratic nature of the risk management system set-up for vulnerable adults, primarily used in the OPT, and the



more professionally focused risk assessment recording procedure in the CMHT. Control through resource management and procedures is more intense in the OPT than in the CMHT.

## **THE RELATIONSHIP BETWEEN PRACTITIONERS AND LOCAL MANAGERS**

Practitioners and local managers disagree with key elements of central policy as expressed through the management of resources and elements of procedures. Local managers support street-level practitioners in extending the discretionary potential of the interpretation and application of eligibility criteria *etc.*. Furthermore, local managers use their discretion to extend the scope for street-level discretion, especially in relation to resource management, where they are able to use resources from different budget areas to circumvent restrictions in others; for instance, using short-term funding to resource long-term care while waiting for formal resources to be freed up through the panel process. The relationship between street-level practitioners and their local managers is clearly a key area in understanding street-level discretion and the findings in relation to this area will now be explored, primarily through an examination of 'supervision' and how this is viewed, and with particular focus on the following questions:

**To what extent is the relationship structured by the conflicting interests of managers and street-level bureaucrats and characterised as a managerial encounter in terms of organisational superior and subordinate?**

**To what extent is it influenced by shared commitments and concerns, particularly around professionalism, in which practitioners are held to account for their practice but in a context in which the relationship is also seen as one of**

## **professional peers?**

### **Supervision**

In formal organisational terms the relationship between local managers and street-level practitioners differs considerably in the two teams.

Organisational documents and procedures indicate that practitioners in the CMHT have substantial formal discretion and are acknowledged as professionals; while in the OPT the practitioners' role is seen as less that of social worker and more a constrained role of care manager (see page 132), bound by restrictions controlling their practice. This would suggest that relationships between managers and practitioners in the OPT might be more akin to Lipsky's model of relationships between managers and street-level bureaucrats, while those in the CMHT more closely fit the professional supervisory relationship characteristic of bureau-professional regimes.

However, the findings of this research suggest that professionalism is a significant element of the relationship between managers and practitioners in both teams, but that, because of the organisational context, this is expressed in a different, less formal way in the OPT than in the CMHT. In the OPT, practitioners appear to have a cooperative relationship with local managers. Their concerns focus on negotiating the pressures and requirements imposed both by senior managers and by councillors. There is an element of conflict in their relationship: local managers express concern that practitioners are not proactive decision-makers, and do not live up to the requirements of a 'professional'. In the CMHT there is disagreement among practitioners in their approach to supervision, and this mirrors disagreements about professional roles, and different attitudes to local managers and to the idea of 'management'.



Practitioners and local managers in both teams identify supervision as the focus of the management of discretion within the team. Supervision can be an informal, continuing relationship, involving exchange of information and advice, as well as a formal process. Here the focus will be on the formal process of a meeting in which supervisor and practitioner engage to review work—but there will also be reference to aspects of informal/ongoing supervision, as in the discussion of resource management and procedures above.

Local managers of both teams are located on site and are easily accessible to practitioners. In the OPT social workers are supervised by two assistant managers, themselves qualified social workers, as is the team manager. In the CMHT practitioners are supervised by the assistant team manager, who is a qualified social worker and a practising ASW. (One practitioner also has a specialist, forensic brief and is supervised in relation to this aspect of her role by a different manager, who is not part of the social work team.) The manager of the CMHT also has a social work background.

### ***Older Persons Team***

Practitioners in the OPT talk of supervision as a place where they engage with local managers in discussing professional issues, as well as considering the implementation of policies and procedures. Different practitioners focus on different aspects of supervision while, at the same time, outlining it as a place where their work is managed and as a professional space where they can explore their practice.

There is a strong organisational element for supervision, in the sense that cases are monitored and accountability sought:

... within supervision, or within part of the supervision, we'll be

talking about what points we've got to, why we're doing something with a client, why we need to stay involved, what work we're doing with a client, and whether that needs to continue (OS<sub>3</sub>).

It is also a place where practitioners work with local managers and where organisational procedures are discussed and approached with a degree of pragmatism (see page 177).

Supervision provides practitioners with an opportunity to review professional issues, and this is particularly valued :

... a good sounding-board, so that you don't become too prescriptive in: X has got this problem therefore you need A, B, C. It's good in supervision to say have you tried, have you thought of, have you spoken to, to make you a bit more creative. I think a very good balance, here (OS<sub>4</sub>).

While these three elements—organisational, professional and pragmatic—are present in supervision, the organisational element is seen as more prominent and as emphasising management concerns. There is no formal policy for caseload management, but there is an expectation that cases will be dealt with expeditiously. The idea of appropriate time spent on a case is linked to the pressure of cases waiting to be allocated, and an idea of practice that emphasises short-term, focused casework to meet a crisis and, once the problem was solved, withdrawal: '... And there is a kind of pressure to keep cases ticking through and moving on, rather than going for a very complex solution' (OS<sub>2</sub>).

While the general pressure is to close cases and move on to the next case, managers also claim to trust practitioners' professional judgement about their work:



If someone's performing really well and I would trust their judgement on when to close a case, I might not set a target date for when they should close a case ... Whereas someone I knew who was very slow and I thought a piece of work was actually complete, I'd say I want that closed by next time (OM3).

There is also a professional dimension to decisions about continuing a case:

Where people need ongoing social work support, they discuss that with me in supervision and, again, give me evidence as to why it's necessary to keep a case allocated to someone and I would generally say, yes, I agree: that person needs ongoing professional input (OM3).

These two factors are reflected in practitioners' accounts of discussion in supervision. Practitioners value the opportunity to continue with longer-term work, which they feel allows them to introduce social work skills alongside managing packages of care:

I have kept about five, six cases now, for the last one year, because they still need social work intervention. The ones which continue to need social work intervention are cases which you feel that they still need you to go in and advise on some aspect of care, or their needs change so quickly that this week they're all right, next week the whole support system is falling apart (OS5).

However, while believing that managers respect their professional judgement about the need for such work, practitioners also note increasing pressure from managers to close cases because of the level of demand for

care management assessments:

*... in supervision you discuss whether a particular case needs to remain and your judgement is respected. I think there's been pressure recently that you shouldn't have quite so many on-going cases. I mean, there were—I've been here just over six years and I certainly carried cases for over two years at one point ... There is this pressure to close cases, to bring you up, to take up more cases, otherwise the waiting list will just grow and grow, so there is that (OS4).*

On the face of it, practitioners have a significant advantage in their relationship with their supervisor, in that they possess more detailed information about their clients. However, in the OPT, practitioners feel that the small size of the team and the role of supervisors in allocating cases and constantly signing paperwork make it impossible to undermine supervisory control by tailoring information about cases:

*I wouldn't just be looking to suddenly out of the blue to say this person needs residential care ... she's allocating work, so she knows what the referrals of information are; she's seeing the joint assessment form—all the way through there's a multitude of signatures going on this ... I don't think we get to the point where ... I'm saying we're looking for residential and all of a sudden she's going to disagree with that (OS1).*

Nevertheless, decisions about how to work with people are based not only on facts and raw information, but also on the way this information is interpreted and contextualised: that is, on professional judgement. In supervision practitioners can use their claim to professional judgement to achieve what they see as appropriate results, or to enable them to work in



their preferred way:

I suppose you could potentially keep a client on forever. You could always create further issues, you know—well, you've got that home care, it's going well, but I'm not too sure, you know, there was a bit of concern a few weeks ago about this ... you could do, if you wanted, you could keep going and going into the minutest detail, if you became quite possessive about it (OS<sub>2</sub>).

This practitioner points out that the issue of trust in the relationship between practitioner and supervisor is central in this process:

I think that one of the skills of work is knowing how, when to take things from clients and when to put them back, and I think if you can balance that, then our supervisors will give us quite a lot of autonomy, and they will trust us that what we were doing was at the right level. But if we were getting it wrong I imagine they would be a lot more rigorous, saying, no, you've got to give that back to the client and get that case closed (OS<sub>2</sub>).

During the interview process it became increasingly evident in the comments of both practitioners and managers that, while certain tasks are performed in supervision—management of caseloads, exchange of information and discussion of case issues—something less tangible but more significant takes place simultaneously, namely the negotiation of trust and respect between managers and workers. As can be seen above, managers are concerned with 'performing really well', 'judgement', and practitioners with 'autonomy' and 'doing ... at the right level'—and both are fundamentally concerned with 'trust'. This seems to go to the heart of the nature of the relationship between local managers and practitioners.

One practitioner, for instance, describes a process of building trust with a supervisor which involves a changing and developing relationship, moving from close supervision to increased autonomy:

I think when I started work obviously the monitoring was closer, but ... once we got a kind of trust going and understanding, I think she trusted me and I knew her. It became more informal, and ... I grew to having a bit more autonomy about how I pushed clients through the system. As long as I was being sensible and I was moving clients on (OS<sub>2</sub>).

This practitioner also recognises that the trust is not unquestioning: autonomy continues only as long as decisions are 'sensible' (according to managers) and clients kept moving along:

I think if you've got the right kind of relationship you get given the kind of responsibility, but ... if I went into too much detail or I overstepped professional boundaries—if I was going round to a client's house and doing their shopping, you know ... I'm sure there would be a lot more scrutiny and I'd have a lot less autonomy in what I do (OS<sub>2</sub>).

A manager explains this process of building trust and delegation and the constraints that apply to it:

I think it's probably fair to say here that I think authority and decision-making is delegated down to the lowest point it can go, almost. I mean, in a way, we would like to have the care managers deciding about the resources, but for reasons of having to amalgamate them—that's really the main reason we have it a tier up—because you can't amalgamate knowing what you've got and



sharing it out on an individual basis, or it would probably bring things down to pots so small that nobody could use their pot, if you see what I mean. But I think there is quite a high level of support of expecting people to make decisions, and also, as long as they're reasonable ... of supporting them, even if afterwards you think they could have made a better decision.

**Q:** What's a reasonable decision?

**A:** I suppose it's something about expecting everyone to have a sense of judgement that's appropriate to their station, in a sense. So for the care managers, I suppose, or the assistant team managers, if they're qualified working, you don't expect to need to be on somebody's back. You expect them to be making decisions that are neither putting the authority at huge risk nor clients at huge risk nor themselves at huge risk, without you having to watch them every five minutes to make sure they're doing that (OM1).

This account of building trust, delegation and autonomy involves two elements. One focuses on practitioners as employees, workers—the agents of the authority in carrying out its responsibilities. There is a symmetry in the accounts of practitioners and managers that suggests an effective and accepted process. The other—professional—dimension to the relationship of practitioner and managers is professional supervision, a meeting of equals where the manager is not in control but acts in a consultancy capacity. Here, however, managers express frustration and concern about what they see as the limited sense of professional responsibility amongst practitioners:

One of the things that worries me is the things that sometimes people ask me, as their boss ... almost to tell them what to do, in situations in which I would feel it's appropriate to consult me, but it's not for me to tell you what to do. That's what you're employed

{for}, to work out what to do; you're a professional person (OM1).

In part, this criticism is tempered by a perception of the impact of the declining value of social work in Social Services and the historical emphasis on care management as the primary fieldwork role:

We don't do any supportive visiting generally speaking any more. There's less exploration of people's family history, if you like. I think sometimes they struggle to think about what they can do that's special. I think they do do things that are special: working with families; group work; counselling—not in-depth long-term counselling, but giving people in distressing circumstances time to resolve feelings and talk about things (OM3).

This view is echoed by practitioners, who refer the impact on them of *working within an increasingly resources-driven and resource-starved service*, in which it is difficult to sustain the idea of professional practice. As one practitioner explains:

{Social work values are} ... kind of discussed in supervision, but the choices you make are still very limited by services. So I suppose we kind of always have the issues of user empowerment and choice and listening to the client up to a point. But at the same time it's kind of restricted by what realistically we can offer (OS2).

The pressure is felt not only from the upper tiers of the organisation, but also from within the professional peer group: as an awareness of demands on colleagues and the number of people waiting for a service:

I think there's two things, really. Colleagues ... the kind of peer pressure; colleagues are taking on cases, and that is keeping pressure



up. Clients might be waiting for a service ... I suppose if we gave them more of a Rolls-Royce service, we'd just have very few clients, and we wouldn't be able to work with the number of people we do. So there is a tension there as well—if we restrict our service and go down very complex solutions, then there isn't [*sic*] people who are coming through (OS<sub>2</sub>).

However, the same manager continues:

I think social workers need to, perhaps, work a little bit more than they do on keeping up their professional standards, keeping up to date with changes in legislation (OM<sub>3</sub>).

Another manager also notes social workers' failure to challenge and question the authority's policies, contrasting this with her own experience as a social worker in the 1970s, working in a team where practitioners protested and challenged management and changed policy. While she now regards that level of activism as impossible, she still sees a critical role for professional social workers and expresses frustration at practitioners:

... it almost seems that the whole job gets subsumed into carrying out the authority's instructions ... I find it disappointing how little resistance there is to a lot of things. Why aren't you saying to me 'You can't tell me to do that'? There doesn't be any sort of groundswell ... it seems to me that part of our role is to be advising the authority as social workers about things and saying: you're employing us as professionals, not as dogsbodies ... I don't think we do enough of that. I think it's partly because it's easy and comfortable not to, really, and to have the good excuse of, oh well, I can't do that because I've been told to do this (OM<sub>1</sub>).

One explanation offered by this manager is in terms of individual motivation: that it suits some practitioners to limit their professional discretion, in order to avoid responsibility:

I think it quite suits some people, actually ... to lose the sense that they have any autonomy or that they ought to be making professional decisions. 'Oh, it's not my fault because' .... I think it's a kind of screen for people to hide behind in some sense, and not take responsibility for their own professional development and thinking about things for themselves. ... You know, it's quite nice to say, well, I haven't got any choice because they told me to; they take all the burden of responsibility of doing that. And just shed all the other bits that actually they're not telling you to do (OMI).

The relationship between social workers and their local managers is more complex than Lipsky's account suggests. Managers seek to ensure accountability to the organisation, but this is understood by them as a professional, as well as an organisational accountability. Practitioners speak of being encouraged and supported in approaching their work in professional terms and being professionally accountable. There is some conflict between managers and practitioners, but this is largely expressed by managers themselves in terms of their frustration with practitioners not behaving as professionally as managers think they should.

### ***Mental Health Team***

Within the CMHT the team manager does not directly supervise staff, but does deal with requests for funding. The assistant manager, who is a social worker, practises as an Approved Social Worker and is employed by Social Services, has responsibility for the day-to-day management of social work staff. These two local managers characterise the role of professional



staff (and their relationship with them) in quite different ways.

The team manager (who has little contact with staff, except when they need agreement for funding) sees care managers as having a valuable and more focused role than 'old fashioned' social work:

*It's much more focused and much sharper now. For me, where I was working at the time, the NHS Community Care Act did ... ration the services much more. Not a bad thing, really (MM2).*

He also emphasises the formal and discrete nature of the different roles of practitioners. Most social workers in the team have had extra training as Approved Social Workers (ASWs), and work within the team as both social work practitioners and ASWs. (All the practitioners interviewed are also ASWs, as is the assistant manager.) The team manager sees these roles as distinct, and does not see practitioners' ASW status and authority having any impact on their day-to-day social work role. In contrast, the assistant manager takes a wider view of the role of practitioners, and sees the ASW role as reinforcing the status of social workers. She criticises the narrowness of the care management role in mental health:

*... sometimes I do think care management's not good for mental health, because ... you get some workers who aren't comfortable with clients and they just get everybody else to do the sort of, if you like, the work, and they just oversee and care manage ... social work is supposed to be a profession and you're supposed to have professional skills, so it's about how you value those and which direction you're going, really (MM1).*

She emphasises the way in which social workers who are also ASWs carry that status into their other work:

[It] makes you think more legally, more laterally; you're more conscious about people's liberties—so I think it's just another layer, if you like, in the orange, really [*sic*] ... I think you've got status as an ASW ... I think you're more confident, because your general work's put you on that level of being quite a pivotal role in the assessment, and ... So I think you just carry that round with you. You don't change. You're who you are when you're practising (MM1).

The role of ASW is different from that of day-to-day social work practice within the team, but practitioners' status and training as ASWs are seen both by them and by their line managers as contributing to their professional authority in other areas of practice and influencing supervision:

... the fact that you're an Approved Social Worker kind of adds weight to things, because they see straight away that you've had extra training and that you've had to have so much experience, should have so much experience before you go on to the training, so I think they see it that you're kind of much more up on that kind of thing ... I can be more authoritative and say that I need to see this person ... we need to get this organised (MS3).

Both managers identify a split in the team in how staff approach their work, one group seeing their role in terms of professional social work, the others in terms of care management:

I think historically the mental health team thought that they were above such things as care management, because they did see it as devaluing their skills, really. So I think we have a mixture in the team. We have some that are reasonably pro-care management, and



some that see ... care management as a bit useless, because they've nothing to buy and they'll just do it themselves. So they're not that positive about care management (MMI).

The assistant manager, who is responsible for day-to-day management of the team, describes her management style as permissive and her relationship with practitioners as employing trust in them to act responsibly and professionally, but also managing with an idea of accountability (as opposed to control):

...the process is there to be accountable, because then I agree with them, I say 'well, look, are we going to do that? Or are you going to have approached somebody by such a date?' And sometimes if they haven't I say, 'well, come on, let's do it now'. You know—let's write the letter now, get it out of the way. I'm not particularly for catching people out and saying, well, you didn't do it last time, so we're not going to do it now (MMI)

and enforcing her idea of their professional responsibility:

Sometimes it's really difficult, because I very often find people are going out of our way to make sure people aren't in the matrix—you know, can we shove them to this place, can we put them to that place—and I'm thinking, no ... there are certain workers who I think do it more than others ... I'm saying, you mustn't keep passing them on; or they'll say 'Well, I've done that, now. I've closed the case' ... but then in about two weeks Mrs Bloggs comes back ... and I feel like saying to the worker, 'well, I'm sorry—you have to have them back. It's no good passing them to somebody else' (MMI).

The relationship between practitioners and the assistant

manager—particularly through supervision—is the main mechanism for the management of discretion and accountability of professional social work staff. The primary areas of focus are on professional practice and the management of caseloads. The assistant manager sums up the purpose of supervision as follows: ‘... it doesn’t matter who you are, you get your monthly supervision; that’s formal. That’s your accountability stuff. That’s your cases’ (MM1).

However, from the practitioners’ point of view, the role and nature of supervision is a point of conflict. Practitioners can be divided into two groups according to their view of its purpose. One group (three practitioners) sees supervision as a place where they are accountable and where they engage in consultation with their manager as a fellow professional:

In supervision, I suppose the role is and probably has been ... discussing any clients I’m kind of stuck on. And I suppose I see that as using some people with other ideas, coming in with professional ideas ... (MS3).

These practitioners—the ‘social worker group’ mentioned earlier (see page 171)—understand supervision in terms of a relationship with their line manager entailing professional interaction and negotiation, with ‘trust’ as a given:

I think once you pick up the assessment through the allocations meeting, if you didn’t want to raise that at your supervision with your line manager, you would not be asked why it hadn’t been raised. You may be asked how you’re getting on with that person. You’ll say, fine, I’ve done the risk assessment, I’ve done all the paperwork, I’m seeing them every four weeks, and that would probably be the



end of the discussion. So from that point of view you're just ... acknowledging that this person is on your caseload, and that's usually sufficient (MS1).

They see their supervisor as a fellow professional, albeit in a supervisor's role. Local managers are not a source of great concern, but these practitioners are concerned about the idea of 'management': the spread of management control, intruding on professional discretion. One person, for instance, in discussing the wider supervision of practice, talks about managers checking paperwork (see pages 198–199), and feels 'as a professional' that it is not necessary for her work to be checked in this way.

Overall, practitioners in this group characterise the supervisory relationship in the same terms as the assistant manager who supervises them, emphasising their professional role, and tending to see themselves as partners, fellow professionals in supervision, where they are able to take the lead and set the agenda.

In contrast to this point of view the other two practitioners are critical of their supervisor, whom they describe as vague, and express a preference for supervision which is more management-led and directive:

My supervisor is ... always on the go, always getting caught up in this, so actually when we sit down I'm not sure who's supervising who ... A good manager should have an ear to things. They should be chasing up things and ... actually having it clear in their minds about the new role of the social worker (MS5).

They call for a clearer structure within which to work, and their primary concern is to be supported by managers in their role as care managers, with

clarity and consistency, with the application of rules and the management of workloads across the team. They are critical of supervision as it stands, as a nebulous and diffuse process:

Because if you try to keep your supervisor down to a clear answer, you're not going to get one. I need to know yes or no, and I find that it's easier to go at her and say 'I need a yes or no; I don't need that one-hour discussion whilst you think about this.' I also need managers who can fight the good fight if there's an issue to be taken up (MS5).

These practitioners criticise the supervisor for not being, in their view, a business manager; they want more management and clearer direction:

Our biggest disservice is that all managers are professionals. We need managers for managers. Managers who have no idea how to manage social work—who manage people, who do not manage 'the issue' or get sidetracked. And we probably don't need all the managers to do that, but we do need one ... They're not looking at the matrix, they're looking at procedures, they're going to keep you on line. They're not going to get sidetracked into 'get this person some help' (MS5).

I mean, at times I'm not very clear about my role ... So I think the management hasn't got their bit sorted out, really (MS4).

Caseload management is a point of contention within the team and an issue with which the supervisor is grappling. She explains that:

Our management have tried to introduce caseload weighting. Now we don't really strictly do that, but we're supposed to be looking at a



weighting system which, then, each worker has a caseload of no more than so many points; no more than so many heavy cases. So that's kind of up here [pointing to her head] (MM1).

The assistant manager's view of supervision as a place for discussion of caseloads and of her approach to managing practitioners' workload as 'not draconian' presents no difficulty for the 'social work' group of practitioners, who see caseload management as a matter to be dealt with in the context of trust and professional discussion:

There's no caseload waiting procedure. It's very much left up to the individual person about whether they can take additional referrals or not ... how you actually manage your own caseload, that's usually a supervision matter and negotiated in supervision ... If you felt that you were particularly busy and couldn't take any more cases on ... you'd have to justify why you felt you would not be able to take any more of those on, but there would be no caseload audit. That doesn't take place (MS1).

However, for the 'care management' group this situation is not satisfactory. They would prefer a more formal system, and express distrust of colleagues and concern that managers are not policing the situation robustly enough:

... my point's always been that you can't, in mental health work, you can't just talk about numbers. Because one can have five clients and one can have 25, and the one with five can be as busy or busier. So I think it needs a system where it's much fairer distribution (MS4).

The assistant manager claims to have a good grasp of practitioners' work because the team is small and because of her day-to-day contact as an

ASW:

Well, I've got a quite good memory, so that's really good. And I think I've got my finger pretty well on the ball for most things. There are some things that just slip me by, and I think, 'my word' ... But I think generally I'm pretty red-hot, because my supervision's ongoing up here (MM1).

However, practitioners generally see themselves as the experts in the cases they manage, and best placed to decide how to present their cases in supervision:

... I suppose you have discretion in yourself when you decide whether you'll talk it over with a line manager just now, whether you'll wait until next week or whether you'll wait until the next supervision (MS2).

This is, nevertheless, understood within the context of accountability and responsibility to Social Services:

I remember a colleague who'd been a nurse saying one of the differences was that any information that as a social worker we had actually belonged to the local authority, whereas the Health staff—information could be kept between them and the client. I think that affects what you mean by discretion as well. A lot of things—because Social Services is a managed—in a lot of things you don't have discretion (MS2).

Another practitioner recounts a story to illustrate the way accountability can include decisions about where to pass information, and when not to pass information to the line manager:



I had a client who both had a mental illness and a physical illness. ... I remember one time I saw him at a day centre and he was in love—super. Then I realised it was one of his carers that he was in love with, and he was convinced that this relationship was reciprocated. ... My particular line manager—not anybody around just now—I knew was somebody who, because of things that had happened in her own life, would have immediately made it an enormous thing. And I didn't think that I could necessarily go by what that particular client was saying. I phoned and spoke to another senior manager who I knew very well, and we talked it over, and we decided there was no risk (MS3).

However, practitioners identify two strategies in relation to disclosure of information that seem designed to resist management intrusion into professional decision-making. These two strategies involve quite different rationales. One strategy available to practitioners (who identify themselves not just as professionals but also as clinicians with specialist skills) is to question the ability of their professional manager to supervise aspects of their work.

One practitioner notes the distinction between clinical and administrative supervision, indicating that aspects of this work are not liable to lay management, and the assistant manager discusses a similar point:

I do think that the nurses hide behind clinical stuff, because they say, "oh, this is clinical supervision; it's different from line management supervision'. And they don't understand how I can be a line manager and a, I would say, practice supervisor as opposed to a clinical supervisor. And now and again I can see their argument, because I'm not CBT [cognitive behavioural therapy] trained, so one of my workers is CBT trained, and he ought to get his CBT from somebody

that can do that. But as his line manager and as an accountable person, as a rate-payer, I've got to make sure that that CBT is going the right way and it's not taking too long to develop and ... you know. So I actually think that I can just about justify being a line manager and a practice supervisor (MM1).

The second strategy is cruder, and involves the withholding or selective presentation of information. This is identified by the care management practitioners as a strategy used to obtain the desired decision in supervision.

I'd do my assessment and I'd just stick it in the file, and the manager would say, 'but we need to see this'. You know—why? It's OK ... You just make the decision, the sensible ones, you get on with your work the best you can and keep your head down and do what you know you do best (MS4).

## **CONCLUSION**

This chapter has presented the key findings of the study in relation to the research questions identified in Chapter III. In the following chapter these findings will be summarised and discussed in the context of the critical analysis of Lipsky's account of discretion and that of his critics and other analysts in this field. The aim of the discussion will be to evaluate the contribution of the street-level bureaucracy perspective and the domination and discursive analyses, outlined in Chapter III, to the understanding of social work discretion in adult Social Services.



## CHAPTER VII

### DISCUSSION: THE DYNAMICS OF DISCRETION

#### INTRODUCTION

This thesis has explored the operation of discretion in Social Services through a *critical examination of the street-level bureaucracy perspective* in relation to domination and discursive analyses. These perspectives will now be discussed in relation to the findings presented in the preceding chapter. Discretion in the thesis has been treated as an area for examination—the area of worker freedom—and the different accounts of discretion have been concerned with its extent and its basis for social workers within Social Services.

Lipsky's account of discretion, set out in Chapter II, suggests that we should look beyond formal accounts of roles and discretion to understand the extent of street-level workers' freedom in making choices about the delivery of services and policies. He argues that the difficult conditions of work in public service bureaucracies—street-level bureaucracies—give rise to greater discretion on the part of street-level workers than their formal role descriptions suggest. They are faced with choices about interpreting vague policy, and decisions about prioritising insufficiently funded policies. While their managers seek to control and direct their practice to ensure compliance with the spirit, if not the letter of policy, they are limited in their ability to direct work and often have to accept, reluctantly, a wider degree of street-level discretion than they would, in theory, allow.

Empirical research within the street-level bureaucracy perspective was also reviewed in Chapter II. This research has tended to focus on demonstrating the extent of discretion of street-level workers, and in doing

so has concentrated on non-professional officials. However, one study has compared *white-collar with professional discretion within street-level bureaucracies* (Kelly 1994) and suggests that professional street-level bureaucrats have a significantly wider degree of discretion in their work than non-professional street-level bureaucrats. There has been little critical examination of Lipsky's characterisation of managers in street-level bureaucracies. He presents them as compliant organisational agents, seeking to implement policy and ensure that street-level bureaucrats comply with organisational objectives (Lipsky 1980: 18–19). There is evidence, however, that managers, like street-level bureaucrats, exercise discretion and influence the application of policy in line with non-organisational concerns (Weissert 1994, Keiser 1999).

The aim in undertaking the field study has been to consider these questions about the *influence of professional status on discretion and the nature of management within public organisations, through the examination of a professionalised street-level bureaucracy in the form of social work teams in a Social Services Department in England*. Within this context it has also been necessary to address another argument: that is, that Lipsky's theory is no longer relevant, and that the organisation of Social Services has now moved on, with *managers in charge and in control of practice to the extent that it is no longer sensible to talk about street-level discretion* (Howe 1991a). Chapter III suggested that Lipsky's analysis of street-level bureaucracies is closer to the picture of managed bureaucracies than his critics recognise: his argument is that, although managers in street-level bureaucracies employ a range of managerial techniques to control street-level practice, the conditions of street-level bureaucracies essentially militate against this attempt at close and detailed control and give rise to significant informal discretion. Despite these differences, Lipsky and his critics share the view that managerialism has undermined professionalism as an important element in understanding



discretion in the organisation of public services. However, as discussed in Chapter III, while there is strong evidence pointing to the increasing strength of managerialism within the public sector, including Social Services, there is also evidence of the continuation of a professional discourse alongside managerialism in structuring street-level discretion.

In the discussion of these issues in Chapter III, several areas were identified for particular attention. Lipsky characterises discretion in street-level bureaucracies in terms of particular conditions: resource scarcity and nebulous policy (Lipsky 1980: 28). Authors such as Howe (1986, 1991a) and Jones (1999, 2001), whom I have identified as domination managerialist analysts, have argued that managers now control organisations through budgets and policy specification, to the degree that the idea of street-level discretion no longer applies. In looking at Social Services generally, this view that discretion no longer exists has been called into question (Evans and Harris 2004a) and the importance of other factors, in addition to those identified by Lipsky (particularly the idea of professionalism), has been identified in understanding the extent and nature of street-level discretion (Clarke and Newman 1997). Lipsky and the domination managerialism perspective assign managers a central role in the operation of street-level discretion. However, their characterisation of management as an undifferentiated category, both in hierarchy and in motivation, has been called into question (Harris 1998a, 1998b). This, in turn, has raised questions about the impact on street-level discretion of management at different levels in the organisation. A persistent distinction in the empirical research looking at Social Services teams is between senior strategic managers, who set the context of work through their control of resources and development of procedures, and local managers, who are responsible for day-to-day management of staff, including the implementation of procedures and budgetary controls (Harris 1998a: 846–848).

In considering the impact of these factors on street-level discretion, the importance of professionalism has been identified, in the degree to which managers accept practitioners' professional claims to manage their own work. This issue has been considered in terms of the extent to which professionals' claims to discretion are recognised, whether this applies uniformly within the organisation and at what level and to what extent professionalism influences service managers' ideas about their role and that of the service they manage. The final area identified for investigation follows on from this: what is the nature of the relationship between street-level practitioners and managers, particularly local managers? Is it basically conflictual, as the street-level bureaucracy and domination perspectives suggest, or is there a cooperative dimension, relating to the principles of professionalism within the organisation—a possibility identified by the discursive managerialism perspective?

Before considering how the case study findings help advance our understanding of social work discretion within Social Services in relation to these research questions, the method of research will be reviewed to consider its strengths and weaknesses and the weight that can be put on these findings as a critical analysis of the conceptualisations of professional discretion. The findings will then be considered in relation to two broad areas: the context of discretion; and the practices of discretion.

## **STRENGTHS AND LIMITATIONS OF THE STUDY**

Yin points to the importance of external and internal validity in the evaluation of case study research (Yin 2003: 36–37). External validity is the extent to which a study can be said to reflect the wider situation. This notion is often associated with the idea of statistical generalisation; the extent to which a study is a fair sample of a wider population and so can



represent that population. This study was not based on statistical logic. Newunit, for instance, is not a sample of one, and I do not claim that it is typical or representative of all Social Services Departments. Rather, as explained in Chapter IV, the study is designed as a theoretical case (Walton 1992), which seeks to critically examine Lipsky's analysis of discretion in street-level bureaucracies and the nature of the relationship between managers and street-level bureaucrats, as well as being sensitive to deficiencies in relation to Lipsky's account of discretion, arising from the impact of managerialism and professionalism. However, while recognising the unique characteristics of Newunit, it is also possible to make tentative general points from a case study such as this in relation to the operation of discretion in similar settings. Social Services social work teams share important core characteristics: they are teams of professionals working within a public agency with complex goals and resource problems, and it is therefore possible to make cautious generalisations from one Social Services Department to others (Harris 1998b: 71).

Internal validity of a study relates to two areas: the extent to which the research has actually picked up what it aimed to examine (Edwards and Talbot 1999: 82) and the extent to which the data reflect what occurs on the ground (Pole and Lampard 2002: 208). Qualitative research tends to emphasise the second sense of internal validity (*ibid.* 208).

The following issues were identified in Chapter III to focus and structure the empirical investigation into the extent and basis of social work discretion in adult fieldwork within Social Services Departments: **the nature of management; the effectiveness of management strategies of control, and the extent to which team members accept or are able to resist these; and the extent to which managerialist claims to control are accepted or rejected, particularly as against a professional discourse, and by whom, and**

## **in which context.**

The methods used to gather data to address these issues were outlined in Chapter IV. They included observation (a short series of visits to each team at the start of the field work), and documentary research (official papers, reports, policies *etc.*). The main method of data collection used was interviews with professional social work staff and their line managers. Social workers and managers were interviewed in each team to investigate their perception of the extent of their own discretion and that of others within the team and the nature of the manager–social worker relationship around the issue of discretion. These were semi-structured interviews, which addressed key themes (Appendix 5) but also allowed participants to move the interview in line with their own particular concerns (see page 117). This format seemed to work, in the sense that it allowed people to talk about issues which were pertinent and this, I would argue, is evident in the quality of the data and level of disclosure represented in the findings detailed in Chapter VI.

The approach taken in the interviews enabled me to gather rich, detailed and sometimes unexpected data: I had not, for instance, expected the managerialist commitment of a group of practitioners in the CMHT (see page 172). However, the small number of people involved meant that, while it has been possible to identify trends and rough categories, these are inevitably impressionistic and the general points drawn reflect the art rather than the science of analysis.

The research design gave interviews a central role in the data collection process. In terms of its internal validity this is open to criticism. It could be argued that interviews are not the best way to obtain the information sought on street-level discretion. Ellis *et al.*, for instance, believe that direct observation is more illuminating of discretionary practices than ‘...



scrutiny of official documentation or interviews with senior managers, or even front-line workers ...' (Ellis *et al.* 1999: 278). In response, I would argue that no single method of data collection is necessarily superior to any other; rather, the key issues are: the appropriateness of the method to answering the question, and recognition of the chosen method's limitations and the development of strategies to ameliorate these. Denscombe, for instance, points to a number of strategies—which I have employed—to ensure robustness of data analysis, including: checking data with other sources; looking for themes across subjects, rather than relying on individuals; and recognising the role of 'key players' in providing good quality information (Denscombe 2003: 186–187).

I have sought to represent the full range of voices within identified groups as well as between them. However, in some situations I have quoted one or two individuals extensively, where they are in a particularly strong position to provide an overview or have particular insights (Denscombe 2003: 186)—for example, the OPT manager (OM1) in relation to the financial situation of the team, and attitudes of senior managers to the work of the team.

Another possible criticism of this approach is that interviewees' accounts are taken as fact (Ellis *et al.* 1999). I have sought to address this by means of a triangulation strategy (Pole and Lampard 2002: 295); that is, seeking data from more than one source—specifically practitioners and managers—and using these together with information from my visits (field notes) and review of key documents to contextualise, test and confirm the extent and use of discretion and the nature of relationships between street-level bureaucrats and their managers.

The small numbers of interviewees in just two teams has raised difficult questions about the protection of the anonymity of interviewees. In this

setting confidentiality has involved two sets of issues. The first relates to the site. I have sought to *give sufficient but not excessive information* about Newunit and the two teams to provide a valid characterisation of the sites, and have used pseudonyms for the two authorities discussed—namely Oldshire and Newunit. In relation to such a small study it is also important to consider confidentiality of interviewees within the teams and the department. Viditch (1968), for instance, undertook a study in a small town—Springfield—and, in the final report, referred to its residents by pseudonyms. However, the subjects complained that they had been identified by others in Springfield because of details given about them. In order to *maintain internal confidentiality I have avoided analysis on the basis of ethnicity and gender, and while participants are sometimes referred to by gender, this has been done on a random basis (see page 122).*

The main themes to emerge from the findings will now be reviewed and related to the questions, identified from the review of the literature, that have structured this study. My concern is to consider how the findings can contribute to advancing our understanding of the street-level bureaucracy perspective.

## **THE ENVIRONMENT OF DISCRETION**

**Is the research authority characterised by the conditions of street-level bureaucracy or not? Is professionalism an additional contextual factor that contributes to the extent and nature of discretion?**

The nature of Social Services as an organisation was considered in Chapter V. The aim of this first research question is to consider the applicability and the ‘fit’ of the (American) street-level bureaucracy perspective to the analysis of social work discretion in the context of a contemporary



(British) Social Services Department.

In Chapter III the case for the appropriateness of applying the street-level bureaucracy perspective was set out (see page 40), but within the context of recognising that some commentators are critical of the continuing relevance of the street-level bureaucracy perspective to managerialised Social Services and a separate argument pointing to the continuing recognition of professional claims to discretion within Social Services (an area of street-level theory identified as problematic in Chapter II).

Lipsky's analysis of practitioners' discretion in public service organisations, and its relationship to two other accounts of discretion within contemporary Social Services—domination and discursive managerialism—were discussed in Chapters II and III. The view that Lipsky's work is no longer relevant because of the increasing influence of managerialism within Social Services was critically examined in Chapter III. The key issue of dispute between the two literatures is not, as Lipsky's critics suggest, the increasing influence of managerialism within public services (see page 47)—Lipsky's work assumes that street-level bureaucracies are managerialised organisations (see page 44)—but the extent to which managerialised public services live up to their billing as rational and coherent organisations that have overcome problems of vague and imprecise policy and the mismatch between policy objectives and agency resources, and the degree to which managers have the capacity and the tools to control practice.

On the surface, Newunit seems to conform to the picture of Social Services as the type of managerialist organisation suggested by Howe, namely Griffithian general management focused on financial management and clear lines of accountability and control (National Health Service Management Inquiry 1983, Griffiths 1988). Social Services in Newunit have

been inherited from Oldshire. In its adult services, Oldshire embraced the *community care reforms of the early 1990s in a way which reflected a strong commitment to the introduction of market reforms and managerial strategies for Social Services provision. The authority introduced a purchaser/provider split, locating social work teams on the purchaser side; and in this market context also sought to recast the role of social workers in terms of an administrative care management role, assessing and purchasing packages of care, and emphasising the need for managers to develop skills in financial management, goal-setting etc.* (with, as one local social work manager comments, ‘social work in brackets’) (OMI). In this role *social workers/care managers were part of a larger system in which resources and policies were, in theory, brought into alignment by clear lines of responsibility and decisive management, for instance using eligibility criteria to remove rationing decisions from the street level and to ensure that policies and resources were better matched.*

However, as explained in Chapter V, in addition to inheriting these reforms when it took over the county’s Social Services, Newunit has also inherited Oldshire’s difficulties in matching its resources with its policy and legal responsibilities. Within Newunit there are clear reasons for questioning the assumption that the management system has resolved tensions within the organisation, in terms of matching policy and practice goals and the resources available to meet them. Newunit has tried to *reduce Social Services expenditure in line with its more limited resources through the imposition of cuts in the older persons service (see page 140).* However, in this process it has promoted policy confusion, e.g. publishing *more generous eligibility criteria than those it informally sought to impose (see page 178).* Furthermore, the policy of reducing expenditure has increasingly come into conflict with other goals—to provide a welfare service, and to meet legal obligations and government targets.



The picture of Social Services presented by Newunit runs counter to the characterisation presented by the domination analysis of managerialism as a well-run machine, in which managers prescribe policy to be put into effect by drilled and docile workers (see page 46). Policy and resources in Newunit create work conditions of uncertainty and resource inadequacy—a situation reflecting Lipsky's portrayal of the corrupted world of work (see page 16), which is characteristic of street-level bureaucracies. This impression is further supported when Newunit's situation is considered in the wider national context of Social Services outlined in Chapter III, which also reflects concern about policy uncertainty and resource inadequacy (see pages 50–51).

Lipsky's analysis, however, also raises questions about the limitations on managers' capacity to control, seeing management as a limited resource with limited reach. This view conflicts with many domination managerialism analysts, who portray managers as ready, able and eager to take control in Social Services (Nixon 1993). This view assumes that the power and capacity of management to control practice is self-evident; but findings suggest that the capacity of management within Newunit is severely limited.

An external review of older people's services raised serious questions about the capacity of management both to run the organisation and to cope with the demands for continual change by central government. Management is a scarce resource, stretched almost to breaking point: in the OPT, for instance, the team manager is pulled up into a more strategic role, while the assistant managers take on more team management responsibilities. Alongside this managers are drawn into reviews and audits of their services, in addition to their day-to-day management work (see page 160).

Information technology (IT) is also identified as an important tool

employed by managers to take control of and dominate the workplace (Jones 1983, Harris 1998). The move from shire to unitary was identified by senior officers in Oldshire as likely to undermine key aspects of top-down control, such as IT, and within Newunit the IT system it inherited was broken up between the six unitaries and has not been developed as a financial control system but is largely used to store basic records. The IT system, while being developed within Newunit the better to monitor practice, has been identified in a joint review as insufficient for the purpose (see page 137). Some of the problems concerning management capacity and ability to control through the use of IT are particular to the local government reorganisation—an experience shared with many other Social Services Departments in England (Craig and Manthorpe 1999). However, increasing diversion of management from control of practice to the performance of audit (Power 1997) and implementation of the modernisation agenda supports Lipsky's characterisation of management as struggling and limited in capacity, in contrast to the domination view of omnipotent, intrusive managers who dominate and control practice.

While Newunit therefore conforms to Lipsky's picture of a street-level bureaucracy, this is only half the picture. Other factors emerge as significant in understanding the organisational context of discretion which point to the limited nature of the street-level bureaucracy perspective's analysis. In Chapter III it was argued that managerialism's impact has not necessarily been to eliminate professional practices, claims and assumptions, although it might modify them. Rather than assume a deprofessionalised workplace (as seems to be the approach of domination managerialism and the street-level perspective), the discursive analysis recognises that managerialist discourse can overlay and interact with an existing bureau-professional discourse, rather than replacing it (Clarke and Newman 1997: 76). Both the street-level bureaucracy perspective and the domination managerialist analysis tend to play down the significance of



professionalism in the analysis of street-level discretion (see pages 33 and 71–72).

Community care reforms such as care management and eligibility criteria are closely associated with the rise of managerialism within Social Services (Harris 2003: 43), but their impact has been felt unevenly across adult services. Their implementation nationally (Lewis and Glennerster 1996) and within Oldshire and, subsequently, Newunit has focused on purchasing care packages in a mixed economy of care, and the financial control of this process. Chapter V considered the impact of these reforms on the OPT (and its predecessors in Oldshire) and the CMHT. Comparing these two sites, it is clear that reforms arising from the implementation of community care in the early 1990s had a much more significant impact on the OPT than on the CMHT, giving credence to the discursive managerialist view that ‘the impact of the developments is likely to be uneven and, at least in some cases, may be open to negotiation...’ (Harris 1998a: 858).

Control of spending is a priority for Newunit (as it was for Oldshire), and this is reflected in a different emphasis in the two teams and the role of budget management and procedural controls.

The OPT has been a particular focus for senior management intervention over the past decade, as a major user of community care spending; the CMHT, in contrast, is marginal in expenditure terms (see pages 132–133), and has been relatively untouched by much of this managerial activity. Local managers and practitioners within the CMHT portray the strategic level of the local authority (and Health management) as constantly being reorganised and marginal; historically, mental health services have not been seen as a significant local authority responsibility (see pages 155–156)—a situation reinforced by central government’s identification of mental

health as an NHS-led responsibility (Department of Health 1999a). In this context mental health social workers not only retain a sense of their professional identity but also receive recognition of this from the authority, which acknowledges that their role is a broader one than care management, involving a social work contribution to mental health care (Newunit Community Care Plan 1999–2000).

Harris argues that the dominant mode of organisation within Social Services Departments prior to the community care reforms was bureau-professionalism (Harris 1998), but that this has been increasingly overlaid in Social Services by a managerial regime. While data from the OPT would support this view, data from the CMHT suggest another conclusion. Bureau-professionalism has continued to be an important factor in the official characterisation of the role of social workers in the CMHT and this is reflected in a recognition of the social work staff's professional role—a broad and wide-ranging role in which they can exercise their discretion in their practice.

Data from the two teams suggest that the impact of managerialism in Social Services is not uniform across adult services. Its particular penetration perhaps reflects Sabatier's observation that, while policy claims may be characterised widely and as far-reaching, they tend to be implemented with vigour only in areas that reflect the core strategic concerns (Sabatier 1993: 287)—and in the case of community care that means the management of financial resources (Lewis and Glennerster 1996).

However, managerialism's uneven penetration of the organisation also seems to reflect the nature of the local economy of care, and how this supports (or not) the recasting of social work roles in terms of the purchaser/provider split and care management. The OPT has been able to



purchase services appropriate to the client group: there is a local market of care. The model of administrative care management (see page 106) adopted by the authority can operate in this environment and is seen as necessary to manage expenditure. The CMHT, on the other hand, does not fit this model very well. In the mental health context, the market for social care services is much more limited by both demand and supply factors. Practitioners are, then, limited in their ability to act as care managers—the care management model adopted by Oldshire and inherited by Newunit not only reinforces but also requires purchasing budgets—and are also, in the absence of specialist social care services, required to retain their traditional social work role as providers, as well as purchasers, of services.

I do not mean to suggest, however, that the impact of managerialism is total in the OPT and absent in the CMHT. Professionalism is a factor in the OPT in a number of ways: managers are professionally qualified, as are the field social workers, and the professional dimension is an important aspect of their relationship. (This will be explored further below.)

Furthermore, from the point of view of the Social Services management hierarchy, there appears to be a dual process at work in relation to professionalism. A recent audit commission report criticises the high level of qualified staff in the team and calls for the reduction in qualified staff and their replacement by unqualified staff (see page 152). At the same time, alongside deprofessionalisation at the team level, there is a growing recognition of the role of professionally qualified staff in working with people with complex needs and at risk, particularly those identified as vulnerable adults. The vulnerable adults policy identifies this area of work as requiring professionally qualified staff, particularly social workers (see pages 196–197). Within the CMHT practitioners and managers talk of being subject to performance standards, budgetary controls and care management procedures, but tend to characterise these as adaptable and

flexible, recognising professional discretion.

A factor that might help explain the differential impact of managerialism relates to the impact of concern about risk on the organisation of services. Hood has argued that management of risk, and of the risk of blame to the organisation, is an important factor in understanding the organisation of services that carry out risk work (Hood *et al.* 2000). Over the past decade mental health has been a primary site for concern about risk in adult services (Reith 1998). The emphasis on professional practice within mental health may reflect the influence of the role of ASWs in retaining a strong professional social work dimension in mental health social work (Rogers and Pilgrim 2001), but continuing professionalism may also be a strategy for senior managers in the organisation to guard against responsibility in this politically charged area, by emphasising the continuing role of professional decision-making and using the idea of clinical responsibility as a technique to distance managers from responsibility (see page 91). In contrast, in the OPT, where there is a degree of risk to the authority in relation to vulnerable adults, this is a relatively recent development. Historically, as mentioned above, the most pressing concern for senior managers has seemed to be the risk to the organisation's finances in expenditure on older people's services. Nevertheless, organisational policies seem to be in the process of changing—and acknowledging professional skills—in that social work is seen as engaging with complex, risky cases, particularly vulnerable adults.

In summary, the evidence from this research supports the application of the street-level bureaucracy framework to the examination of social work discretion within Social Services; but it also highlights the framework's limitations. It supports the widespread characterisation of Social Services as a setting within which managerial strategies are brought into play. Rather than exhibiting the rational coherence suggested by domination



theorists such as Howe, the workplace resembles the 'corrupted world of service', of *policy imprecision and inadequate resources*, described by Lipsky as characteristic of street-level bureaucracies. However, the street-level perspective's argument that such conditions are the primary factors in explaining the nature of street-level discretion (Brodkin 1997: 24) is problematic. The continuing influence of dimensions of a bureau-professional culture is evident within the site, although to different degrees in the two different teams. The situation within Newunit suggests a complex and varied work terrain needing further exploration to identify the influence of these factors on the nature of management, street-level discretion and the relationship between managers and practitioners, and the way these factors relate to the broader issues and debates about social work discretion that underpin the remaining research questions.

## **THE NATURE OF MANAGEMENT**

**What is the nature of management within Social Services as a street-level bureaucracy, particularly at the interface between street-level and front-line management, and between front-line managers and senior managers, in terms of its structure and the range of managers' motivations?**

This second question seeks to explore the nature of management in the two teams. Lipsky (see pages 17–18) and the domination managerialist perspective provide a limited account of managers' role in the construction of street-level discretion, emphasising their attempt to control and limit it and to impose organisational priorities on practitioners (see page 56). From the discursive managerialist perspective, they do not give sufficient credence to the possibility that management could be an internally fractured category, to the positive role that some managers may have in the construction of street-level discretion, or to the

interpenetration of managerial and professional discourse in particular sites of management.

In contrast to the portrayal of managers as a cadre of obedient policy implementers by both Lipsky and domination managerialists, managers in both teams in this study are critical of strategic policy and strategic policy-makers. Local managers criticise aspects of the policy they are required to put into force. However, the culture within Newunit gives managers significant management (discretionary) scope as policy implementers and interpreters. For different reasons—complexity of policy in the OPT and its absence in the CMHT—local managers in both teams express concern about and distance from the policy decisions of senior managers, echoing a strong theme in empirical research in Social Services teams, which points to a fundamental fracture in concerns and identities between senior and local managers (see page 60). In the OPT local managers express the belief that senior managers see their service as important, but primarily as a means to an end: as a way of managing and controlling the overspend across the adult Social Services budget (see page 153). Local managers express the view that senior managers devalue the older people's service and service users, seeing the service as a convenient way to cut the overspend. They also feel that senior managers devalue professional work with this client group. Local managers have sought resources to increase professional staffing numbers, but feel that their arguments are not heard and perhaps not even understood (see pages 152–153). In the CMHT local managers refer to mental health services as marginal to Social Services as an organisation. They see policies as developed for the main adult client group—older people—and mental health as difficult to fit into the assumptions informing the guidance (see page 156). The assistant manager criticises senior managers who, she feels, are trying to distance themselves from responsibility for mental health services. (She talks about this primarily in terms of avoiding cost by relying on the local NHS provision.)



The critical comments from these managers echo the NISW study, which finds many managers disillusioned and critical of the objectives of their departments (Balloch *et al.* 1995: 87). While feeling that they now have greater discretion as policy implementers and interpreters, these local managers—particularly in the OPT—feel under the scrutiny of audit and performance indicators. This suggests a level of distrust within management hierarchies of subordinates (O’Neill 2002: chapter 3), including subordinate managers.

Both teams were recently subject to audit or inspection and the research findings reveal, alongside a sense of being ‘checked up’, a shared interest in the successful performance of audit. Local managers, warned by senior managers about the internal audits and inspections, had time to get their paperwork in order. The OPT was also subject to external inspection—an experience that seems to have contributed to a sense of joint purpose between street-level workers, local managers and senior managers. The impact on the team of these inspections is significant, and is highlighted particularly by local managers, because of the amount of work created by preparation for the inspections in checking files and bringing them up to date, and the resources spent on preparation and drafting in student help. The whole sense of the inspection process seems to be one of presenting the best face possible to the world. Underlying this effort is real concern among managers about the impact of poor performance because of the threat of external managers being introduced to run the service if the performance is not adequate (see page 154). The sense emerging from interviews with local managers is of a fractured management hierarchy, in which shifting relationships between levels are characterised by shifting relationships of trust, distrust, antagonism and alliance (in a common cause in the face of central government pressures).

Team management is no longer seen by local managers as part of a

professional line of direction of practice (which characterised traditional bureau-professional regimes—Harris 1998a), but is now regarded more as an interface between two different cultures, characterised as the ‘business planning’ culture of senior managers and the world of professional practice within the team. This change has given rise both to new freedoms and to new constraints. In one way it is felt that this change has freed local managers from the control and direction of their own work: senior managers are not concerned with the way goals are achieved, according to local managers, but purely with outcomes. Local managers identify this as a freedom, not previously known, to manage their staff. However, this freedom is within limits: that is, the core concerns around financial management—control of spending, staff time as a scarce resource and the achievement of performance standards through key procedures (the ‘must-dos’). Over and above this, policy and procedures are extensive, but local managers believe that they have the tacit support of senior managers to exercise discretion in their application and use. Local managers are not simply mechanical implementers of policy; rather, they seem to conform to a picture of active policy interpreters (Weissert 1994, Keiser 1999).

In the OPT local managers sometimes use their discretion as policy implementers to adapt policy to reflect their professional concerns. The team manager, for instance, has been involved in developing the financial monitoring system with other local managers, and describes using the system to bring forward funding for cases still awaiting approval by the resources panel, thus minimising the impact of resource cuts on service users (see page 159). However, local managers in the OPT are also aware of constraints on their discretion, primarily related to resource constraints, and the need to enforce paperwork procedures in order to ensure appropriate data collection for the PAF framework and secure further central government funding. In this respect the fundamental constraint on discretion, as suggested by Brodtkin (1997: 24), is the resources context.



Local managers within the CMHT take different approaches to their role as policy implementers. The team manager stands out in presenting his approach in terms conforming to Lipsky's characterisation of managers as committed to the organisation. He sees himself as part of a chain of command, implementing the policy he is given, and requiring subordinates to follow policy instructions passed on by him, although he also recognises that, in his role as manager, he is involved in the translation of the policy and therefore its interpretation (see pages 163–164). Even within this characterisation of the manager/practitioner relationship, he still sees a significant role for professional discretion, but employed by experts operating under superior instructions.<sup>1</sup>

The CMHT's assistant team manager takes a different view of her role as policy implementer. She criticises elements of policy and seeks to encourage professionals not only to come up with pragmatic, workable approaches to policy implementation, but also to engage in critical practice, which she sees as challenging the local authority's position, particularly its withdrawal from funding mental health services (see page 156).

Generally local managers tend to identify themselves with practitioners as professional social workers. All the local managers of the OPT, and the assistant manager of the CMHT, identify themselves as professional social workers who are managers and from this position are critical of the authority. They see themselves as promoters of professional practice, which includes sometimes being critical of staff who are not thought to be operating professionally (see pages 211–212 and 217). Within the OPT particularly, there is a sense of managers trying to maintain a professional

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<sup>1</sup> This is in a technical, rather than an ideological sense (Derber 1983): policy sets the goals and outcome of practice (ideological) and professionals use their technical expertise to decide on how best to achieve it.

dimension to the work of practitioners, both acting as advocates of professional practice within the organisation and encouraging practitioners to develop the professional dimension of their role (see pages 206–207 and 215–216). These managers express cynicism and are pragmatic about management processes, and about the increasing emphasis within the authority on characterising the service in numerical and financial terms. They talk about having to ‘play the game’, but distinguish this from their underlying commitment to an idea of professional integrity, which involves commitments to clients, social work as a valuable profession and the locality. Particularly striking is the team manager’s concern that she is playing the numbers game, and her feeling that new managers are coming along whose view of the service focuses on the managerial calculus (Clarke and Newman 1997: 64) (see page 161). The team manager in the CMHT is an exception to this general trend, emphasising the practitioners’ roles in formal organisational terms, and focusing on their role as subordinates (see pages 163–164).

In summary, the research findings challenge the view of managers in *Street-level Bureaucracy* and present a different picture of managers from that in the domination managerialist literature. Local team managers distinguish themselves from senior managers within Social Services. While managers are sometimes drawn into strategic decision-making, this seems to emphasise rather than reduce the distinction, with local managers critical of senior managers’ concerns. One local manager—the CMHT manager—seems to conform to Lipsky’s portrayal of managers in street-level bureaucracies. He identifies himself with the organisation, distances himself from practice, sees practitioners as the servants of policy and believes that his level of management should be more involved with strategic policy-making. He is, however, the exception. The other managers’ practices and ideas raise questions about Lipsky’s picture of street-level bureaucracy management. They are cynical about management



initiatives, express concerns for the client group and for professional practice. They are critical of organisational policy and employ their discretion in ways that are sometimes unsympathetic to official policy. In the OPT, for instance, local managers view the social work role in ways that challenge the official emphasis on a narrow administrative care management, and are concerned with maintaining a professional social work dimension to the care management role, in contrast to the organisationally defined role, perceived by them as minimising professional potential.

Contrary to the tendency of Lipksy and domination managerialists to characterise managers as 'others', the assistant managers in both teams are often drawn into direct work with clients, because of the pressure of the waiting lists, and, in the case of the CMHT, because of the manager's role as an Approved Social Worker. This makes it difficult to distinguish their work from that of the street-level practitioners whom they manage, and reflects Causer and Exworthy's (1999) observation about the mixed nature of many management roles in welfare services.

The remaining two research questions relate specifically to the operation of practitioner discretion. Management control of discretion can be exercised in a number of ways. The first question focuses on the extent and effectiveness of 'remote' control through the management of resources and use of procedures. The second looks at more direct management of practice through the examination of the relationship of supervisor and supervisees in the teams.

## **STRATEGIC MANAGERS' CONTROL OF STREET-LEVEL PRACTICE**

In relation to the first of these questions, I have sought to explore the

following issues:

**Is control through resources and procedures exercised uniformly across all areas of social work, or only in certain areas? How effectively do these strategies control local discretion? To what extent can street-level practitioners resist? What role do local managers play in enforcing resource and procedural controls?**

Managers' need to control practice implies the actual or potential absence of compliance amongst practitioners. Across adult services, the prescribed care management role is seen as sitting uncomfortably with the broader role of a professionally qualified social worker. In the OPT, in particular, this constraint is felt acutely because the authority emphasises the care management role to a much greater extent in older people's services than in the CMHT, where it continues to acknowledge a more formal professional social work role.

Evetts has underlined the importance of defining the term 'discretion' (Evetts 2002: 341). She has argued that the idea of discretion as autonomy—that is, absolute freedom—is a myth: discretion is freedom within constraints. The approach taken to understanding discretion in this thesis, which is informed by Smith (1981), is outlined in Chapter 1. Here I will examine the extent of freedom and the nature of the constraints on this freedom experienced by the professional street-level bureaucrats in the two social work teams in Newunit. The key dimensions of practitioner discretion to be examined are: strategic managers' ability to manage street-level discretion through prescription and resourcing of practitioner roles and the use of procedures; and the nature of the relationship between local managers and street-level practitioners in relation to the construction of discretion.



The domination managerial perspective suggests that managers use a range of strategies to curtail practitioner discretion. Howe, for instance, suggests that managerial ideas of practice are hegemonic in older people's services, but that resistance within children's and families' services has led to the imposition of guidance and procedures to direct practice (Howe 1986: 131). The findings from this study question this view of management control in older people's and other adult services.

### **Prescribing and Resourcing Roles**

The care management role has been identified by many commentators as central to management strategies of control. However, rather than accepting it as the natural social work role within community care, as Howe's view would suggest, the practitioners are critical of it.

In the OPT, care management is the role prescribed for practitioners in official policies. It is defined as a largely administrative role, assessing and constructing care packages. Practitioners within the team feel both constrained and uncomfortable with this role. Though not against care management as such—they see it as a valuable technology—practitioners are concerned about the narrow way in which the care management role is drawn, particularly in view of the impact of tightening eligibility criteria. They express frustration that pressure to restrict resources (see page 169) leads to crisis situations, when earlier intervention could have led to preventative work. Related to this, there is also criticism of the way in which the purchaser/provider split structures their role (see page 105) and prevents them from using their social work skills to the extent they feel to be appropriate (see page 168). The care management role in the authority, they claim, is driven by concern for control of resources, and does not allow them sufficient room to engage with concern for people and their care needs. From practitioners' standpoint, the authority neither values

nor understands social work.

In the CMHT, the official construction of the social work role is quite different, and perhaps represents the sort of role to which many of the social workers in the OPT aspire. The organisation recognises mental health social workers as both service-providers and service-purchasers, and allows for the use of traditional social work skills, such as counselling, within their role. Within the team, staff respond to this situation in different ways. One group sees it in positive terms, though expressing concern about the level of demand; another group criticises the role's vagueness and would prefer a clearer care management role to clarify practitioners' responsibilities (see page 47).

The literature discussed in Chapter III suggests that strategies of management control within adult services are similar to those Howe associates with children's and families' services: that is, primarily, restricting the social work role, using procedures to govern practice and using eligibility criteria to control access to services. However, as is also discussed in Chapter III, there are divergent views about how effective and extensive these strategies are likely to be. The domination managerialist perspective suggests that they are both effective and extensive (see pages 46–47), identifying little continuing space for social work discretion. The street-level perspective, on the other hand, suggests that, while extensive, these strategies are very limited in effect, and that discretion, far from being curtailed, often arises from the imprecision and contradictions embodied in management tools such as eligibility criteria. Practitioners can use these problems of control to create extensive *de facto* discretionary space (see page 46). The discursive managerialist perspective shares the street-level bureaucracy perspective's view of the possibility of *de facto* discretion, but also points to the possibility of professional discourse as a resource in creating discretionary space. Practitioner



discretion is contingent upon local circumstance and draws on a range of resources and alliances specific to locations (see pages 74–75).

Within Newunit there is clear evidence of the use of managerial techniques to govern practice. However, they are more heavily located within the OPT. There is also evidence of resistance to a number of these controls, not by practitioners alone, but by practitioners in alliance with local managers to subvert the remote control techniques of senior managers.

Another aspect of strategic control is the resources which are made available to the team for professional staffing.

Hadley and Clough (1996) identify care management, combined with the purchaser/provider split within Social Services, as key techniques for management control of social work. This strategy is evident in the OPT but not in the CMHT, where practitioners are still recognised as social workers in organisational statements and in terms of relatively generous funding of social work input. In the OPT, practitioners feel restricted in their ability to challenge the official framing of their role as care managers. A key constraint here is funding for staffing. Demands on practitioners to assess clients and restricted staffing levels severely limit their capacity to redefine their role (Brodkin 1997: 24). This is recognised by local managers, who have sought additional funds to support more professional work. Pressure to take on new cases and close existing cases is immense and is felt by practitioners both from local managers and as peer pressure. However, within this general constraint on practice, practitioners and local managers seek to maintain a professional dimension of practice, providing direct social work services to maintain a small number of clients on their caseloads with whom they are undertaking preventative, counselling and long-term work (see page 207). It is unclear whether this is

an act of joint professional resistance or a skilled strategy on the part of management, allowing minor elements of social work while requiring practitioners to conform to the constraints of care management in most of their work (Fleming and Spicer 2003).

## **Procedures**

Generally, procedures play a more significant role in structuring practice in the OPT than in the CMHT. However, remote control of practice is much less effective in this area, and supports Lipsky's view that procedures and guidance, while designed to constrain discretion, often give rise to it.

Within the OPT, not all policies are followed. The distinction is made between general procedures, which are seen as extensive, constantly accumulating and impossible to keep up with or even, necessarily, apply and core, 'must-do' procedures, which are significant in structuring practice. These 'must-do' procedures relate to finance and the recording and ordering of care management paperwork, specifically to generate performance data for the national performance assessment framework. In relation to performance, practice also seems to be increasingly colonised by audit (Power 1997) but this is a constraint as much on local managers as on practitioners. Managers allude to their frustration with the paperwork but are anxious to ensure that practitioners present paperwork both in the right format and at the right stage in the care management process (see pages 194–195). To achieve this, the care management process within the team is increasingly integrated with the monitoring/data-collection process. The care management procedures (which have recently been reviewed) demonstrate further this emphasis on care management as a monitoring, administrative exercise, with, for instance, several pages of the guidance document taken up with lists of data and budget codes (Newunit Care Management Procedures: 36–43). However, while practitioners are



constrained in the format required for presentation of assessments and cases for funding, they still feel that they have the freedom to use the forms, as far as possible, to achieve their professional aims. Practitioners still retain flexibility in relation to the contents of assessment, as will be discussed in more detail, with reference to eligibility criteria, below.

In the CMHT, procedures are seen as more marginal to practice and where they do apply practitioners largely do not view them as onerous. They also point to recent integration of care management and Care Programme Approach paperwork as simplifying previous duplication. Generally, practitioners portray paperwork and procedures as flexible: a loose framework, allowing significant professional freedom. The major exception is the requirement that every case should have a risk assessment, but this is itself a minimal requirement, and does not specify the form or frequency of any assessment. Another requirement mentioned by practitioners is a national standard requiring response to requests for assessment within a fixed time. Within the team, practitioners are generally positive about their freedom, although some describe it as too wide-ranging, and raise questions about the need to clarify accountability for use of professional time. Practitioners also characterise procedures as sometimes necessary, as Robinson found (Robinson 2003), not to restrict professionalism, but to set professional standards and enforce them against poor practice.

The evidence considered so far offers some support for the domination managerialist view of the curtailment of discretion (see pages 71–72). While it is possible to identify areas in which practitioners have resisted these strategies, it would be disingenuous to describe them as other than marginal. However, this conclusion relates only to the OPT. In the CMHT the situation is very different, with more limited penetration of managerial techniques. Here practitioners are free to define their role in

terms they feel to be consistent with professional social work, and do not feel constrained by alien policies and procedures. This finding is consistent with the discursive managerialist argument that the impact of managerialism and continuing influence of bureau-professionalism will vary from site to site (see pages 72–73).

The care management role is centrally concerned with the ‘balancing of scarcity and resources’ (Challis 1994: 1) through the use of eligibility criteria to govern service users’ access to services. In this area a picture emerges from the findings which undermines the domination managerialism argument and points to extensive and significant practitioner discretion.

In the OPT the primary means of controlling discretion in resource allocation within the formal care management system is the matrix of eligibility criteria. This provides the threshold against which the authority’s responsibility to meet assessed needs is set. In Newunit’s OPT the matrix is a detailed framework setting out thresholds of entitlement to support from the authority. These thresholds have become increasingly restrictive in recent years to the point where service users are entitled to a service only where there is a pressing need or extreme risk. However, the matrix is seen by practitioners as essentially open to interpretation, especially around the definition of the key terms ‘need’ and ‘risk’. The authority does not provide a definition of these terms, and this is understood within the team to be due to the need for interpretation by professionally qualified practitioners with particular expertise in the analysis and application of these concepts. Local managers encourage practitioners to be pragmatic in implementing the eligibility criteria—to interpret them ‘sensibly’; ‘sensible’ is defined in terms of the professional concerns shared by practitioners and local managers (see page 177). Within the practitioner group there are two approaches to the local manager’s



request for pragmatism. One group sees it as an opportunity to use the criteria in a way which better reflects their understanding of professional values and to ensure that people receive services identified by practitioners as necessary, for example, by extending the idea of risk beyond immediate crisis to anticipate potential deterioration. The other group expresses disquiet about pragmatism, which it sees as leading to special pleading, rather than consistency of services, and as undermining equality of provision and accountability. Nevertheless, this adaptation of the criteria takes place, with the active support and knowledge of the local managers, and therefore falls into the category of discretion necessary to do the job.

This evidence confirms the research informed by the street-level bureaucracy perspective (Baldwin 1998, 2000 and Ellis *et al.* 1999), which has identified the continuation of extensive practitioner discretion within adult Social Services. The basis of this discretion is not clear. From the street-level bureaucracy perspective, it is available to any worker in a similar situation, because of the essential messiness of policy. Its imprecision requires workers to make choices, and managers collude with this to get the job done (Lipsky 1980: 165). However, the centrality of terms such as 'need' and 'risk'—key terms in the professional social work discourse (Barnes 1998)—and the role of managers who are qualified social workers, encouraging interpretations in line with professional commitments, suggests an identification of the basis of this discretion as largely professional. This issue seems to turn largely on the nature of the relationship between the practitioners and the local managers, and will be explored below.

Eligibility criteria tend to be presented in the literature as an exclusively managerial tool. The relationship between practitioners and eligibility criteria in the CMHT illustrates the way in which they can be subverted

by practitioners and used as a tool of resistance to managerial pressures. The issues of resources and practitioners' relationship to eligibility criteria are different in the CMHT from those predominating in the OPT. Within mental health the mode of practice is more akin to traditional social work than care management. The main resource input of Social Services into the CMHT is the time of social workers. This is an important factor to consider when examining the relationship between eligibility criteria and managerial control. In contrast to the OPT, the efforts of practitioners in the CMHT are focused on narrowing the eligibility entitlement—excluding the lower health eligibility threshold in favour of the higher Social Services eligibility threshold. The role of eligibility criteria in mental health is about access to social work as a provider service and practitioners see their role as focusing on people with severe mental health problems, in line with national policy statements (Department of Health 1999a: standards 4 and 5). In contrast, local managers in the CMHT seek to apply broader eligibility criteria. The team manager's motivation concerns the politics of working with Health and social workers being seen to work with the same range of clients as the CPNs. The assistant manager, on the other hand, is concerned that practitioners should be working preventatively, as well as targeting services on clients in crisis. Eligibility criteria need to be viewed, then, in relation to their context. Practitioners, in seeking to restrict eligibility, talk of focusing on those most in need and being able to sustain the ability to use their own time to meet people's needs as they best see fit. They seek to retain their discretion (to work in the way they feel to be appropriate). The conflict here seems to be about the team manager's intensification of labour, seeking to obtain more from the resources already committed to staffing, while, for the assistant manager, the extension of eligibility criteria reflects her idea of professional practice and her critique of senior managers' policy, in terms of narrowing of mental health services.



In the older people's service, alongside tighter eligibility criteria, senior managers have established a resources panel to micro-manage team expenditure and decide on the release of resources to meet needs already established as eligible for help. The panel is made up of local and senior managers. Practitioners express concern about the panel process at a number of levels. Personally they are annoyed at having to report to service users—who have been told they are eligible—that there are no resources to meet their needs. They also express professional frustration at identifying needs and seeing people's situations deteriorate, while waiting for service provision. However, it is interesting to note the absence of concern expressed in terms of the authority's failure to meet its legal responsibilities and respect service users' rights, especially given the protests made by practitioners to senior managers about the instruction to operate a higher eligibility threshold than publicly acknowledged. Once eligibility is established, the local authority has a legal responsibility to provide a service (Brayne *et. al.* 2001: 317–318); but in this case the practitioners interviewed do not seem to identify for themselves a role in challenging and questioning the legality of the authority's actions. In fact, informally, despite their misgivings about the panel process, the practitioners as a group participate in prioritising clients for the panel, agreeing between themselves on the most pressing cases and advising their managers of this. While practitioners are formally excluded from making these decisions within the panel process, they are given this power to decide which cases should be given priority—that is, to exercise discretion—by local managers.

Again, this raises questions about how to interpret their behaviour. Is it an example of what Leonard identifies as apparently free but ultimately unfree action (Leonard 1997: 92), because of the way in which managerial discourse constrains practitioners' freedom of choice? Or is it a strategic choice, seeking to ensure that professional concerns are reflected in the

decision-making process, which involves strategic decisions about compromise (Healy 2000: 135)?

In considering practitioner discretion, a continuing theme has been the role of local managers in supporting and encouraging aspects of discretion. This reinforces the earlier observation that 'management' needs to be approached as a complex set of fractured layers and alliances, rather than as an homogenous and monolithic entity, as suggested by domination managerialism. In the discussion of Lipsky's analysis of the relationship of line managers in Chapter II, it was noted that Lipsky identifies, in passing, the problems of layers in management, but brackets them off in his analysis. In the preceding section this point was made in relation to managers as active policy interpreters, but the discussion here points to another dimension of management discretion: managers' role in recognising in their staff, or ascribing to them, a discretionary role. Lipsky argues that managers may collude with discretion to get the job done, but the findings summarised here suggest that they do more than collude in street-level discretion; they can actively promote it. This suggests that local managers perceive their role in terms of the bureau-professional peer/supervisor, rather than the controlling and directing manager. The role of local managers as discretionary agents themselves, and as supporters of street-level discretion, has perhaps contributed to the development of the panel process in Newunit's older people's services, particularly in terms of the senior managers' implied distrust of both practitioners and local managers.

Control of expenditure is a clear priority for senior managers, and is focused on the older people's service as a prime target for service cuts to reduce the department's overspend. Practitioners and local managers work in a context in which financial control is increasingly tightened, as represented by the eligibility criteria. Senior managers are reported by a



local manager to have expressed suspicion about practitioners' allocation of eligibility levels, characterising them as too inclusive and seeking to undermine service rationing. This local manager denies the senior manager's reported view and interprets practitioners' actions as recognition of increasing need. The introduction of the panel (an unusual step within local authorities—Blaud *et al.* 2000: 131) seems to be an acknowledgement on the part of senior managers of the failure of eligibility criteria as a managerial technique of control. It also suggests that they do not trust local managers to enforce the tighter criteria.

## **THE RELATIONSHIP OF LOCAL MANAGERS AND PRACTITIONERS**

The final area of inquiry for the research was identified as **the nature of the relationship between street-level practitioners and their local managers, and how this influenced their discretion.** Aspects of this relationship, particularly the sense of professional alliance between practitioners and local managers (and against senior managers), have been discussed above. In this section the focus is on the relationship between practitioners and local managers through the prism of supervision: **is there conflict, and about what? How extensive are alliances and on what basis are they built?**

Supervision is a key site within which to explore these questions (Seden and Reynolds 2003). It is, for instance, the key location in which discretion is reconstructed in the OPT. Here, accountability is examined, procedures are checked out, interpretations tested and professional status recognised. The preceding discussion of resource management and procedures emphasised the importance of the resource context as a tool of control of the local environment of work for senior managers. However, the local work context is not characterised as an iron cage—not only because

practitioners identify room for manoeuvre within procedures and guidelines, but also because local managers tend to lend their support to practitioner discretion. It is within supervision that the effective limits of discretionary interpretation—or the acceptable range of interpretations—are established with local managers, as, for instance, when local managers in both teams encourage the professional social work dimension of practitioners' roles.

The street-level bureaucracy perspective characterises the relationship of line manager and practitioners in terms of conflicting interest, with pragmatic compromises necessary to get the job done (Baldwin 2000: 86). This latter point is the essential difference with the domination managerialism perspective, in which managers' and workers' interests are seen as essentially in conflict, but managers are sufficiently powerful to impose their will (Howe 1991a: 218). Howe sees this power involving not only the use of overt techniques such as policy, procedures and monitoring but also a more subtle mode of control over practitioners' view of their work where they take management concerns and direction of practice as natural (hegemonic). The third view of the supervisory relationship, the discursive managerialism perspective, characterises supervision as a site of conflict and transition: managerialist discourse influences and changes the relationship between managers and practitioners, but alongside the continuing influence of bureau-professionalism, the balance between these two influences varying in specific sites (see page 70).

In order to examine these issues I will consider the areas of conflict and co-operation within the supervisory relationship between local managers and practitioners in each team.



## **Older Persons Team**

In the OPT the areas of conflict raised by interviewees are, for practitioners, the narrow and limiting eligibility criteria and their task of communicating to service users panel decisions to postpone funds for care packages; and, for managers, aspects of practitioners' professional practice. Those areas of conflict identified by practitioners reflect common concerns amongst street-level workers about managers, but the concerns raised by managers are relatively unexamined.

A key example of conflict between managers and practitioners over eligibility criteria is the instruction which came down the management hierarchy to run a narrow, covert eligibility threshold alongside the more generous but superseded public threshold. While local managers passed these instructions on to practitioners, it is interesting to note that they characterise this as a dispute with senior managers. In this situation the practitioners were prepared to challenge this practice and to point to the responsibility of the authority to act according to its published eligibility threshold.

Another area of conflict over eligibility arose in relation to the panel process introduced to decide on the release of resources to service users assessed as eligible for local authority assistance (see pages 179–182). The nature of this conflict spreads some light on the relationship of local managers and practitioners. Unlike the earlier issue of the overt and covert eligibility criteria, practitioners have not actively challenged the panel process. They dislike it, but continue to work within it. What is the basis of this practice? Is it acceptance of the need to integrate concern for resources into professional decision-making—professional subordination to managerialism (Clarke and Newman 1997: 76)? Or is it strategic resistance (Healy 2000), or one of the strategies of resistance described by

De Certeau as 'tactics', by which actors—in this case both practitioners and managers—can transform their experience of a dominant culture into something better, reflecting their own commitments through their day-to-day practices (Ahearne 1995)? Evidence from within the case study points to the second interpretation: both practitioners and their local managers talk of using their discretion to make the system work as best it can for service users.

In a sense the ability of local actors to resist the panel process—as they resisted the covert eligibility criteria—is more difficult, because the location of possible dispute is less clear. Part of practitioners' dislike of the process is having to break bad news to eligible service users—and a sense that local managers, rather than they, should be 'taking the flak'.

Nevertheless, there is a degree of alliance here between local managers and practitioners and local managers even refer to a recent legal opinion questioning the legality of the process (see page 153).

What, then, is the basis of this co-operation? Is it, as Lipsky argues, a pragmatic move by local managers to take the sting out of practitioner resistance? The important question here is to what extent resistance is based on pragmatic concerns to ameliorate (but still perpetuate) a managerialist rationing logic and to what extent the local practices are guided by a different set of professional principles. Comments by the team managers about ethical and legal problems, and comments of local practitioners about the panel process (see pages 180–181) point to the second interpretation.

The other area of conflict within the supervisory relationship focuses on the nature of practitioners' professional responsibilities, a concern raised by local managers who feel that practitioners sometimes shirk their professional responsibility, not only to act with professional discretion but



also to speak up about problems within the service and to challenge practice. This raises interesting questions about the behaviour of practitioners. Practitioners talk about professionalism, which includes, for them, the struggle to achieve not only short-term crisis interventions, but also longer-term work with some clients, which allows them to employ social work skills such as counselling and preventative work. However, the managers do not feel that practitioners acknowledge their professional responsibilities within the role to maintain a certain knowledge base, to work proactively and to question and challenge.

This emphasis on the responsibilities of practitioners again raises questions about how the conflict should be interpreted. Supervision is concerned with discussion of day-to-day work and the use of procedures, amongst other matters, but implicitly, through this discussion, it is also a place for managers and workers to establish trust as the basis of discretion in practice.

One interpretation of these data is that they represent a more sophisticated form of management control than a crude, overt control. Katz (1973), for instance, identifies a process where autonomy is used within organisations to control subordinates, permitting workers freedom, but within the context of informal understandings of its proper use. Managers can be seen as disciplining and directing practice by setting the framework of practice in a manner that disciplines street-level work, but at arm's length (Howe 1991: 218, SSI 2001: 8). A similar strategy of control through allowing discretion is identified by discursive managerialism authors (Leonard 1997: 92).

However, a problem with this interpretation is that in emphasising practitioners' responsibility to keep up with professional knowledge, managers undermine a significant power differential between themselves

and practitioners. An aspect of the relationship between street-level workers and managers that is central to the process of supervision is the exchange of information. For Lipsky, information is a key area of power and conflict between them. Practitioners, he argues, manage disclosure information about their work to influence management and achieve the outcome they desire (see page 22). However, within the team, this is not a strategy discussed by practitioners or a topic of concern to managers. While there is some evidence that practitioners might consider how to present information to achieve their goals, the overwhelming picture is of a small professional team, with constant formal and informal contact between practitioners and managers about cases, in which the asymmetry of information is not as marked as Lipsky suggests. Furthermore, this asymmetry appears to be reversed in relation to how the facts about a case should be understood and interpreted. Managers within the team are significantly more experienced as professional social workers than the workers they manage, further undermining the asymmetry argument (Appendix 4). In this context local managers, in emphasising the need for practitioners to develop their professional knowledge bases, make the balance of power between practitioners and managers more equal.

Practitioners and local managers are critical of the emphasis on economic values of efficiency and financial effectiveness, and subscribe to what Lapsley and Llewellyn describe as the traditional 'tribal' commitments of social work to helping people (Lapsley and Llewellyn 1998). This commitment echoes what Leonard has described as welfare-building: '...the ethic of organized caring...an expression of emancipation still residing there in spite of its accompaniment by surveillance and control' (Leonard 1997: 173). Managers and practitioners work within the clearly managerial vision of care management and seek to subvert the financial monitoring, audits and increasingly constrained paperwork processes involved. Within these constraints, however, they seek to work together to extend access to



services and mitigate what they see as the worst excesses of the restrictive eligibility criteria within which they have to work. Managers' encouragement of practitioner discretion focuses on the idea of its 'sensible use', defined by managers in broad terms as not putting the client or the worker at risk.

This picture of professional passivity comes from one source—the local managers—and so needs to be treated with caution. The managers' frustration seems to be that the practitioners are too slow to anger. However, there is also a strong sense that the practitioners rely heavily on local managers for professional guidance. Local managers characterise this as withdrawal, not wanting to take responsibility, but local managers and practitioners also link it to a sense of hopelessness amongst practitioners; or perhaps as a reflection of the profile of experience within the team, where most practitioners are relatively newly qualified (Appendix 4). It is unclear which of these factors lies behind the behaviours: whether withdrawal as self-interest, as Lipsky suggests, or as a form of 'covert resistance' (Leonard 1997: 94); or relatively inexperienced professional practitioners who are not yet confident to operate within and extend their professional role (Maynard-Moody and Musheno 2003), or some combination of these factors.

### **Mental Health Team**

The relationship between local managers and practitioners in the CMHT differs from that in the OPT. This reflects the different commitments of the two local managers—the team manager, who identifies primarily with his organisational role, and the assistant manager, who emphasises her professional commitment—and the two groups of practitioners: those who identify themselves as professional social workers and those who, though qualified, identify themselves as care managers.

The two local managers characterise their role and their relationship with practitioners in very different terms. The team manager, who conforms to the domination managerialism and street-level bureaucracy characterisation of a manager, emphasises his management role and describes practitioners as his subordinates, putting into effect his instructions (see pages 163–164). However, practitioners have little day-to-day contact with him, and their main management relationship is with the assistant manager, who is their direct line manager and provides them with supervision.

The picture of supervision presented by practitioners in the CMHT is consistent: as a space for accountability and professional discussion. However, they evaluate the supervisory relationship in quite different ways. The assistant manager questions the value of care management in a mental health setting, emphasising the role of more traditional social work skills in building relationships and delivering services. She also portrays the staff management process more as a consultative, supportive, professional exercise, but in which she is reluctant to direct their practice. This reflects the continuation of a bureau-professional form of supervision identified by Harris in his study of social work managers (Harris 1998: 849). As discussed above, professional discretion is recognised by the organisation as the appropriate mode of operation for practitioners within the team. However, within supervision the assistant manager encourages a wider sense of discretion—for instance, in a critical stance towards policy (see pages 164–165). The two groups of practitioners respond differently to this situation. One group, whose members characterise themselves as professional social workers first and foremost, portrays supervision as a meeting of equals, where professionals (manager and practitioner) meet on the basis of pre-existing trust (because of their professional status), emphasising the consultation element and a shared concern with the



assistant manager. The assistant manager and the practitioners see supervision as a place where they are also accountable to the organisation—for instance for major expenditure and safe practice—but, like the practitioners observed by Pithouse when he returned to his research site (Pithouse 1998: 121), these practitioners are also wary about the possible management intrusion into practice. A contrasting view of supervision and the role of managers and practitioners is presented by those practitioners who characterise themselves as care managers. These practitioners are antagonistic towards ‘professional social work’, which they characterise as old-fashioned and unsuited to contemporary practice. They are critical of the assistant manager, whom they see as imprecise and ineffectual, for not taking control of the team and directing workers’ practice (see pages 219–220). For these practitioners, social work and its management are *insufficiently managerial*. This minority group of practitioners represents the intrusion of managerialism into practitioners’ view of their work—a phenomenon also found in a small number of the respondents in Lapsley and Llewellyn’s study (1998: 150). These practitioners, in Clarke and Newman’s terms, seem to have accepted subordination of professionalism to the realities and responsibilities of the organisation in a way that disciplines ‘the “irresponsible” exercise of professional judgement’ (Clarke and Newman: 76). The conflict between these practitioners and the assistant managers is a mirror image of that portrayed in the substantial body of the research literature reviewed in Chapter III: instead of practitioners seeking to resist management control to defend professional autonomy, these practitioners go beyond accepting organisational priorities; they actively seek a more managerialised work environment and a managerialised mode of practice and are in conflict with the assistant manager, who operates within a more bureau-professional conception of her role and that of practitioners.

In this context the issue of use of the asymmetry of information to deceive

or misguide managers, identified by Lipsky as a key element in the discretion achieved by practitioners, plays a more interesting role than his analysis would suggest. The assistant manager characterises herself as 'nosy', and aware of the progression of most cases—a claim that is not implausible in the small team which she manages. However, the two groups of practitioners use the idea of asymmetry of information to defend or challenge supervision, suggesting very different expectations of their relationship with managers. Within the professional social work group, the potential for control of information is evident in the assertion of special expertise and comments about commitment to particular values (see pages 222–223); this is not extensively used but is a resource available to practitioners in case managers move to a more directive supervision. The assistant manager seems receptive to this argument, and sees it as a potential limit on the degree of enquiry she can make about a practitioner's professional practice (see pages 223–224). This resource—the claim of expert judgement—is not used by the care management group of practitioners. Their characterisation of their role in a sense excludes this claim, because they call for managers to take a more active role in directing their work. Their strategy is more straightforward, and more closely resembles Lipsky's account of creating discretion in the face of hostile management through the selective presentation of information (see page 224). They seek to control the effect of supervision on their practice by being careful about the information presented in order to limit scrutiny of their cases and their freedom of action—often to close cases they feel no longer require intervention. In turn, the assistant manager identifies 'unprofessional' practice, including the premature closure of cases, as a source of conflict between her and some of her supervisees.

In summary, the evidence from the fieldwork discussed in this section has explored the nature of the relationship between local managers and practitioners. It suggests that this relationship is different from that outlined by domination managerialism and the street-level bureaucracy



perspective. The significant finding is the continuation of bureau-professionalism as a key structuring principle in the relationship between local managers and practitioners in both teams. Discursive managerialism presents local settings as sites for the interaction of discourses, and this is particularly the case in the CMHT, where one of the managers and two practitioners criticise the prevailing bureau-professional culture from a managerial perspective.

## CONCLUSION

This thesis has examined discretion, which is understood as freedom within a work context, and its extent and basis for social workers within the context of a Social Services Department. Through the use of a case study, it has sought to examine different accounts of practitioners' discretion within a managerialised work context of increasingly prevalent policies, procedures and supervision. In this chapter these accounts of discretion have been discussed in relation to the case study context and the findings from the case study, outlined in the two preceding chapters.

The idea of managerial omnipotence put forward by the domination managerialist perspective characterises practitioner discretion as its mirror image. There is some support for its idea of the extensive nature of managerial forms of control within the teams, particularly in the OPT, in terms of systems of resource allocation and control. However, the full picture that emerges from the evidence is more complex, and calls into question managers' ability and willingness to control practitioner discretion, and the effectiveness of tools of control such as eligibility criteria and procedures to control street-level practice as well as highlighting practitioners' ability at street level to circumvent procedures and play a significant role in interpreting policy. On balance the evidence suggests, as Lipsky argues, that, despite the introduction by senior

managers of increasingly structured and prescribed approaches to practice and service provision, there is still significant freedom of movement within these constraints, and practitioners retain extensive informal discretion in their day-to-day work. However, the study also raises questions about the limited nature of Lipsky's account of discretion in street-level bureaucracies, in relation to his characterisation of the nature and role of management and the insufficient attention given to the impact of professional ideas and practices on the construction of discretion.

In the street-level bureaucracy perspective's account of discretion, Lipsky casts managers in a particular role, according to which they seek to control street-level practice and policy implementation and to limit discretion; but recognising the complex work context of street-level bureaucracies, they reluctantly collude in allowing street-level discretionary practices, in order to get the job done. Lipsky is not alone in tending to present managers as an homogeneous group. This can also be seen in the domination managerialist approach. However, in line with a consistent body of research in Social Services, the data from this study point to local managers distinguishing themselves from more senior layers of management within the organisation. This distinction is not only in terms of hierarchical structure but also—in the view of local managers—in terms of their commitments. Local managers characterise senior managers as committed to cutting funds and rationing services and not to the professional dimension of social care. In contrast, they characterise themselves, and are characterised by the practitioners they manage, as concerned with service users and professional issues and practices.

In contrast to Lipsky's focus on practitioners as the discretionary agents of public organisations, the data from this study show local managers using their discretion to adapt, change and subvert policy. Furthermore, as is mentioned below, these managers also encourage their staff to see



themselves as professionals, and acknowledge their claims to discretion (while at the same time requiring accountability). Within the CMHT this view of staff as professionals is more in line with official policy than in the OPT, where it leads to a 'shadow professionalism', alongside the official care management role—in terms of a continuing element of traditional social work practice, sponsored by local managers, and a recognition of practitioners' discretion within the limits characterised by professional concerns and good professional practice.

The data on management in Newunit show that managers are under severe pressure, with an insufficient number of managers at all levels to manage effectively. This supports Lipsky's suggestion that management is a scarce resource and questions the picture of the powerful management cadre suggested by critics of Lipsky, such as Howe. However, in contrast to the firm line that Lipsky (and others) tend to draw between managers and workers, at street level the lack of sufficient resources has impacted not only on street-level workers but also on line managers, who are drawn into direct provision. Overall, the picture of managers in this study is of an internally fragmented group—divided hierarchically and in terms of their commitments. Furthermore, at street level the distinction between manager and street-level bureaucrat becomes increasingly difficult to sustain, as local managers are themselves obliged to operate in the corrupted world of work as street-level bureaucrats.

In both teams the discourse of professionalism plays an important role in establishing a claim to discretion, but it does so in very different ways. While there is some organisational acknowledgement that the OPT practitioners are social workers with a degree of professional autonomy—for instance, in determining need and specifying risk in decisions about resource allocation, and in complex cases involving vulnerable adults—this officially recognised discretion is more limited

than in the CMHT. This is seen particularly in the definition of the OPT practitioners' role, which emphasises an administrative care management function, reinforced by a level of funding for staff and recent cuts in the number of professional staff, restricting the possibility of extending care management interventions in the light of broader social work concerns. However, this managerialised context has been set primarily by senior managers; local managers express disagreement with many of the policy objectives of the organisation and talk about their commitment to service users and professionalism within their team, which they contrast with the concerns of senior managers. Practitioners and local managers see professional discretion as curtailed, but through a range of tactics they are able to reclaim some of its aspects. This discretion is largely constructed in negotiations between practitioners and local managers, as a cooperative enterprise.

In the CMHT, the official approach to practitioner discretion is quite different. There is a greater recognition of the social work role in official (senior management) accounts of the team and this role is wide-ranging, including the provision of services. This wider role is also recognised in relatively generous (compared to the OPT) provision for staffing. Within the CMHT there are two groups of practitioners. One group, whose members identify themselves as professional social workers, is largely content with existing discretion, but wary of the intrusion of management control. The other group, whose members see themselves as care managers, expresses frustration with the vagueness of the social work role and the very limited care management budget. This group is critical of confusion in the local manager's role between professional practice and management and calls for a clearer and more proactive style of management within the team.

The picture of discretion that emerges from the case study does not fit



easily into either the domination managerialist or the street-level bureaucracy perspective. While each is useful in focusing on particular aspects of discretion, this focus seems to be achieved by bracketing off other significant elements of discretion and factors that explain its extent and variation. The discursive managerialist perspective is better able to analyse the topography of social work discretion in the two teams. This is, in part, because it can incorporate recognition of the growing influence of managerialist control and scepticism about its effectiveness, with a tentative analysis which recognises the continuing influence of other organising principles within Social Services—the focus being, in this case, on the continuing but varied influence of bureau-professionalism. In this context, while management is still a significant player (as domination managerialism argues), but limited in its capacity to control (as Lipsky argues), it is also influenced by a continuing professional discourse, in different ways at different management levels, in the shaping of practitioner discretion. The ability of senior managers to control and direct street-level practice is curtailed not only by practical limitations, but also by the resistance of local managers, who promote street-level discretionary practices, largely in alliance with local practitioners.

## **CHAPTER VIII**

### **CONCLUSION**

In this closing chapter of the thesis I will review the argument presented in the main body of the thesis; identify the contribution made to current knowledge by the thesis; and, finally, identify key areas for further research.

### **REVIEW OF THE ARGUMENT**

The aim of the thesis has been to examine the extent and nature of discretion of qualified social workers within statutory adult Social Services. The approach to discretion has been to identify it as a topic for exploration, focusing on the key questions of: the extent of freedom which practitioners have continued to exercise and how far this is controlled within their employing organisation; what form this freedom takes; and by what means it is structured. These questions have been explored through a review of existing perspectives and empirical research about practitioner discretion and through a case study involving qualified social workers employed in two adult social work teams in a Social Services Department.

As a starting point in this investigation, the thesis considers Michael Lipsky's work on street-level bureaucracy, which has received growing interest in social work literature. In using Lipsky's work the approach has been to employ it as a stimulus to thought about the extent and nature of social work discretion. His work challenges a significant strand in the contemporary analysis of social work discretion in that he points to the continuation of extensive day-to-day discretion of street-level bureaucrats such as social workers.



In Chapter II the thesis sets out Lipsky's analysis of discretion and identifies two key issues that arise from it. The first is that Lipsky's account of professional discretion, while emphasising the contextual factors of street-level bureaucracy—policy imprecision and the mismatch of resources and policy—as central, also seems to assume (without acknowledgement) that professional status can sometimes be significant. The second issue is that Lipsky presents managers in a way that seems to bracket them off from the analysis of discretion. These issues receive little critical attention within the street-level bureaucracy literature, although there is some work which points to managers as discretionary agents and to the influence of professional status on levels of discretion.

The next chapter considers applying Lipsky's analysis to social work discretion in Social Services. Within this context I consider the debate about the relevance of Lipsky's work and argue that, contrary to the assumptions of his critics, the street-level bureaucracy perspective was developed in and is directly applicable to public services dominated by managerial concerns and strategies. Through exploration of the literature on the impact of managerialism on Social Services, I identify two different elements of analysis: the 'domination' perspective, which emphasises management control by managers who are committed to organisational objectives and able to employ powerful and effective techniques to control day-to-day practice and minimise discretion; and the 'discursive' strand, which—while indicating the growing significance of managerialism within Social Services—is more questioning of its effectiveness and domination and which identifies the continuing influence of the previous bureau-professional culture in Social Services. Alongside Lipsky's analysis of discretion, these two strands are considered as alternative accounts of the nature of managerial control and of practitioner discretion. The picture emerging from the research literature is complex, pointing to the intrusion

of management controls on practice, but also to the limitations of these controls and resistance to them. Furthermore, the idea of professionalism is identified as playing a continuing role in the nature of social work discretion.

This discussion identifies four key questions arising from the analysis for investigation through empirical research. These are considered in a case study, comparing and contrasting the extent and nature of discretion in two adult social work teams—one older persons team and one community mental health team—within the same authority.

The first question—explored in Chapter V through a description of the authority and teams—considers how far the conditions identified by Lipsky as central to street-level bureaucracies (vague goals and insufficient resources) characterise the case study site. These factors are found to be present, but do not capture the full complexity of the context of discretion. Professionalism is still an important dimension, both as an officially recognised factor in structuring discretion (particularly in the different levels of discretion between the OPT and the CMHT) and as a factor in the relationship between managers and practitioners. This seems to influence fractures within the management hierarchy, particularly between senior and local managers and in the goals and purposes assumed by local managers and practitioners.

In Chapter VI the remaining three research questions are explored, concerning: the nature of management within the authority; the effectiveness of management techniques of control—such as procedures and resource control; and the nature of the relationship between local managers and practitioners. Management within Newunit is explored through the accounts of local team members, both practitioners and



managers. From their perspectives, the managerial hierarchy is portrayed as fractured by different sets of loyalties and commitments. Senior managers are portrayed as concerned with imposing organisational priorities, while local managers are concerned with commitments to service users and professional workers. This is not to say that there is no constructive connection between levels of the hierarchy; there is clear cooperation, for instance, in presenting the work of the authority to external bodies.

The relationship between local managers and practitioners is explored in terms of its impact on practitioners themselves and their discretion. Control of resources and the use of procedures are ways in which the centre can exercise remote control of the periphery. Resource levels are a particularly significant means of management control of local teams, not only in expenditure but also in relation to its effect on discretion over role definition due to staffing levels. Resource control, like procedures, are more significant in the OPT than in the CMHT. In the OPT local managers seek to mitigate some of the impact on practice through local management of the resources allocated to them. Procedures offer scope for interpretation and with the support of local managers, practitioners are able to exercise substantial discretion. This in part arises from a continuing professional dimension to procedures—for instance, in the centrality of notions of need and risk. Professionalism, as a resource for discretion, is acknowledged within the organisation in the mental health service. This is less the case in the OPT; however, it continues to be significant through its tacit acceptance in the procedures and the active support of local managers.

The final question explores the nature of this relationship between local line managers and practitioners. While there is evidence that local

management support for discretion is a pragmatic strategy to make systems work, within both teams the supervisory relationship is characterised by a significant professional dimension, which encourages continuing discretion. This, however, does not entail an entirely cooperative relationship. From the point of view of local managers, particularly, there is conflict arising from their view that practitioners ought to engage in a more proactive idea of professional practice.

These findings are discussed in Chapter VII. The research design has focused on testing ideas about discretion and does not claim that its findings can be generalised to apply to all Social Services. However, while all Social Services are different, key aspects of Newunit's experience resonate with more general accounts of the challenges and pressures faced by contemporary Social Services. The findings can, therefore, be offered as a tentative indication of the wider experience of discretion. They provide some support for the domination managerial analysis, especially in relation to the role of financial management in restricting practice options. However, they also suggest that the use of procedures and policies by senior managers to refine this mode of control is open to resistance at local level, as the street-level bureaucracy perspective suggests. In line with earlier research, the study finds that management is internally fractured. Local managers often identify themselves with professional commitments and local practitioners and concerns and are suspicious of senior managers' motives and concerns. Both approaches seem limited in their ability to accommodate this and to account for the level and nature of discretion within both teams, and here the discursive managerial analysis offers a more nuanced account, which, while subsuming elements of the idea of managerial control and the ability of workers to resist this, also includes a recognition of the impact of professionalism as a commitment and a claim in structuring discretion.



## CONTRIBUTION TO KNOWLEDGE

This thesis has sought to contribute to the understanding of discretion of social workers in contemporary Social Services in three interrelated areas: critical analysis and application of Lipsky's work to the British context; analysis of the characterisation of discretion within the literature on contemporary social work; and an empirical study of discretion, which analyses the conjunction of factors that influence the nature and extent of discretion in particular settings.

The application of Lipsky's work to the British context is not new. I have argued that, while Hudson (1993) identifies it as a valuable but underused perspective, there has been a recent growth of interest in applying it to the understanding of social work discretion. However, this use of Lipsky's work has tended not to analyse his account of discretion or consider the literature which has developed (mainly in North America) on the application of street-level bureaucracy theory. The debate discussed in Chapter III about the value of Lipsky's contribution to an understanding of contemporary social work has a narrow focus on whether or not his work applies in a context of increasing managerial control (Howe 1991a, Cheetham 1993, Baldwin 1998, 2000, 2004, Ellis *et al.* 1999). I have offered a critique of this debate which identifies a managerial environment as part of the context of street-level bureaucracy assumed by Lipsky and evident throughout his analysis of street-level bureaucracies. This, I have argued, points to the direct relevance of his work to understanding contemporary social work. However, the analysis of *Street-level Bureaucracy* and of the subsequent literature developing Lipsky's work, I contend, indicates two key areas raising questions about his account of discretion. The first is Lipsky's account of managers, which brackets off their discretion and

assumes certain behaviours and motivations and which requires further investigation. Linked to this observation, Lipsky's account of street-level practitioners' discretion seeks to apply to all street-level bureaucrats, but within this broad category, I have argued that he gives insufficient attention to the role of professional status and claims to discretion and how these might influence the dynamic of the relationship between managers and street-level bureaucrats. This analysis of Lipsky's work has led me to approach it in a different way from that adopted by its proponents and critics. Accordingly, rather than approaching his perspective as something to be proved or disproved, I have used it as a starting point for analysis to explore discretion.

Using Lipsky and the criticisms of his theory, I have explored the literature on social work discretion and, through this analysis, identified three broad approaches to the characterisation of discretion. I have used this analysis to contribute to the debate about the continuation or curtailment of social work discretion in a direction which moves from a view of discretion as an 'either/or' property of practice to consideration of it as a range of freedoms which are constructed, promoted and controlled in different ways in different settings, informed by a multidimensional conceptualisation of power (Foucault 1981: 92–93). This, I have argued, suggests the need for an analysis which recognises variation of discretion and moves the key questions about discretion from the binary question 'do social workers have it or not?' to a more nuanced and fine-grained consideration of the extent of freedom enjoyed by particular groups in particular settings, and the factors that contribute to this and help explain the variation.

The final area in which this thesis has contributed to understanding is through its use of an empirical study based on this analysis. The analysis



presented of discretion has questioned the value of considering it in terms of understanding practitioners as passive (domination managerialism e.g. Howe 1991a ) or as able to negotiate organisational constraints (street-level perspective e.g. Ellis *et al.* 1999). The analysis has sought to recognise the influence of factors structuring practice of action, such as the level of resources, and discursive formations such as managerialism and professionalism; while, at the same time recognising that actors retain significant freedom at the intersection of forces such as managerialism and professionalism to operate in ways which play upon the potentialities and freedoms within the situation to resist top-down control. Accordingly I have sought to demonstrate that a productive direction for research on social workers' discretion is conjunctural analysis, which examines the contexts, circumstances and statuses of practitioners and how these factors shape the specific form of freedom and control that operates in particular organisational settings.

## **AREAS FOR FUTURE RESEARCH**

In the analysis of Lipsky's work and the examination of literature on discretion I have focused on the key question which animates much of the current debate about the extent of social work discretion: that is, the impact of managerialism on professional freedom (Evans and Harris 2004). In reviewing the research, an area that emerges as important for further exploration is that of the impact of social divisions, particularly gender, on these factors. The NISW workforce study, for instance, reviewing the literature on gender and management, points out that some studies suggest that women managers tend to identify with the work group while men tend to identify with the organisation (Balloch *et al.* 1995: 150). However, in relation to their analysis of the survey the authors suggest that male and female managers are similar in 'their views about the

management of the department and the relationship between management and staff (*ibid.* 151). As explained in the case profile, Newunit does not provide a particularly conducive setting for exploration of these issues. Oldshire and Newunit have a strong history—unusual in Social Services departments (Ginn and Fisher 1999: 130)—of senior women managers. It would be valuable to compare the research findings in this authority with those of another which has a more traditional, male-dominated management structure, to see how and whether this affects the dynamics of the relationship between practitioners and managers and the commitments of managers within the organisation.

Another area for investigation would be to develop the tentative idea of regimes of discretion discussed in Chapter III and to examine its value in elucidating discretion across Social Services. While some of the empirical research acknowledges that discretion may be different in different settings (Ellis *et al.* 1999), this aspect is not developed and, in other research findings, discretion tends to be aggregated across settings to draw general conclusions about discretion in Social Services (Baldwin 1998, 2000, Carey 2003). The findings from this study suggest that the extent and nature of discretion is significantly different in two social work sites within the same Social Services Department and point to the need for a fine-grained and localised analysis of discretion. This would involve examining not only regimes of discretion operating across social work in terms of different service user group settings, which has been the focus of this study, but also the experience of discretion of other staff within Social Services—for instance, unqualified fieldwork staff such as those being recruited within the Older Persons Team to undertake basic care management, in line with the Audit Commission's recommendations to Newunit, and administrative staff running and operating systems which have a key influence on practice and service delivery.



Part of the criticism in the thesis of Lipsky's work has involved identifying managers as actors with significant discretion, who use it to adapt and alter policy: managers, that is, acting in the same way as street-level bureaucrats (in Lipsky's terms). This observation, supported by findings from this study, points to the problem of seeing discretion as a purely street-level phenomenon. Rather, it suggests that it should be seen as operating throughout the organisation implementing policy. Studies in the wider Social Services literature, though, have tended to focus on certain actors within organisations as significant players—such as senior managers (Lewis and Glennerster 1999) or local teams (Baldwin 1998, 2000 Ellis *et al.* 1999) in studies of the implementation of community care—rather than considering the whole gamut of actors and their various impacts on the development of policy into practice. However, an implication of the analysis in this thesis is that discretion operates at all levels of the organisation and that a study of the policy implementation process needs to follow the flow of policy through the organisation in terms of its interpretation and the way it is passed on and reinterpreted through these layers. This can be an iterative process, with different layers referring to other layers in their interpretations of policy, for instance, in the way in which practitioners in the Older Persons Team challenged the policy of covert eligibility criteria in terms of national policy statements about the transparency of such criteria.

The final area for further research relates to examination of the way discretion is used, and how this should be assessed. In the introduction I discuss the understanding of the existence of discretion as a precondition for the analysis and evaluation of its use. I have examined the extent of discretion and its differing natures within two social work teams and regard this as the groundwork for further research exploring the way the

use of discretion could be evaluated. One way suggested by the street-level bureaucracy perspective is to assess discretion against policy; this is done, for instance, by Baldwin (1998, 2000). Another approach is to criticise practice using the researcher's own idea of appropriate use of discretion (e.g. Ellis *et al.* 1999). Both approaches are problematic. The argument about discretion operating throughout the organisation underlines the problem of identifying the policy by which practice should be evaluated and where it is located. Lewis and Glennerster (1996), for instance, use Sabatier's idea of core and peripheral policy goals to distinguish the overt and covert policy in the new community care, but also point to how local authorities often look to the overt policy to frame their responses. The other approach—researchers asserting a standard against which practice is to be assessed—raises questions about what justifies the application of these standards to the situation. An alternative approach would be to examine the evaluation of discretion in the same way as this thesis has sought to examine its extent and basis: by identifying and specifying the commitments cited by the actors involved as central to understanding and judging the exercise of discretion. This would be in line with forms of analysis that emphasise an understanding of actors' own commitments in assessing their actions (Williams 1993: 194 and Bauman 1995: 43). How do citizens and service users expect discretion to be used? What are the expectations of practitioners? How do the latter understand, when their claim is to exercise professional discretion, what the professional requirements are? How do managers at different levels of the organisation understand appropriate uses of discretion? Rather than seeking to impose external criteria of evaluation, this research would first seek to identify the values, commitments and aims of the different actors involved.

Research inevitably involves a subjective understanding (Gadamer 1975) that reflects the starting point and the development of a particular



perspective. This thesis represents my analysis of the literature and case study data of social work discretion in adult teams, using Lipsky's work on street-level bureaucracy as a starting point. As such it traces the development of my thinking about discretion and the roles of managerialism and professionalism. In reviewing and presenting this material I have also identified areas for further exploration and research within a field of interest which still gives rise to many questions regarding discretion, the relationships between different levels within organisational hierarchies, and the varying perspectives employed by a range of actors in evaluating the use of discretion.

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### Discretion in Social Work Practice

You are being invited to take part in a research study. Before you decide whether to take part, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information.

My name is Tony Evans. I work at Oxford Brookes University. I am doing a research degree at Warwick University looking at social work practitioners' understanding of professional approaches to and use of discretion.

*My study involves: looking at policy and procedure documents within the department; looking at some case material; and talking to social workers and managers.* I want to interview individual **social workers/managers** within the team to hear about their experiences and views. The interviews, which would each usually take about an hour, would take place in private and would be confidential. If you wanted to stop the interview at any time you could do so without having to give a reason.

I would like to tape-record the interviews rather than take notes. The tape will be erased after it has been transcribed. The tape transcripts will be anonymous and kept in a locked drawer. They will only be used for research and any information used will be anonymised.

I hope that the research will help us achieve a better understanding of discretion and its significance in social work practice.

If you would like to speak to me about the research you can contact me by e-mail—[tevens@brookes.ac.uk](mailto:tevens@brookes.ac.uk) - or phone me on 01865 484209.

Thank you,

Tony Evans, Department of Social Work, Oxford Brookes University.



**Appendix 2**

Code: *Letter Number*

Name or initials: \_\_\_\_\_

Contact telephone number/e-mail: \_\_\_\_\_

I have received a copy of the research information sheet; I am aware of the purpose of the research. I understand that the information I will give will be treated in confidence. I am also aware that I can withdraw from the interview if I choose to do so.

- I agree to participate in the research

signature \_\_\_\_\_

- I agree to interviews being tape-recorded

signature \_\_\_\_\_

**Appendix 3**

**Code: Letter Number**

Gender M/F

Ethnicity

How long have you  
been a manager?

yrs:

mnths:

---

How long have you  
been qualified as a  
social worker?

---

yrs:

mnths:

---

How long have you  
worked for  
[Newunit/Oldshire]

---

yrs:

mnths:

---

How long have you  
worked with this  
team?

---

yrs:

mnths:



**Appendix 3**

**Code: Letter Number**

**Gender M/F**

**Ethnicity**

How long have you  
been qualified as a  
social worker?

---

yrs:  
mnths:

---

How long have you  
worked for  
[Newunit/Oldshire]

---

yrs:  
mnths:

---

How long have you  
worked with this  
team?

yrs:  
mnths:



TABLE 1: GENDER AND ETHNICITY BY TEAM AND ROLE

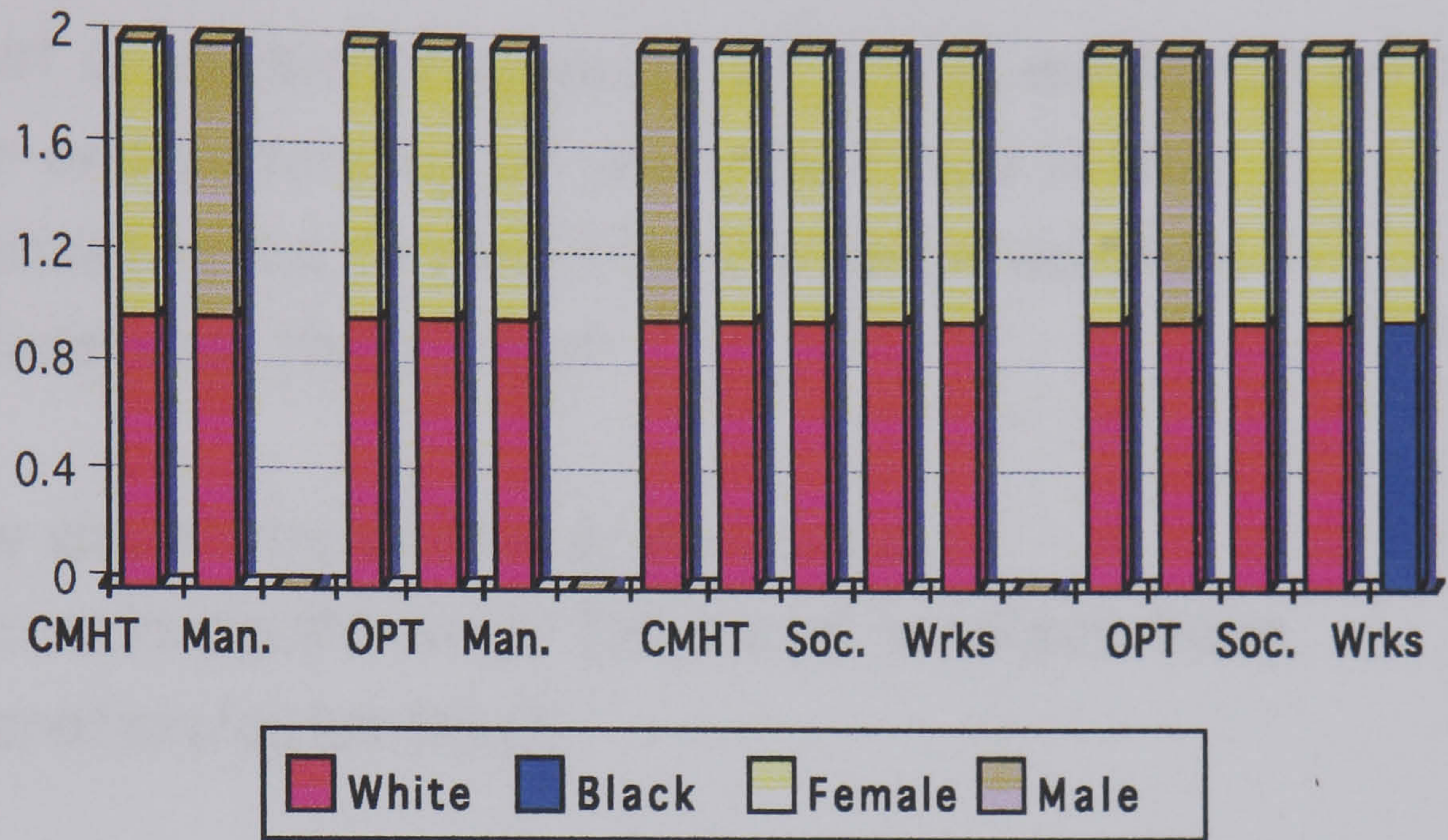
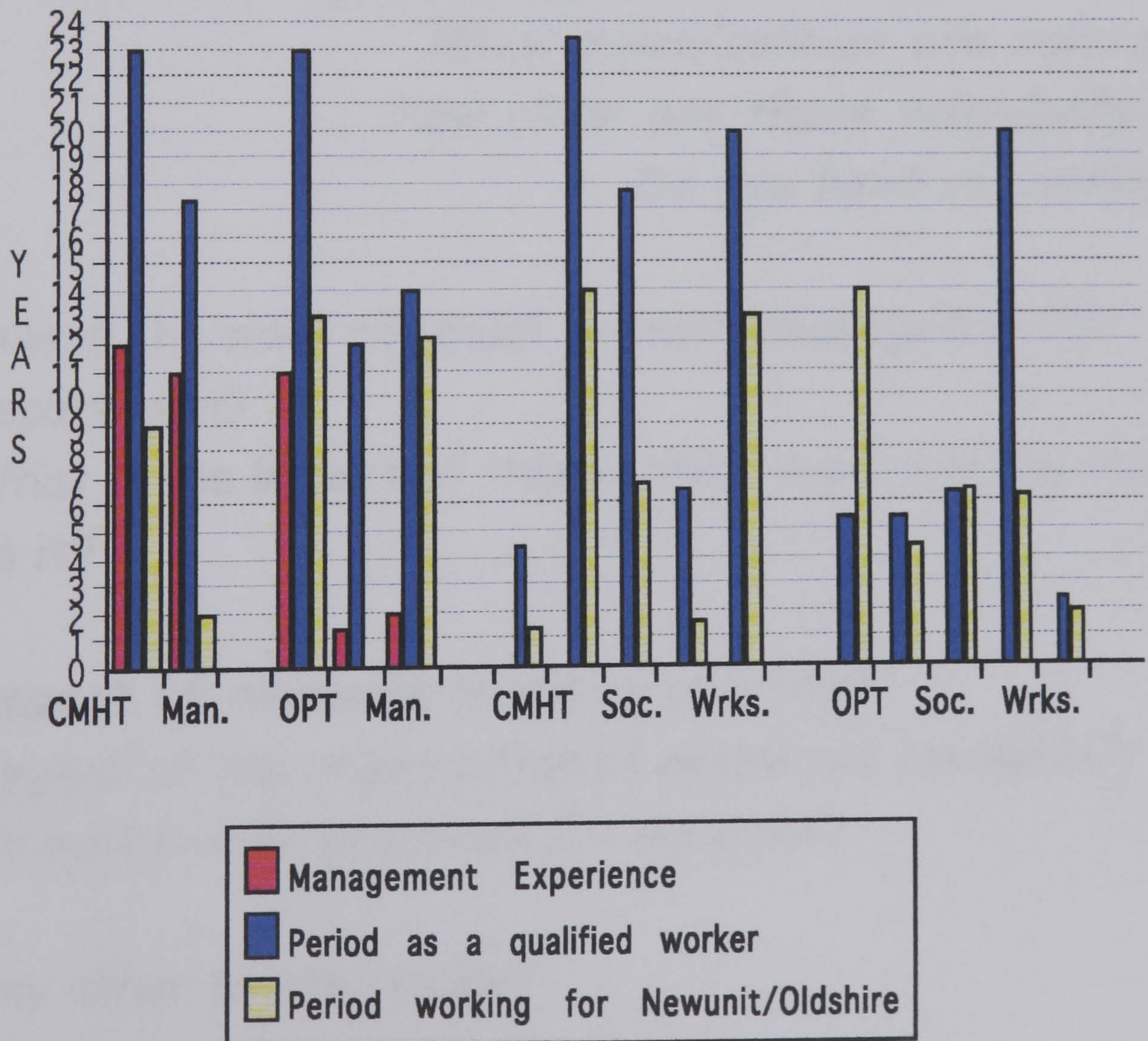


TABLE 2: INTERVIEWEES WORK EXPERIENCE BY TEAM AND ROLE





## ***Manager Interview Aide Memoire***

- What organisation **expects of social workers?** What's your understanding of your role? How is this **communicated** to you? How do social workers **understand their role?**
  
- How would you **define** professional discretion/autonomy? **Do social workers have discretion/autonomy?**
  
- Decisions about receipt of service? [Eligibility Criteria]
- How do social workers **organise their work?**
  - What rules/policies are relevant?*
  - How clear are these rules/policies?*
  - Do you have an example?*
  
- How is the work of **social workers managed** in the department?
- What is the **impact** of this on their work and how they do it?
  
- **Impact of resource** levels on practice?
- Impact of the organisation of resources [**budgets**]?
  - On social work practice? On services?
  
- Any other points/issues?

## ***Social Worker Interview Aide Memoire***

How do you understand your role as a social worker?

- What does the **Organisation expect** of you as a social worker? How is this **communicated** to you?
- How would you **define** professional discretion/autonomy? **Do you have** discretion/autonomy?
- Decisions about receipt of **service**? [Eligibility Criteria]
- How you **organise your work**?
  - What rules/policies are relevant?*
  - How clear are these rules/policies?*
  - Do you have an example?*
- How is the work of **social workers managed** in the department?
- What is the **impact** of this on your work and how you do it?
- **Impact of resource** levels on practice?
- Impact of the organisation of resources [**budgets**]?
  - On your time? On services?
- **Any other points/issues**?