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Coping with Dilemmas
Working Conditions and Interactions of Social Workers with their Clients

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Introduction

The aim of this study is to present for discussion an empirical picture of social workers' approach to their clients[1] that follows up *Lipsky's* concept of "Street-level Bureaucracy" (1980).

From the perspective of *Lipsky's* understanding, it is reasonable to say that the following circumstances are crucial for the forming of frontline social workers' approach to their clients: 1. The working conditions of street-level bureaucrats – of which social workers are a special category[2] – are unavoidably uncertain. 2. Street-level bureaucrats are regularly confronted with dilemmas that are the inevitable consequence of working under these uncertain conditions. 3. Regular working interaction with clients gives street-level bureaucrats a relatively high degree of "discretion". 4. Hence, the working position of street-level bureaucrats permits them to make their own "policy" with respect to their interaction with clients. 5. The purpose of these policies is to establish and justify patterns of behaviour that enable street-level bureaucrats to avoid the aforementioned dilemmas. From these five arguments, *Lipsky* explicitly mentions the first four (*Lipsky* 1980, 1991: 213 ff.). The fifth argument is implicitly contained in his descriptions of the ways in which street-level bureaucrats cope with dilemmas (*Lipsky* 1980: 114 f., 125-131, 145-156, etc.). Even though the fifth argument can be read merely "between the lines", it represents a key element in *Lipsky's* understanding of everyday "client processing" (*Lipsky* 1980: xii) by street-level bureaucrats. *Lipsky's* implicit idea of "avoiding dilemmas" frequently emerges with other researchers of social work and it seems to tempt some of them to emulate him. The empirical research results quoted by me in this text remarkably often interprets the everyday working practice of social workers in a way that is close to *Lipsky's* understanding. There are so many authors who, in their case studies of service organisations, interpret the actions of frontline workers[3] as the outcome

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[1] I use the term "client" for the people to whom frontline workers directly provide with their services by organising social work services.

[2] As "street-level bureaucrats", *Lipsky* brands "public service workers who interact directly with citizen in the course of their jobs, and who have substantial discretion in the execution of their work". Next to teachers, police officers, judges, non-commercial lawyers, medics and other public employees, he places "social workers" in the same category. (*Lipsky* 1980: 3–4, 27)

[3] The term "frontline worker" as a synonym for the term "street-level bureaucrat" (see *Hasenfeld* 1983: 156).

of an attempt to "avoid dilemmas" that it perhaps would be possible to speak about a specific research tradition. I want to describe this tradition in the following pages while pointing to its limits (see also *Musil et al.* 2004).

Inspired by *Lipsky*, in the first chapter I will explore the idea that it is useful to perceive the approach to clients as a result of an attempt of frontline social workers to cope with equivocal working conditions and the associated dilemmas, which has become part of the culture of a specific organisation. In the chapters that follow, I will show how the approach to clients is based on the attempt of social workers to cope with dilemmas between complex and simplified goals, between the quantity of clients and the quality of services, between neutrality and favouritism, between one-sided or symmetric relationships with clients, between procedural and situational approaches, between providing material and immaterial help and, finally, between the attempt to intervene in a timely fashion and an apprehension that the intervention could be precipitate. I will define each of these dilemmas and show with empirical examples how the given dilemma is "avoided" in practical situations and how this practice influences the approach of workers to clients.

The findings of those researchers who understand the treatment of clients by social workers as the outcome of "avoiding dilemmas" may inspire social workers, social work teachers and their students alike. It should be noted However that *Lipsky* pays attention to just one way of coping with dilemmas in work with clients, and it is hence not advisable to hastily generalise his theoretical assumptions. I will therefore conclude by showing an empirical description of the approach of social workers who face dilemmas in their work otherwise than "avoiding" them.

Chapter 1: Avoiding Dilemmas

Lipsky's above-mentioned understanding of the circumstances that influence the approach to clients rests on four notions that in represent a consistent framework in his eyes. These are: "uncertain[4] working conditions", "discretion", "street-level policy" and "avoiding dilemmas". In this chapter, I will discuss the latter in detail and refer to the remaining three where needed. I am doing so for three reasons: Firstly because each of the said notions would deserve a separate treatise, for which there is not enough room here. Secondly because the notion of "avoiding dilemmas" is crucial from the perspective of the research tradition on which this study focuses, and finally because *Lipsky* employs the idea of "avoiding dilemmas" implicitly, which suggests that although applying it, he has never systematically described and worked it out. I will therefore try to do this myself.

I will show in what sense *Lipsky* uses the term "dilemma", how he understands the emergence of dilemmas in work with the client in practice and how *Lipsky* describes the coping with dilemmas by frontline workers of street-level bureaucracies[5]. I will attempt to systematically convey his understanding of "avoiding dilemmas" using the notions of "importunate" and "latent" dilemmas and the notion "rationalisation" captured in the *Goffman*ian way. In the conclusion of the initial chapter, I will discuss the question of how, from *Lipsky's* perspective, coping with dilemmas influences the approach of social workers to clients. In this context, I will present the assumption that it is a specific function of the culture of social work service organisations to create grounds for avoiding dilemmas by their frontline workers.

How to avoid dilemmas?

According to the dictionary, a "dilemma" is a "necessary (and sometimes difficult) choice between two mutually exclusive options" (*Klimeš* 1981: 112). This definition refers to two characteristics of dilemmatic situations: Firstly, some op-

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[4] *Lipsky* (1980: xii, 27, 40) characterises the working conditions of street-level bureaucrats most frequently with the adjectives "inadequate", "ambiguous", "vague", "conflicting", "diffuse". He summarily refers to circumstances of such a nature as "uncertainties and work pressures" that street-level bureaucrats try to cope with using their policies (*Lipsky* 1980: xii).

[5] "Street-level bureaucracies" are agencies funded from public budgets and employing "a significant number of street-level bureaucrats in proportion to their workforce" (*Lipsky* 1991: 3).

tions are incompatible. Secondly, choosing between them tends to be difficult. The meaning of the affirmation that a "choice is necessary" is not entirely clear within the said definition. It can be understood in two ways. Either it may refer to the idea that people who face a dilemma have no other option and they "necessarily have to decide". Or it may emphasise the incompatibility of the options between which those who are forced to undergo the choice "necessarily have to choose" without there being any avoidance. The two options remain incompatible for those who need not grapple with the dilemma, but they need not choose between them.

It is difficult to guess how the author of the dictionary entry meant it. It is clear However that *Lipsky* would prefer the second of the two interpretations, for in his eyes people can avoid dilemmas or at least do so for as long as possible when confronted with them. Although the term "dilemma" comes up on innumerable occasions on the pages of his book, you will not find a story in it about street-level bureaucrats having difficulty choosing between mutually exclusive options. Instead you will read descriptions of habits and attitudes that make it possible for the workers of street-level bureaucracies to avoid such difficult decisions for prolonged periods of time.

Lipsky's description of the way in which street-level bureaucrats cope with the difficult decisions between providing their service to a large number of clients and preserving the quality of their services, is a demonstration of this train of thought. In this context, *Lipsky* (1980: 99) literally labels as a "dilemma" the fact that it is hard for frontline workers to address the problems of every client appropriately to his or her situation. If they approached too large a number of clients in the same way, their ability to be responsive would be exhausted, because there would be no time left for other clients.

Had *Lipsky* used the term "dilemma" to refer to the fact that frontline workers "have to unavoidably decide between two incompatible options", he would probably have continued by describing how street-level bureaucrats hopelessly fret over the insoluble question: "How to behave in a responsive manner to all clients when that is unmanageable?!?" In fact *Lipsky* does not speak about the difficulty of deciding at all. Instead he regards resolving this question as a threat that, although "being in the air", street-level bureaucrats are capable of endlessly putting off in terms of its actual emergence.

According to *Lipsky* (1980: 38, 99–107, 125–139), they do this by somewhat lowering the quality of their services when needed, perhaps by allowing long queues before their offices. Some clients get "fed up with it" and give up. Those who persist are divided by the street-level bureaucrats into "more urgent cases" to which they pay more attention and provide better services, and "less urgent cases" to which they attend less. There is less work in general, the accustomed quality standards are preserved for a part of the clients and any complaints there are about neglecting the other clients can be explained by the "necessity to mobilise the insufficient resources for the most urgent cases". Should the number of clients in the first group increase over time and the quality of work be once again threatened by this increasing number, it is possible to put off the potentially impending dilemma once again using a similar method: for example by beginning to attach a lot of importance to properly completed forms, finding out retrospectively from time to time that an additional confirmation should have been served, letting the client queue several times, etc. Those interested in the service who fail to give up even under such circumstances, can be further "sorted", this time perhaps by the duration of their dependence on social assistance benefits, into "strainers" and "sluggards". Thus the dilemma that remains permanently impending due to public services being free to the clients can be put off almost indefinitely.

Hence in *Lipsky's* understanding, frontline workers frequently face a difficult choice. This usually presents a challenge for them which they rarely resolve by urgently making a decision. Workers try to find a way of putting the difficult choice off or avoiding it entirely. If they succeed, they routinely repeat the invented method. Sometimes the solution found fails and the painful choice must be made anyway. If this happens just exceptionally or to an acceptable and foreseeable extent, the solution found is accepted in the organisation as a recognised rule for treating clients. The dilemma falls into the shade to be replaced by a routine way of grinding it down.

"Importunate" and "latent" dilemmas

We shall further avoid the above ambiguities in the interpretation of the term "necessary choice" by discriminating between two types of dilemma – "importunate" and "latent."

An "importunate dilemma" is faced by those workers whose working conditions[6] and the way in which they perceive these conditions make them urgently choose between two options, which are incompatible from their perspective. Workers facing this type of dilemma have no other option but to necessarily make a decision. This happens if three circumstances occur at once. Firstly, working conditions make the frontline workers in the organisation face expectation conflict; secondly, these workers are morally sensitive to this expectation conflict; and thirdly, frontline workers in the given organisation have a feeling of their own responsibility for urgently making a difficult decision.

The first two conditions characterise the onset of any dilemma. Hence the dilemmas to which *Lipsky* refers emerge from the interaction between uncertain working conditions on one hand and a more or less receptive response[7] of frontline workers to the expectation conflict induced by these working conditions. The dilemma thus arising becomes "importunate" if frontline workers have a sufficiently strong motivation to make the difficult decision.

The necessity to cope with expectation conflict may firstly be provoked by "conflict with the surroundings", i.e. a conflict between expectations of the workers and expectations of an influential entity in their surroundings. Secondly, the necessity to cope with expectation conflict may be the result of a so-called "battle of motives" – a conflict between two[8] different expectations of workers who experience it as their "inner conflict".

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[6] By the term "working conditions", Lipsky means firstly some characteristics of the activities of street-level bureaucrats (discretion, uncertainty of conditions for decision-making, characteristics of clients, job stress, difficulty in measuring performance, etc.), secondly resources (capacity, demand, etc.), and thirdly the characteristic features of the culture of street-level bureaucracies (uncertain objectives, laws, regulations, accustomed rules, stereotypes and prejudices about clients and the expectations arising from them; see in particular *Lipsky* 1980: 27–70, 140–157.)

[7] Receptiveness to expectation conflicts arising from the equivocal working conditions of social workers is influenced by the theoretically justified approaches recognised by the professional community. If social workers embrace them while training for their profession, they are forced to cope with conflicts in practical situations between the theoretically justified expectations of these approaches and the expectations that arise from everyday experience of the personnel of the employing organisation. It is hence reasonable to assume that in practice, the selection and method of employing theoretically justified approaches is part of the process of coping with the dilemmas involved in the work with client. For example *Payne* (1991: 47 ff.), *Howe* (1991) and *Navrátil* (2002) dealt with the employment of theoretically justified approaches in practice.

[8] Although the term "dilemma" relates to choosing between two options, expectation conflicts and deciding on them may relate even to a higher number of expectations. The complexity of working situations and the comprehensive way in which they are perceived bring organisations' workers to more or less stratified expectation conflicts. These can result not only in "dilemmas",

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A conflict with the surroundings sets in if the entity whose decisions matter under the rules recognised in the organisation[9] promotes an approach difficult to accept for frontline workers. For example, a case conference gives an order "to remove a child from the family", but the social workers insist that this "is an unreasonably drastic measure that will be harmful for the child in the long run". In this case social workers and the persons bestowed with authority and power[10] fundamentally divide upon the issue as to how to respond to a specific working event (such as the situation in the child's family).

It is not necessarily the difference between the expectation of the surroundings and the expectation of the workers that is the source of expectation conflict. The workers may experience discord between their own expectations in their minds. Let us envisage social workers in whose organisation the difficult deciding between the quantity of clients and responsiveness to their needs is routinely put off in the way described above. In such an organisation, nobody expects anyone to be equally responsive to all clients. Thanks to this social workers cope with their job stress and have no intention of changing established practice. Even so they may live with the feeling that things should be different. That were they perhaps more responsive to clients who are generally regarded as "less needy sluggards", some of these might learn to function more independently in social terms. This would be a case where the dilemma would not relate to conflict with the surroundings; it would be the result of an inner conflict between differing expectations of the workers. They expect that their job stress be manageable, and to achieve that they save energy by reducing the quality of their services for the "less needy". At the same time However they expect that those regarded in their organisation as the "less needy", who receive thriftier treat-

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but also "trilemmas" to "polylemmas". However, *Lipsky* speaks just about "dilemmas". I believe that he does so for three reasons. Firstly, the usual language does not provide a summary denomination for a whole aggregate of situations that relate to deciding between various numbers of incompatible options. Secondly, it is simpler for him to reduce complicated complexes of thoughts to "binominals", and thirdly, he works with a tacit hypothesis that coping with "dilemmas" is governed by similar rules as coping with more stratified decision-making situations. If we accept this assumption, we may understand the "dilemma" as an agent within an aggregate of which the agent is a sectional element, and demonstrate with it what also holds true for coping with more stratified decision-making situations.

[9] This entity can be a formal superior or an officially established commission, but equally the collective of co-workers or an experienced colleague respected as a model competent employee, etc.

[10] For the notions of "authority" and "power" see Chapter 5.

ment, should be helped as well. Both expectations seem barely compatible and the workers therefore experience an inner expectation conflict, a so-called "battle of motives".

Whether frontline workers are exposed to a conflict with their surroundings or they experience a battle of motives, either case meets the first of the above prerequisites for the emergence of a dilemma – working conditions have brought frontline workers the necessity to cope with an expectation conflict.

Earlier in this text I presented the "moral sensitivity" of workers towards expectation conflict as the second prerequisite for the emergence of a dilemma. *Fleck-Henderson* (1991: 192 f.) uses this term for the ability "of reading a moral dilemma in a real situation" and being "conscious of the moral nature of the situation."

In the case of the battle of motives this prerequisite is met, because the inner expectation conflict is a display of awareness of its moral nature. The statements "to experience an inner expectation conflict" and "to perceive one's own conduct as morally controversial" can be taken as synonymous. If I place in my own thoughts two expectations against each other that I believe mutually cast doubt on each other, I have admitted to judging them in moral terms.

The presence of moral sensitivity is not so self-evident in the case of a conflict with the expectations of the surroundings. Whether the workers perceive the difference between their expectations and those of someone in their surroundings as morally serious depends on the context into which they place it. Some social workers take an indifferent attitude to the collision between the order "to remove a child from the family" and their opinion that this "is an unreasonably drastic measure that will be harmful to the child in the long run". They may believe that neither removal of the child nor leaving it in a problematic family will substantially change the child's fate. In this case the dilemma does not arise. Another group of social workers will perceive the removal of the child from the family as a step towards the child's deep emotional deprivation that in their opinion will result in irrecoverable and undesirable changes in the child's personality. This group of social workers – who are more sensitive in moral terms in this particular case – face a dilemma they will need to cope with somehow.

This does not necessarily mean though that they will agonisingly decide for each child in their care as to whether to "remove" it or not.

The identification of a dilemma by frontline workers does not mean that they take it as a matter of their responsibility to resolve the dilemma. *Fleck-Henderson* considers "identifying or constructing" a dilemma to be a process that proceeds its "resolving." He maintains that reading a moral dilemma in a real life situation "is very different from" resolving it. This suggests that a dilemma that has been identified will not necessarily be resolved. "It is possible that, when one is routinely faced with certain potentially difficult choices that were agonized over originally, a resolution becomes morally unproblematic by habit and justification." (*Fleck-Henderson* 1991: 188, 192) In this sentence *Fleck-Henderson* systematically defines the assumptions we can read between the lines in *Lipsky*.

Lipsky assumes that street-level bureaucrats "often enter public service with some interest in client-oriented work, embrace professional orientations that call for altruistic behaviour toward clients, and continually interact with clients, thus regularly confronting client characteristics and concerns" (*Lipsky* 1980: 144, see also 81 f.). Their approach to clients tends to be influenced by the myths of "altruism", "care" and "responsibility" as well as the expectation of the professional communities that their members "make clients' needs primary" (ibid. 71–80). "Those who recruit themselves for public service work are attracted to some degree by the prospect that their lives will gain meaning through helping others" (ibid. 72). I believe that these quotations can be interpreted as a display of *Lipsky's* conviction that street-level bureaucrats – and social workers among them – tend to be morally sensitive to those expectation conflicts that are related to responsiveness towards the needs of clients. *Lipsky* therefore assumes that the second prerequisite for the emergence of a dilemma – moral sensitivity of frontline workers to expectation conflicts concerning work with clients – is usually met.

What *Lipsky* is doubtful about is the tendency of street-level bureaucrats to meet the third of the above prerequisites for the emergence of an importunate dilemma – to have the feeling of one's own responsibility for urgently making a difficult choice. He says indeed, that street-level bureaucrats "are functioning effectively and properly under the constraint they encounter" (*Lipsky* 1980: 82) and take "limitations in the work as a fixed reality rather than a problem with which to grapple" (ibid. 144). Hence, according to *Lipsky*, frontline workers are

morally sensitive and therefore they experience numerous dilemmas in their work with clients. Yet they do not consider themselves to be those to urgently make difficult decisions that ensue from these dilemmas and assume responsibility for them.

Although they are able to identify dilemmas, they try to make them slip their minds. They commonly employ approaches that weaken the importunate nature of dilemmas[11]. The resolving of "importunate dilemmas" is therefore rare in *Lipsky's* descriptions of social workers' practice. Instead *Lipsky* describes the dilemmas that are "latent" by their nature: although the workers know or at least suspect that they might be confronting a difficult choice between barely compatible options, they still live with the feeling that the choice does not need to be made urgently. Rather than being present, expectation conflict is impending. Although the moral sensitivity of workers to it is still present, it ceases to be the object of acute awareness. Sometimes it weakens significantly due to rationalisations we will discuss at a later point.

For example job counsellors, according to *Lipsky*, frequently find themselves unable to meet the expectations of their superior personnel from the perspective of success of unemployed clients in finding jobs. Actually the success rate significantly depends on circumstances the counsellors are unable to influence – in particular the situation in the labour market and the clients' qualities that are difficult to alter in the short run. Aspiring to a good rating, the counsellors prioritise those people when offering vacancies who have good prospects for success at employers, thanks to which they achieve a satisfying rate of success. Yet the feeling of a job well done may elude the counsellors, because they have been successful at the expense of clients with less chance for a placement and at

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[11] Although *Lipsky* does not state that street-level bureaucrats "commonly employ approaches that weaken the importunate nature of dilemmas", a reflection on his text leads to the conclusion that he allows for that assumption. This is obvious at the moment he says that he will "study the routines and subjective responses street-level bureaucrats develop in order to cope with the difficulties and ambiguities of their jobs". He follows up this statement by describing the typology of the ways in which street-level bureaucrats commonly ("in everyday life") cope with the tension between their idea of work with the client and the problematic working conditions. This typology describes three types of "habitual patterns" and "symbolic constructs", the purpose of which is "to limit", "to reduce" or "to make more acceptable" three types of "gap" – between demand and resources on one hand, between resources and goals on the other hand and finally between goals and that which is achievable. These "habitual patterns" and "symbolic constructs" are, according to *Lipsky*, a common part of street-level bureaucrats' practice, as he believes that knowing them allows to us to understand "much of the patterned behaviour of street-level bureaucrats and many of their characteristic subjective orientations." (*Lipsky* 1980: 82–83)

odds with the official requirement that all clients be given the same opportunities. Thus the counsellors are confronted with a dilemma of two expectations: "either to achieve the expected success rate or behave in an equally responsive manner to all clients". According to *Lipsky*, they manage to avoid this dilemma through "blaming the victims". The counsellors mutually affirm to one another that the less successful clients are hopeless, lazy and unwilling to work, and that working with them would be a waste of energy that can be dedicated to those who are more hopeful, diligent and interested in work. (*Lipsky* 1980: 107, 153) From this perspective the selection of the more successful ones seems to be a rational method of using limited resources. Choosing between success rate and responsiveness to clients seems to be less urgent, the feeling of moral failure ceases to be the object of everyday attention and delight in success and a good rating is no longer polluted by the feeling of misconduct.

A latent dilemma "treated" in this way "waits" in the minds of the workers for resuscitation of the circumstances that can restore it to an importunate dilemma. This "waiting" However – depending on the circumstances and the nature of the dilemma – may take years. If the means of avoiding the dilemma is successful, everything walks along the path of "out of sight, out of mind". This process can sometimes proceed to a point where the dilemma is entirely suppressed to the latent phase and nobody bothers any more.

The processes of coping with dilemmas are therefore hard to examine by means of interviews. Workers fail to talk about their latent dilemmas for two reasons. Firstly, they do not find them important if they are suppressed to their latent phase, and secondly they do not wish to talk about them. Workers are trying to suppress the dilemma to its latent phase in order to make it "out of sight, out of mind" rather than be "needlessly" reminded of it, which the researchers do by asking their inquisitive questions.

Rationalisations

In *Lipsky's* descriptions of coping with dilemmas, contemplations can be found on the fact that the approach that makes it possible to avoid an impending dilemma is justified in some way (*Lipsky* 1980: 82, 140, 153 ff.). In the language of this study, *Lipsky* alerts us to the fact that the practices instrumental in suppressing a dilemma to the latent phase are often barely acceptable in moral

terms as well as from the perspective of civil rights, political interests, professional regulations, or other aspects. Hence additional, secondary expectation conflicts arise for street-level bureaucrats to which they tend to be morally sensitive. The secondary dilemmas that so emerge are, from the perspective of frontline workers, the result of the practice they use themselves in their own interest. If they are reluctant to give up such practices, they have no other choice but to "rationalise" their use in some way (ibid. xiii, 141).

Goffman (1991: 50) describes "rationalisations" as thought stereotypes by means of which the helping workers can subsequently justify that what might seem incorrect is in fact desirable or acceptable for a reason defined by the rationalisation. Collectively recognised justifications of this sort legitimise either in the eyes of the workers themselves or in the eyes of clients as well as public authorities an approach employed by the organisation in the work with clients, which is debatable for some reason (ibid. 80-88, 330).

According to *Lipsky*, rationalisations rely on prejudices – in particular those prejudices that are related to clients' characteristics. Street-level bureaucrats embrace the prevailing biases of the society and along the same lines they summarise in a simplified way or hastily generalise the prevailing features of those categories of clients that show some identical characteristics (*Lipsky* 1980: 142, 155). Although such summarises are not entirely untrue, they often fail if we want to assume from them the characteristics of individual clients. The problem is that street-level bureaucrats "strongly believe"[12] in their validity for individual cases. This means that they assume and act in a prejudiced manner on their basis. (*Lipsky*, 1980: xiii, 142.)

Rationalisations are difficult to identify. Their advocates trust them and do not doubt that they are a faithful reflection of the actual meaning and "biography" of

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[12] This reflection of *Lipsky* makes it possible to distinguish between the notions of "stereotype" and "prejudice". Along these lines, a "stereotype" can be regarded as a stable idea that the presence of a specific "symptom" – an observable characteristic in a specific category of clients – is accompanied by the presence of other characteristics in the same category of clients. If a worker identifies a "symptom" in a specific client, the worker has two options. Firstly, if he or she finds it necessary to check if the symptom is actually accompanied in the client by the other characteristics anticipated by the stereotype, the stereotype remains a "stereotype". If, secondly, the worker assumes automatically that the other anticipated characteristics of the specific client are present based on knowing the symptom without checking the validity of the stereotype behaviour in that particular case, he or she perceives the client "in a prejudiced manner". The stereotype the validity of which has not been confirmed has become "prejudice" (i.e. "prejudiced stereotype"), because it has been used in a prejudiced manner.

their treatment of clients. To put it more accurately, over time people lose the ability to distinguish between the plausibility of subsequent justification of a practical principle and the original circumstances of its emergence.

Let us take the example of debtors' counsellors who will be discussed in Chapter 7. In 1980s the inrush of the unemployed made them attenuate the provision of long-term immaterial help and brought them to offer just short-term material help to their clients. Some were frustrated by the situation and left their jobs. Material help without the possibility of training the clients in promoting their interests by their own strength did not make sense in counsellors' opinions. Under the pressure of increasing job stress, the other counsellors resigned from earlier attempts to "activate" poor clients by organising a "social action". They decided to provide at least short-term "first aid" to the clients. They ceased to provide a combination of material and immaterial help and publicly justified this change by claiming that only thus can they help at least the neediest clients. They declared themselves to be "condemned to care for the poor" and decided that only "people who have predominantly material problems" would receive their help from then on, while people "who have predominantly immaterial problems" would have to appeal elsewhere. They claimed that this was their response to growing poverty. (*Laan* 1998a: 23.)

It is difficult to tell to what extent this public declaration was a display of an honest conviction. It is more than likely that for the fired advocates of "social action", the breakaway of "first aid" for those with material difficulties from the attempt to empower clients in the long run in their struggle for civil rights was at least difficult. We can therefore assume that the justification of the resignation to immaterial help by solidarity with the poor could be a subsequent justification of the change of approach necessitated by growing unemployment. The advocates of politicising social work usually regard the paying of financial assistance to be a tool for keeping the poor obedient. The question therefore creeps in as to whether they can possibly believe that they can help their clients by what they until recently considered to be "giving alms".

The problem is that the question put this way can only be answered by the above former advocates of political action – the authors of the assumed rationalisation. These would probably repeat the already mentioned justification that – as I assume – probably helped them suppress the difficult dilemma between the

original ideals of the political articulation of the interests of the poor and the loss of the possibility to patiently train, in their working hours, crowds of debtors in political resistance to banks. They could not accept the question of an external observer as to whether their arguments are a rationalisation of a fact difficult to accept. Had they done so, the dilemma they want to avoid would rise before them in full strength and the spell of rationalisation would pass. It might therefore be immoral to ask them about the actual grounds of their justification of the approach they have chosen.

Obviously, rationalisations are a hard nut for those who want to understand the reason for employing certain principles of work with the client. But there is no need to worry one's head about it. The purpose of getting to know the culture of a certain group of social workers is not to determine whether someone is deceiving his or herself or whether they have in fact changed their opinion. This task must be thrown away. It is more important and ethical to seek answers to three questions when learning to know an organisation: "What dilemma could the assumed rationalisation help to cope with according to the workers of the organisation?"; "In what and why, according to them, could the expectation conflict they probably attenuate through rationalisation, be sensitive in moral terms?"; "What do they think they could gain if they – as we assume – avoid the dilemma?" If we find answers to these questions, we will understand what working conditions the workers might find contradictory, why the same conditions could from their perspective bring the difficult choice between the incompatible options and why they might find it expedient to avoid the choice. This can help us understand from what standpoints the workers of the given organisation are used to perceiving their work with clients. In this way we will attain hypotheses on the culture of their organisation instead of becoming uninvited and incompetent judges of their conduct in an attempt to judge the plausibility of the justification of a practice.

The culture of an organisation as a collective manual for avoiding dilemmas

In his whole book about street-level bureaucrats *Lipsky* describes the ways of avoiding the dilemmas in work with the client as collectively employed behavioural as well as mental patterns of practice (see especially *Lipsky* 1980: 81–86, 225 etc.) and refers to them as organisational processes (ibid. 82, 144ff., 155f.

etc.). It can therefore be said that *Lipsky* interprets habitual patterns and symbolic constructs that enable frontline workers to cope with equivocal working conditions and dilemmas of work with the client as the elements of the culture of the organisations[13] he calls "street-level bureaucracies".

Lipsky looks at the culture of these organisations from a specific standpoint. He understands it as a tool which allows the workers of street-level bureaucracies to maintain the dilemmas of work with clients in their latent, less urgent form. *Lipsky* says that the patterns of routines and rationalisations used by street-level bureaucrats as "coping strategies" are "psychological adaptations apparently required by [their] jobs", they "arise in street-level work in response to job stress" and have "psychological importance" for frontline workers (ibid. 86, 140 ff., 151 f.). It can therefore be said that according to *Lipsky*, the culture of an organisation functions as prevention of the psychological stress that would accompany coping with importunate dilemmas.

A frequent and immediate choice between incompatible responses to the client and his or her problems would be extremely demanding for frontline workers in psychological terms. It is therefore understandable that street-level bureaucrats try to avoid this stress. They do this by collectively creating and routinely employing patterns of interaction with clients and rationalisations that allow them to push importunate dilemmas beyond the scope of everyday attention. This routine putting off or overlooking of impending expectation conflicts is "programmed" in the organisation's culture by means of stabilised habits and their justifications. Thus the culture allows the workers to avoid everyday repetition of psychologically stressful decisions between equally unacceptable or, alternatively, equally tempting options.

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[13] By the term "the culture of an organisation", I refer to "cultural bonds", i.e. fellowship relations relying on the collective consciousness of an organisation's personnel. By this "collective consciousness" I mean the joint ideas of the organisation's workers about values, goals and methods of work with clients, about clients and other relevant entities and about the conduct that should exist in mutual interactions among staff members and in interactions with other entities. Collective consciousness construed in this way allows the staff in the organisation to interpret in a mutually comprehensible way working events, ways of behaviour and responses of clients or other relevant entities to everything the staff members regard as worth attention in their work. Bonds based on collective consciousness rest in the fact that people in the organisation can expect that their co-workers will respond to the working life events in a way that is comprehensible for them. Thus they can mutually predict each other's reactions and complement one another by their actions or at least ensure they do not stand in the other's way.

The patterns of interaction with clients and their rationalisation, which make it possible for frontline workers in organisations to routinely avoid importunate dilemmas, become a common part of the approach of street-level bureaucrats to clients. The process of creating such practices and their secondary justification is at the same time a process during which the approach to clients and its key elements are created or become finalised. I am using here the term "approach to clients" for the stabilised and collectively recognised way in which helping workers are used to responding to the client. The key elements of the approach so construed are firstly the preferences[14] the workers try to achieve in treating their clients, secondly the stereotypes[15] from the perspective of which the workers perceive and interpret the characteristics of the clients, and thirdly the rules of behaviour[16] following which the workers are used to act during interactions with the clients and other participants in their life situations.

In terms of preferences, *Lipsky* builds on the assumption that the driving force in avoiding dilemmas is an attempt of street-level bureaucrats towards "making their jobs psychologically easier to manage" (*Lipsky* 1980: 141). It is also important for them "to retain a concept of their own adequacy in the job", which in their eyes means that they can "assert that they are doing what they think is best they can do" and that "they try to do a good job in some way" (ibid. 81f.). In order to fulfil these preferences, they categorise clients using simplified and prejudiced stereotypes, using which they justify the fact that they treat different categories of clients using different rules and provide to them services of variable quality. In this way they can offer to at least a part of the clients a "performance relatively consistent with ideal conceptions of the job" and retain the conviction that they are "capable of doing the job well". (*Lipsky* 1980: 151.) From this perspective, the approach to clients is the result of the process of coping with the equivocal working conditions, and the dilemmas and psychological tensions these working conditions bring in the eyes of frontline workers.

[14] By the term "preferences", I refer to the values, interests, goals and ideas on work with clients the workers in the organisation collectively regard as important.

[15] By the term "stereotype", I refer here to stabilised, routinely employed concepts. These may be, but do not have to be, "prejudiced" (see page 13, note No. 12).

[16] By the term "rules of behaviour", I refer to stabilised and collectively recognised ideas of the workers in the organisation about how to act in interaction with the other workers in the organisation, clients or other entities.

Avoiding dilemmas in social work service organisations

In the following chapters I will deal with the question of how, according to published research results, the prevention of frequently repeated psychologically stressful confrontation with the dilemmas of work with the client is ensured in the culture of social work service organisations.

The notion "social work services" refers to the fact that social workers usually accomplish the goals of their intervention using services they mediate instead of providing them directly. In doing so, they sometimes participate in accomplishing the intentions of other specialists, such as judges, doctors, etc. It is hence useful to discriminate between social work itself and the complex of helping services the social workers' activities are part of. In every individual instance, workers of various helping jobs[17] become involved in the operation of such a complex and in practice the complex contributes in one way or another to the accomplishment of the goals of workers from all these jobs. From this perspective, the following question can be asked: "How does a specific complex of services of various helping fields working with specific clients contribute to the fulfilment of the goals of social work?" This question is determining for the definition of the term "social work services". I will be using it to refer to specific complexes of helping services whenever reflecting on their operation from the perspective of this question[18].

When examining the "social work services" defined in this manner, the primary goal of social work will be for me, in accordance with the traditions of this field (see *Bartlett* 1970; *Navrátil/Musil* 2000: 138-145), the provision of help in coping with difficult life situations by strengthening the balance of interactions between the varied characteristics of clients (individuals or groups) and the varied characteristics of their social environment. Fulfilment of this goal depends on the ability of social workers to take into account the life situation of the client as a whole. Two derived, secondary goals of social work start here. The first one is to observe, during work with a specific client, the goals that are laid down on the

[17] Apart from social workers, the operation of helping service complexes can be participated in for example by psychologists, physicians and psychiatrists, lawyers, educators and tutors, counsellors of various focus, attendants, carers or personal assistants, and under certain circumstances also priests, judges, investigators or police.

[18] The same complex of helping services could be analogically regarded as "medicine services" or "psychology services", etc.

basis of findings on the varied types of relevant barriers[19] to coping with difficult life situation by the client as well as on the basis of findings on connections between these barriers[20]. The second goal, which derives from the mutual conditionality of the varied circumstances of the client's life, is to ensure during work with the specific client a sequence of actions of those helping jobs the services of which are relevant for coping with the situation by the given client. Neither the social worker nor his or her client can indeed exist without co-operation with specialists from other helping jobs in overcoming individual parts of the complex of obstacles to coping with a difficult life situation (*Musil* 1999.)

I will use the term "social work service organisations" in this study for the "social work service agencies"[21] or "social work service teams"[22], the workers of which participate in various ways in the fulfilment of social work goals within the social work service complexes.

From *Lipsky's* perspective, social work service organisations defined in this way are a specific type of street-level bureaucracy. Some case studies of social work service organisations describe how their frontline workers cope with those dilemmas that *Lipsky* believes are typical for street-level bureaucracies. The second, third and fourth chapters are dedicated to them. Apart from this, the research of the culture of social work service organisations brings findings on coping with dilemmas not mentioned by *Lipsky*. These are dealt with in the fifth, sixth, seventh and eighth chapters. The question remains as to whether these dilemmas have stayed beyond *Lipsky's* attention because they are specific for

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[19] These can be for example health barriers, psychiatric, psychological, economic, qualification, spiritual, value system, hygienic, relation, organisational and perhaps some other barriers.

[20] Most helping jobs preferably (although not always exclusively) deal with one of the individual barriers to coping with a life situation by people. It is usual that the helping specialist focuses on the compensation or remedy of one of the individual barriers to coping with life by an individual or group. The approach of social workers differs from this focus on the individual dimensions of the client's situation. The client's situation as a whole should be the object of their intervention.

[21] A "Social work service agency" is an employing organisation that provides social work services and employs workers of helping jobs for this purpose.

[22] A "Social work service team" is a group of workers from helping jobs who do not co-operate exclusively with employees of a specific, formally defined formation (agency or its part) in providing their services; instead they proceed jointly with workers of other parts of their agency or employees of other agencies in the interest of achieving a goal, solving a problem or bringing about an innovation. The "team" sometimes pursues goals that exceed the scope of common tasks, in which case its existence is connected with an officially declared or unofficially existing "project". However, "teams" commonly come to exist on the basis of co-operation prescribed by an agency or by legislation in supporting a task for the solving of which no separate department or separate agency has been set up.

the social work service organisations and do not apply to the operation of street-level bureaucracies in general. Whether the answer to this question is positive or negative, it is certain that researchers identify ways of coping with dilemmas in social work service organisations that are in many respects similar to the patterns of routines and rationalisations found by *Lipsky* in all street-level bureaucracies.

Chapter 2: Complex or Simplified Goals

Lipsky (1980 82 ff.) regards simplification of goals as one of the three ways in which social work service people – as with other categories of street level bureaucrats – cope with the overall uncertainty of the conditions of their work. Their work is characterised by a relatively high level of discretion. As a rule, resources (mainly capacity) are not sufficient for the tasks. Any improvement in the provided (free) services results in an increased demand for them. The performance of street-level bureaucrats is difficult to measure. Working goals tend to be ambiguous, uncertain or even contradictory. Clients often do not come voluntarily and they often do not belong in the social strata with which the workers would associate their personal aspirations (ibid. 27 f.).

According to *Lipsky* (ibid. 83 ff.), social work service people cope with these conditions in three ways: by simplification of complex goals, by limiting demand and by treating clients unequally based on prejudices. Using each of these three ways of handling the uncertainty of the working situation is connected with a specific dilemma. Simplification of goals installs a dilemma between complexity and simplification. Limiting demand is a phenomenon accompanying the dilemma between the quality of services and the quantity of clients. Unequal treatment of clients opens the dilemma between a neutral approach without prejudices and discriminating between clients depending on the characteristics attributed to them in a prejudiced manner.

This chapter is dedicated to the dilemma between complexity and simplification of goals in the work with clients. This dilemma follows from the vagueness of goals of social work services. I will therefore commence by describing the circumstances that cause this vagueness. I will define the dilemma between complexity and simplification, which is an accompanying phenomenon of coping with the vagueness of goals, and describe the ways of solving it mentioned by *Lipsky*. I will conclude by giving practical examples illustrating some of the solutions described by *Lipsky*.

Reasons for the vagueness of the goals of social work services

Even the simplest goal of social work services cannot be unambiguous and clear. Even providing a subsistence level benefit tends to be accompanied by contradictory feelings: "Is the assistance benefit help in need or support for laziness?"; "Is it an act of solidarity or disdain?"; "Will its provision free the hands of the drowning man or result in an even stronger dependence of the helpless?" The sheer fact that providing public services is always connected with their moral justification and evaluation (*Hasenfeld* 1983: 9) results in an ambiguity in public services' goals. However, there are more reasons for the ambiguity.

The goals of public services tend to be phrased in a way that says "more like receding horizons than fixed targets" (*Lipsky* 1980: 40). They usually convey a moral vision, a dreamt-of ideal of society that builds on that vision. However, different people associate different conceptions with ideals that in their eyes should justify the provision of a public service. A broad acceptance of a goal therefore requires that its public phrasing express just the rough contours of the ideal. The goal tends to be defined just in general so that different parts of public can associate it with their own idealised conceptions. The workers who provide the services have no other option but to do the same and specify the general goal in their own way.

The ambiguity of goals sometimes results from the attempt of the designers of a specific programme of services to avoid the conflicts that accompany its phrasing. Inability to openly resolve the conflict between differing conceptions takes the creators of the programme to a situation where the unmanaged conflict "is submerged" by phrasing a goal that is broadly accepted but misty. In this way the clarity of goals can be exchanged in the process of programme design for the political stability of the coalition that presently governs the municipal council, to give an example. The resolution (or "continued irresolution") is then a matter for the programme administrators – managers and social work service people (ibid. 41). Under these circumstances, the helplessness of street-level bureaucrats tends to be accompanied by (frequently vain) waiting for "implementing regulations" and "methodological guidance" of the respective programme. If the administrators put the unclear goals of the programme more precisely in their own way, they may be appreciated for their initiative. On the other hand they may face criticism from those programme-makers for whom the conflict veiled by the misty phrasing of goals remained unresolved and who regard the precision of programme goals chosen by the administrators to be unsatisfactory. An

attempt to veil these new conflicts once again may result in an "accretion" of contradictions that have never been openly named (*Lipsky* 1980: 41).

"Uncertainty of social service technologies" can be another reason for ambiguity of goals (ibid., also *Hasenfeld* 1983: 9). With a limited knowledge of the reasons for the life difficulties of clients that tend to be "highly interrelated and yet vary from person to person" (*Hasenfeld*, 1983: 9 f.), it is not always clear whether and mainly how the expected goals can be achieved. In this situation there is usually a growing willingness to adapt objectives to technologies that promise success. These changes of goals can then be a display of flexibility or rather the opposite, helplessness or indecisiveness (*Lipsky* 1980: 41).

Apart from moral, political and technological uncertainty, differences in expectations among the entities involved in the provision of public services may result in vagueness or contradictory social work service goals. *Lipsky* (ibid. 41–48) describes three categories of such conflicts:

Firstly, conflicts between client-centred goals and public demands on the general social role of the agency. An example of these can be the conflict between attempts of an approved school at the social rehabilitation of delinquents and the expectation of the public that the institution will primarily ensure the isolation its wards and the protection of society from them.

Secondly, conflicts between client-centred goals and organisation-centred goals can be the source of an ambiguous situation. A typical example of this type of conflict is the clash between an attempt to provide individualised services to a large number of clients or in other words to cope with a large number of clients, and scarce personnel.[23]

Thirdly, the consistency of goals can be disturbed by conflicts that are the result of multiple street-level bureaucrats' role expectations of conflicting reference groups – representatives of the public, workers of various helping professions, clients, etc. These groups create a "turbulent environment" in the organisation, which "is composed of many interest groups". Each of them tries "to achieve its values and aims through the organisation". (*Hasenfeld* 1983: 9) The number and social diversity of these interest groups increases the likelihood that the organisation will aspire to fulfil barely compatible or contradictory goals.

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[23] Chapter three is dedicated to this dilemma.

Coping with unclear, competing goals

The uncertainty and ambiguity of a working situation that arises as a result of the said circumstances is coped with by the street-level bureaucrats by giving specificity to the goals that are too misty from their perspective and by choosing those from among the competing goals that they believe are compatible. Thus frontline workers "modify" the goals of their work and create "their conceptions of the job" (*Lipsky* 1980: 83, 145). From their perspective, this has a dual purpose:

Firstly, this allows them to "reduce the gap between available resources and achieving objectives" (ibid. 83). To create one's own conception of goals means to transform their idealised, contradictory and barely compatible phrasings into clear tasks that are executable using the available resources. In the workers' eyes, this narrows the gap between intentions and what seems to be feasible and achievable.

Secondly, using their own conception of goals, frontline workers "rationalise the discrepancy between service ideals and service provision" (ibid. 140). In other words, modification helps frontline workers justify the correctness of practically implemented goals if they feel a contradiction between the "service ideal" adopted by themselves and the expectation of other entities. If specified and chosen goals are adopted by a team of co-workers, their conception of the goals becomes the "ideology" of the group or organisation and frontline workers find support in it for their conviction that the conception of goals practiced by them is correct (ibid. 144 ff.).

Accordnig to *Lipsky*, phrasing "their conception of the job" usually[24] results in a certain simplification of a complex and contradictory set of expectations of various entities. It therefore tends to be accompanied by a dilemma between the tendency "to avoid seeing their work as a whole" and "allegiance to a more complex set of goals". The tendency to evade the complexity of "the whole picture" is strengthened by the self-preserving desire of frontline workers for feasible goals. The perceived relevance of the "more complex set of goals" that

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[24] One can find empirical examples of "broadening of goals" (see *Howe* 1986: 91-94; *Clark/Newman* 1997: 119 f.). Hence, social workers sometimes do the exact opposite to what Lipsky describes. The underlying logic is identical: frontline workers cope with the work situation using their own conception of goals. Their objective however is justifying a higher complexity rather than simplification.

tends to be contradictory to the desire for feasible goals is stressed by the ideals of service adopted earlier and by the authority of the expectations of superior personnel, representatives of the public, clients and other entities. (*Lipsky*, 1980: 145 ff.)

A long-term tension between feasibility and the feeling of excessive simplification brings qualms of conscience as well as practical difficulties. Deviation from ideals may disrupt the feeling of meaningfulness of work. Deviation from a publicly recognised task from superior personnel, politicians or clients increases the unfeasibility of the frontline workers' approach and vulnerability of their interests when negotiating for resources. Workers therefore tend to weaken the urgency of the dilemma by "rationalising" their own feasible goals – they subsequently justify them before both themselves and others.

According to *Lipsky*, three types of argument serve to justify the simplified conception of goals, the logic of which can be expressed as follows: "At least someone if not everyone." "There are none as deaf as those who will not hear." "We only do what we're asked for."

The first thesis, "At least someone if not everyone," conveys the conviction that in a situation where there is not enough time and opportunity to help all clients, it is correct to pay special attention at least to some of them (ibid. 145). Workers who often genuinely believe in this justification find it correct to help "the neediest". The selection of the criteria of "neediness" However often remains in the hands of frontline workers. These may, under the veil of "urgency", pay more attention to a group of clients they prefer for other reasons, perhaps because work with them is less difficult.

The thesis "There are none as deaf as those who will not hear" justifies specialisation in those clients whose characteristics predestine them to co-operate well when standard methodological approaches are applied. In this case frontline workers have a tendency to perceive clients as part of "previously established processing categories" and assess their problems along the lines of a well established intervention technology (ibid. 147). Goals are defined in line with the anticipated effects of the technology and the workers' attention focuses on those clients that are capable of successfully achieving these effects.

The third thesis, "We only do what we're asked for," serves frontline workers as a tool protecting them from the possibility that they might begin to deal with what the clients wish. Given the diversity of clients and their situations, this would necessarily result in broadening the variety of goals. Workers reduce the scope of their power by referring to their own incapacity. By doing so, they try to deny that they are capable of providing the services the clients expect. They strictly follow regulations or refuse to make an exception even if they perhaps could. To prove that they actually cannot, they say: "That's the way things are," "It's the law," etc. (*Lipsky* 1980: 149). The reference to "relentless rules or regulations" as well as to the notion of "unchangeable circumstances of the client situation" serves this purpose quite often.

Medicalisation

According to *Lipsky*, the "medicalisation" of social problems is an example of a widespread ideology that helps social work service people avoid the dilemma between the complexity of goals and their simplification. Advocates of this ideology find causes for any troublesome behaviour of people in a personality deficit in an individual. For them, the main diagnostic principle is the idea that specific psychological mindsets contribute to the emergence of specific forms of individual action rejected by the surroundings. They apply this conception without deliberation to all types of behaviour perceived by society as "troublesome", unpleasant or threatening. The likelihood of simplification is considerable in this type of interpretation. It is particularly obvious for example in "rebellious behaviour" and other displays of non-compliance or rejection of established order. In these cases behaviour that responds to the approach of society's institutions is simply labelled "as mere sickness" of the individual. It is assumed in line with the general anticipation that an individual so-labelled will accept the "sick" status including the living conditions and remedial tools considered appropriate by society in the individual's particular instance. (ibid. 148)

The implicit logic and effects of medicalisation are analysed in more detail by *Matoušek* (1999: 38–47) who speaks about three "icons" – "personality defect", "evident diagnosis" and "the only just response". *Matoušek* has encountered these in Czech facilities.

Matoušek maintains that with the "icon of personality defect", the facility wards are regarded as carriers of a diagnostic label rather than integral personalities. For example in detention facilities human individuals are identified by the staff

with their disease or problem. Hence they become a "psychopath", "deviant", "alcoholic", "encephalopath", "psychotic", etc. He believes that the less drastic "granny" or "grandpa" plays a similar role in homes for elderly people, which – uttered with a superior informality – stresses "advanced age" as the underlying cause of all problems. The author points out that some of the said labels "may be reasonable at expert forums where they simplify communication between professionals". In facilities However they "completely declass" the individual in the eyes of everyone he or she comes into contact with (*Matoušek* 1999: 38). In other words, they attribute to him or her the status of a subordinate, sometimes also inferior and by all means a dependent individual.

Matoušek further illustrates the simplifying nature of medicalisation by describing the icons "of evident diagnosis" and "of the only just response". The earlier rests on a conviction that "it is possible to identify with final validity the set of causes of the condition of the client". The ideal of "precise diagnostics" has according to *Matoušek* penetrated into the helping professions from medicine. Medicine has a high prestige and is therefore emulated: psychologists have "psychodiagnostics", social workers come up with their "social diagnoses", criminologists plunge into "penitentiary diagnoses", etc. (ibid. 45).

According to *Matoušek*, diagnostics of this type rest on a simplifying idea that phenomena "with complex determination" can be explained unambiguously, while in fact the unambiguous explanation is dubious. In reality "precise diagnostics" are based on the results of statistical analyses of the effect of various factors on the emergence of troublesome behaviour. The author warns that "all these diagnoses will always remain mere hypotheses that will never be capable of explaining in an exhaustive, definitive way all the phenomena they refer to." For example, nobody "can say with final validity why a certain woman left her husband and children on a certain day, just like it is impossible to definitively establish why in the night a certain young man broke the windows of the cars parked in front of the house he lives in" (ibid.).

Matoušek further notes that by setting down a diagnosis, the author of the diagnosis "anticipates the further handling" of the diagnosed person. This takes us to the "icon of the only just response". "Proper treatment" should follow after a proper diagnosis, defined by a binding description and prescription. Hence if an expert says that parents "harass a child", he or she directs their "treatment"

elsewhere than if his "diagnosis" were to be "unreasonable punishing" of the child. In the earlier instance the child is removed, while in the latter parental counselling is likely to follow rather than removal of the child from the family. *Matoušek* points out that the diagnostic definition and its consequences for the life of the whole family are set regardless of the fact that "it is impossible to find an exact criterion anchoring a boundary between harassment and unreasonable punishment". (*Matoušek* 1999: 46)

However, the ideology of medicalisation knows a solution to this problem. If we complete the story of the "diagnosed" violence of the parents from the perspective of medicalisation ideology, it will be as follows: the expert makes sure whether "harassment" or "unreasonable punishment" took place based on whether he himself/she herself has identified the troublesome behaviour of the parents as the result of the parents' "sickness". If so, the parents' behaviour will be sufficiently pathological and it will be "harassment". If not, the child will not be regarded as one threatened by a pathological environment and "unreasonable punishment" will be the case.

The question arises as to what such precise diagnosing, simplifying, undermining the status of the client and predestining clear approaches for frontline workers in social work services is good for. *Lipsky* gives two purposes. Firstly, medicalisation makes control over the client easier (*Lipsky* 1980: 148). I will follow on this issue in Chapter 5.

In this chapter, we are interested in the second reason, the fact that medicalisation justifies simplification of goals of the work with the client. This happens in two ways. Firstly, thinking from the perspective of medicalisation "provides a defence against personal responsibility of the worker by resting responsibility for clients in their physical or psychological development" (ibid.). Pointing to the personality deficit of the client has a similar role here as the above-described referring to the power restricted by the relentless regulation. Face to face with the mental problems of the client, the worker can justify his or her helplessness or unwillingness by stating that "all in all, nothing more can be done for a person with such a diagnosis".

In addition, medicalisation justifies simplification of goals by offering frontline workers a "clear statement of clients' problems in terms of which responses can be formulated" (*Lipsky* 1980: 148). Focusing on the personality deficit of the cli-

ent justifies the fact that the worker focuses only on partial aspects of the client's situation that are important from the perspective of the organisation and official approach, and he or she proceeds in the prescribed way (*Howe* 1986: 76). If the origin of undesirable behaviour is as complex and uncertain as *Matoušek* states above, the question arises of why so many people believe that a "final diagnosis" can be set. It seems that wishful thinking comes into play here. Social work service people need to argue clearly and compellingly in the official process while somehow coping with the suspicion that their official arguing is strongly simplifying. The magical clarity of an unambiguous and statistically justifiable explanation of the troublesome conduct of clients lets them forget the complexity and uncertainty of the circumstances that have in each individual instance resulted in an undesirable development. Dazzled by the well-arranged diagnosis, they become convinced that their explanation is correct. They can put aside the complicated reflection of the disarranged mess of circumstances, the chain of which has lead the "deviant" to his or her misconduct. In an official process (such as before a court), such a reflection would after all be regarded as "confused and inconclusive".

According to *Lipsky* (1980: 148), the said motives of frontline workers explain the "attraction" and "hegemony" of medicalisation ideology.

One can point out his or her occasional or more systematic experience with social servcie workers who used to follow medicalised approach to their clients. Despite this fact, there is a lack of empirical evidence to support the Lispskie's hypothese concenring the "hegemony" of medacialisation. Individual case studies cannot prove supposed predominance of this approach. Nevertheless, they point out resistancy of medicalised approach towards change.

In this respect, look at the Bielefeld experiment case study by *Otto* (1989). *Otto* describes the unwillingness of lawyers in Bielefeld, Germany, who were reluctant to accept a more complex approach to resolve the cases of juvenile delinquents. According to *Otto* (1989: 526) the Bielefeld judicial practice controlled by lawyers was based on an understanding that the cause of deviations in juvenile delinquents is a "personality deficit". From the perspective of this medicalised (quasi-psychiatric) view it was assumed that the more serious the deviant display is, the more serious the deficit from which the deviation stems, and the fiercer the court's intervention should be.

Using arguments by criminology research, social workers tried to replace the existing "model of personality deficit" with the alternative "model of the delinquent's personality in the situation" (*Otto* 1989: 526). They proposed not to involve the juvenile in resolving the consequences of his or her offence. The task of the social worker no longer was to carry out the pedagogical part of a penalty assessed by the court. Instead, the social worker was supposed to make sure that both the offender and the victim participate in the deciding on the case and to present proposals to the court for its solution. Social workers tried to help the juveniles surmise the consequences of their acts. The interviews with individual delinquents s*Howe*d that the subjective perception of the circumstances of the breaching of the norm differ in individual cases. Based on the differences it seemed to be sensible to formulate different solutions to the individual cases.

Some minor compromises between social workers and the state attorneys were reached under the condition of preserving the dominance of the lawyers. Several attempts were made to appeal to young culprits during interviews at the office of the state's attorney for juveniles. However, the justice staff continued to insist that the case solution goals be defined from the perspective of "personality deficit", a conception preferred by the state's attorney.

Otto unfortunately does not deal with the reasons causing the unwillingness of justice staff to accept the social workers' proposals. Nevertheless, one can suggest following hypotheses, using *Lipsky's* assumptions, about what might have caused the lawyers' unwillingness to accept the change: Preserving the "personality deficit" model might have become an instrument for the lawyers for retaining the power they were used to in their organisation. Another source of the lawyers' resistance can be their fear that applying a more complex model of a "delinquent's personality in situation" cast doubts on professional competence of lawyers who still used simplified approach. The social workers' suggestions may have drawn the attention of the lawyers to the previously neglected aspects of the cases being solved and provoked in them previously suppressed, unpleasant doubts and emotions concerning the suitability of the applied simplifications. Thinking in the categories of law strengthens the lawyers' tendency to choose "the only just response" among the options defined by the law. Casting doubt on the habit of setting the "intensity of the penalty" based on the "magni-

tude of the offence" and the depth of the "personality deficit" regarded as its cause, may have caused the lawyers' decision-making difficulties.

Avoiding alcoholism at the welfare department

How the justification of simplified goals may look in practice is shown by a study of the approach of workers at a county welfare department in California to applicants for welfare benefits with alcohol abuse problems (*Schmidt* 1990: 390-401).

The department workers considered dealing with applications for welfare benefits to be their main task. They faced the issue that there were "a substantial number of cases involving problem drinking in public assistance caseloads" (ibid. 390 f.). At the time of the study, in 1988, the welfare workers had enough reasons not to pay attention to these problems. They overlooked them, although at the expense of facing practical difficulties, qualms of conscience and feeling helpless.

After 1962, America experienced an attempt to combine the administration of applications for welfare benefits with efforts to rehabilitate the beneficiaries to self sufficiency. The attempt encountered criticism from several directions. Social workers argued that administering money suppresses attention to wider work with the client, and promoted restitution to the benefit agenda separated from casework. Conservative politicians feared that caseworkers sympathising with clients would award benefits to which the applicants would not be entitled. The movement for social rights of the poor feared that combining benefit payments with other life circumstances of the poor would work as an obstacle to asserting the right to security, arguing that the beneficiaries need no such rehabilitation. Following the criticism, two types of agency were set up in 1967, one for administering applications for benefits and one for providing personal social services (*Brock/Harknett* 1998: 495 ff.).

This development in the U.S. led to the stabilisation of conceptions that over the next thirty years rejected "the undignifying association of individual pathologies such as alcoholism with the social status of poverty." (*Schmidt* 1990: 391) It was an ideology giving welfare departments the right to deal exclusively with income support and leave services for alcoholics to other organisations. Attempting to pay special attention to the problems of drinking applicants was considered to be undesirable for the welfare department.

Another reason for overlooking alcoholism among the applicants was the risk that associating their problems with the department's tasks could attract public attention to problematic aspects of the whole system of social welfare. Work with poor alcoholics "symbolises the worthlessness of trying to help the poor" (ibid.), and the expectation that they buy more alcohol for their benefits could revive doubts about the moral substantiation of benefits payment. It was therefore clear to everyone at the department that it was necessary to avoid the poor alcoholics becoming a major target population requiring special attention.

According to *Schmidt*, overlooking the drinking problems of applicants was also supported by the troubles encountered in the co-operation of welfare departments with doctors and organisations working with alcoholics. Medical certification was required for the official acknowledgement that a client is "unemployable because of alcohol problems". Practitioners However were reluctant to give it, apprehending that drinking clients would "settle" into the role of officially recognised alcoholics which would allow them to collect welfare benefits, and that the already low willingness to undergo treatment would further decline. The practitioners' willingness to issue the certification was also reduced by the excessive paperwork involved.

Where practitioners' certification was successfully obtained, difficulty set in with participation of the officially recognised alcoholics in the therapeutic programmes, which was obligatory. *Schmidt* notes that the relevant organisations were reluctant to enlist the clients of welfare departments for their programmes. It was not financially rewarding for them and the personnel maintained that the clients of social welfare lacked the motivation which was perceived as the crucial prerequisite for successful therapy by the respective staff. It can be said that from the perspective of *Lipsky's* conception, doctors justified their unwillingness to deal with alcoholism among the poor using the thesis "There are none as deaf as those who will not hear."

It was therefore easier for a welfare department to label a drinking client as "employable" and to try to involve him or her in the department's own training and rehabilitation programmes than toil to obtain a doctor's certification and a vacancy in a therapeutic programme.

These were the reasons for which the intake workers avoided direct naming of drinking problem signs, believing that their task was to write the client's answers

to defined questions in the intake form. The form failed to contain a box for alcohol abuse problems. If the applicant s*Howed* more or less obvious signs of alcohol abuse, no visible attention was paid to that. When some applicants appeared for the intake interview so drunk that "they can barely sign the papers" (*Schmidt* 1990: 394), the officer put the contact to an end and asked the applicant to appear once he or she was no longer under the influence of alcohol. The common approach was clear: no solving of alcohol problems, just tiptoeing around it. Thanks to this drinking clients could be placed among the "employable". If due to drinking problems they failed to remain in a rehabilitation or training programme they were obliged to attend as the "employable", they lost entitlement to benefit and had to apply for it again. *Schmidt* established that the workers would not begin to address the drinking problems of an applicant until he or she repeatedly failed in the job programme.

Some workers However found that approach difficult. Silently observing the clients' alcohol problems was experienced by the workers as a moral dilemma accompanied by a feeling of helplessness. As one of them put it: "I know when somebody's going to go out and buy booze [...] But I can't do anything. A lot of workers feel uncomfortable about this." (ibid. 395 ff.)

The overlooking of alcoholism symptoms among applicants also resulted in difficulties in the operation of the training and rehabilitation programmes. Under the threat of losing benefits, the drinkers labelled as "employable" became involved in the programmes. As a result, people unable to follow participation conditions attended the training and rehabilitation programmes. They would come to the destination late and drunk, behaving impolitely to the programme workers and co-operating poorly. They suffered occupational injuries more often than other clients. It was not really possible to resolve these problems while overlooking the symptoms of problem drinking, which caused significant difficulties to the employment services section staff.

Hence the frontline workers of the department knew on one hand that it was not expedient for the department for both ideological and practical reasons to be concerned with the applicants' alcohol problems. At the same time, overlooking this dimension of the applicants' life situation caused them both moral and practical difficulties. They responded to the situation in two ways.

A minority created "unofficial strategies" for themselves that enabled them to respond to the alcoholism problem in a "non-showy" way. It was possible not to speak explicitly about the client's drunkenness while carefully noting obvious signs of it on the record. Such records could then be used by the other workers as a decision-making background. Another "strategy" used suggestive statements for the same purpose, such as: "Client may have inability to follow-through with program requirements." "Client was unable to focus." "Client had trouble understanding the application process." Some workers informally communicated their findings on the applicant's drinking problems straight to the worker to whom the client was sent. (*Schmidt* 1990: 396)

Most workers, according to the author, dealt exclusively with administering applications for benefits, attenuating the moral disappointment or painfulness of the practical difficulties of the usual approach by justifying the overlooking of the signs of alcoholism by referring to various circumstances. It can be said that these rationalisations were mostly based on the logic of the previously mentioned thesis: "We only do what we're asked for," or alternatively: "We're only concerned with what we're in charge of." By various statements of this sort the workers delimited the scope of their power.

For example the intake department workers pointed out that their documentation "is pretty much regimented" and "there's no place for us to put our own observations, our conclusions". They assured themselves that the narrowing of their angle of view is correct by insisting that "substance abuse is not relevant to their status on GA [General Assistance][25] ". Along a similar path they relieved their conscience by maintaining that the department had "two sections": "Half of us deal with money problems. Half of us deal with social services. The only reason people come to us is for money." (ibid. 394) They also made reference to the fact that they were not capable of assessing alcoholism matters for a lack of qualification: "You see, we're technicians, not professional [...] It's not our place to assess. We have no way of knowing for sure. We're not professionals and it's not our place." (*Schmidt* 1990: 395)

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[25] By the term *"General Assistance", Schmidt* (1990: 392) refers to the social assistance programme funded by the California county budget in which operated the Department of Social Services studied by the author. Workers of the intake department administered applications for benefits funded by this programme.

Some workers put the overlooking of signs of alcoholism into context with the interests and rights of the applicants for benefits. There were two such justifications. Firstly the workers pointed to the fact that many clients were shy of applying for benefits and they would not come to apply until they were really at the end of their tethers. "If I confronted them [with the drinking problem] and scared them, they might not come back." (ibid.) This would violate their rights and a person in need would not be given welfare assistance. *Schmidt* further notes that the workers tried to be very cautious when mentioning alcoholism, because clients had access to their records. The workers knew that the records were public domain documents, and they carefully tried to avoid any note that might be interpreted as humiliating. There were two purposes for this, according to the workers. "They did not want to rub more salt into the wounds" of the applicants who found just the contact with the department humiliating. In addition it prevented troubles that might occur if the client and his or her counsellor ex officio filed a complaint of discrimination in the provision of welfare assistance. In such an instance the record of the intake department worker on the case was used as evidence. It would have been unpleasant for the department if the record constituted testimony in the complainant's favour.

It is difficult to identify to what extent showing regard to the interests and rights of the applicants is a display of sympathy with them and to what extent it serves as an instrument of assuring oneself that unconcern with a client's alcohol problems is actually the right thing. Both are possible and the earlier does not exclude the latter. It is equally difficult to determine as to whether the intake department workers are really not allowed to intervene in the "other section's" competence or whether they hide their qualms of conscience and the already mentioned the helpless feelings behind this and other limitations of their power. The fact that some of them explicitly stated that they faced moral and practical difficulties due to overlooking alcoholism suggests that all the above justifications of overlooking alcoholism enabled at least a part of the workers to moderate their doubts about whether their conduct was correct.

It is likely that the ideology of the intake department workers plays a similar role. They labelled their drinking clients as "employable" in spite of denting the functioning of the training and rehabilitation programmes. They found the difficulties ensuing from this to be more acceptable when they assured themselves that

their task was to "assess their employability, not why they are unemployable." Hence they examined "the client's employability" without taking interest in "the personal habits and characteristics that may be the source of his or her exclusion from the work force". Although they sometimes felt that they did themselves a "disservice", they still insisted that it was more correct to give way to the client's meaning: "Even people who are extremely mentally ill – if they say they are employable, we treat them as employable." (*Schmidt* 1990: 397)

Given what the author of the quoted study writes, it seems that the said justifications of overlooking the signs of alcoholism had after all not managed to overcome all the difficulties brought by neglecting this "delicate" dimension of the applicants' life. It indeed resulted in a situation where the drinking clients went through the whole system repeatedly, because they failed to meet the expectations placed on them. Drunkards repeatedly appeared at the intake department as applicants, either because they failed in the training or rehabilitation programme (ibid. 397 f.), or because after being officially recognised as unemployable due to alcoholism they failed to meet the requirements for participation in the therapeutic programme for problem drunkards (ibid. 398 ff.). At the welfare department under scrutiny, "recycling" lead to a discussion on the effectiveness of the usual approach to applicants' alcoholism.

Rather than a change in approach, the excited debate between managers and frontline workers resulted in sanctification of the existing approach through official regulations. The "functional alcoholic" category was introduced, an euphemism labelling those "problem drinkers who can participate as employables in non-demanding work assignments". The workers draw a clear conclusion from that: "Now we're saying, 'Okay, you are alcoholic and you can work.'" (ibid. 401)

Chapter 3: The Quantity of Clients or the Quality of Services

As noted at the beginning of the second chapter, limiting demand is one of the ways street-level bureaucrats cope with their working conditions according to *Lipsky* (1980: 83 ff.). Limiting demand is an accompanying phenomenon of the dilemma between the quality of services and the quantity of clients. I will therefore focus on the question as to whether the quality of social work services, which is adversely influenced by the disproportion between the small number of workers and the high number of clients, can be improved through increasing the number of workers.

I describe an answer by *Lipsky* (1980) and *Goffman* (1991) who dealt with the dilemma between quantity and quality in public services in the 1950s and 1960s. *Goffman* discusses how the relatively scarce personnel cope with the much greater number of clients in residential organisations. *Lipsky* approaches the same subject from the perspective of services provided on an "out-patient" basis.

There is a unity between both authors in that an attempt to cope with large numbers of clients steers the quality of services in two ways; firstly by reducing the time, energy and attention a worker is able to give to an individual client, and secondly by influencing the culture of work with the client: overloaded workers get used to making the nature of their intervention reliant on the need to cope with higher numbers of cases. The habits making this possible usually do not change much if the organisation's personnel expand; the newly recruited workers embrace them as well. An expanded capacity therefore results, under otherwise unchanged conditions, in an expanded reproduction of the original quality of services rather than improvement.

In this chapter, I will describe the features of the culture that is based on adjusting services to an effort to cope with a greater number of clients. I will also focus on what *Lipsky* and *Goffman* say about the conditions of potential to change this type of social work service culture[26].

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[26] The findings of the two authors also include social workers. Both discuss a broader category of helping workers among whom they explicitly mention social workers (Lipsky, 1980: 3–4, 27; *Goffman* 1991: 312).

Limiting demand in street-level bureaucracies

Social work service people usually have little time and too many clients, who are not used to being responsive enough (*Lipsky* 1980: 27). They cope with the tension between limited working capacity and the number of clients (ibid. 82 f.) and face the "dilemma of serving more clients or maintaining high quality of service." They know that they would probably be able to respond to every individual client flexibly and appropriately to their situation. "But if they did this with too many clients their capacity to respond flexibly would disappear." Should all the needs of clients be given full attention, there would be no time left for other clients. (ibid. 99)

Additional costs of using service

Although working directly with people and influencing individual life situations leaves discretion to the workers dealing with the quantity and quality dilemma, their independence is not limitless. They usually cannot afford to show ostentatiously that they provide services in a limited way or that they overlook the legitimate demands of users. While attenuating their responsiveness, they must still pretend that limiting the quality or scope of services exposed to public control is by no means conceivable. Within this limitation However they have the option of not allowing demand to increase to a stage where providing the services is extremely difficult. If the manageability threshold of demand threatens being exceeded, frontline workers can impose "additional costs" on the users of their services, thus effectively limiting demand. (ibid. 38 f., 87–101)

From the perspective of clients, the additional costs that increase the difficulty of using public services and limit demand for them may take the form of financial expense, loss of time, disorientation or psychological strain. The latter causes some clients to prefer to "give it up".

Increasing the financial expense of using services is less usual but not out of question according to *Lipsky*. The providers may for instance require more and more copies of documents, ideally with a public notary certificate. The financial cost of obtaining the documents increases especially if travelling is involved.

Making the use of a service time-consuming is a form of strain mentioned by *Lipsky* as being more frequent. Creating queues is the most well-known time-consuming technique for penalising excess demand. It is also possible to organ-

ise meetings that repeatedly fail to happen, delay the satisfying of clients through the already-mentioned requesting of additional documents, etc.

Another way of increasing the costs of using services is by failing to provide sufficient information to the user needed to find one's bearings in the system. If this happens, using the service is difficult; it requires time and makes the potential client use the trial and error method, tentatively addressing strange clerks who are not always responsive.

Psychological strain is one of the most effective ways of penalising clients. Among the more drastic forms of this type of additional cost is nourishing the feeling of diminishing personal dignity experienced by some clients of public services. As a less obvious but widespread and very effective form of additional burden, feelings of uncertainty are provoked regarding the course and result of contact with street-level bureaucrats. All of the above methods can serve to strengthen such feelings of uncertainty, burdening the use of the otherwise "free" services and by this way limiting demand, which is not regulated by market prices. This allows the workers to maintain their workload within the limits they themselves find bearable.

Some ways of limiting demand for public services such as creating queues are easily identifiable, while others are less obvious. These are for example rigorous clinching to the procedures defined by laws and regulations, which give the workers an opportunity to point to the limitations of the scope of their own authority and protect themselves against the requirements of clients for responsiveness. (*Lipsky* 1980: 100)

The workers can better shape a case to their own needs if the client's matter is decided without the client being present or observing the progress. The client can have for instance an opportunity to review a list of his or her problems the workers are legally obliged to respond to. The client gains the impression that his or her case is being successfully processed without realising that the list failed to include a decision about what should be done. (ibid. 127 f.)

Techniques that allow maintaining performance within bearable limits through "accepting the judgement of others" (ibid. 128) have a similar effect. A social worker may for example save her time by agreeing to a teachers' conclusion about a child's situation. She puts down her proposals for the court without hearing other involved persons and examining the circumstances of the case. It

is possible then that decisions about people's fates are made on the basis of the prejudiced conclusion of one of the entitled persons rather than comprehensive knowledge of the whole case (*Lipsky* 1980: 128 ff.).

Acceptable workload and routine limiting of quality

Social workers may use the above ways of burdening their clients for three reasons. Firstly because the volume and complexity of work truly threaten to exceed their capacity; secondly because burdening consumption of their services makes their life easier; and thirdly because they need to win time for dealing with matters that are not connected with the tasks of their job. In each of the three cases, i.e. regardless of motivation, the workers' effort to keep work performance within limits acceptable for them brings the stabilisation of "routines" that result in limiting the quality of the services provided (ibid. 100 f.). In this context, *Lipsky* points to two remarkable circumstances.

Firstly the fact that the additional costs imposed on clients with the aim of limiting their demand result in deterioration in the accessibility, responsiveness, appropriateness or reliability of services, or to put it simply, in limiting their quality. This, according to *Lipsky*, does not happen to all clients, but only a larger, less preferred portion. More complicated, vigorously presented or debatable cases, or cases observed by the public, are forwarded to "pressure specialists". These treat the more "sensitive" cases in a more responsive manner, while a majority of other cases is further coped with using routine procedures[27]. A portion of clients is paid sufficient attention, thanks to which within the organisation "a conception is preserved of what services could be under ideal conditions". This protects "some of the bureaucracy's legitimacy" and "the service ideal of agency personnel". (ibid. 133, 138) However, this way of preserving the "service ideal" is double-edged. On one hand it makes it possible to nourish models worth following within the organisation, on the other hand it leaves the principle in the workers' consciousness that that services dictated by ideals need not be given to everybody.

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[27] *Lipsky* points out that forwarding cases to "pressure specialists" is not problematic "when novices ask [...] more experienced workers to handle clients who present difficulties". In fact this practice tends to serve the quality of services well. The quality of services is compromised "when referrals are made not because cases defy workers' abilities, but because they interfere with routine procedures", and "the problem is kicked upstairs, not to seek expertise but to manage dissent or non-compliance." (*Lipsky* 1980: 133)

Secondly *Lipsky* points out that the penalisation of clients through limiting quality occurs "routinely". Workers within the organisation become accustomed to maintaining levels of demand and performance by providing a limited quality. They unconsciously begin to perceive the techniques that were originally meant to allow them to cope with excessive demand as obvious and desirable. In addition, the routine coping with demand by limiting quality affects the conception of intervention goals and understanding of clients by workers (*Lipsky* 1980: 155). The following question therefore arises: "Is it possible to change the habit of routinely providing services of lower quality and adapting working goals and stereotypes of the client by recruiting new workers to increase the capacity of the organisation overstrained by demand?"

Legitimising disciplinary system in total institutions

Goffman (1991[28]) examines the world of a mental hospital seen by him as one of the forms of what is called a "total institution"[29]. In this context *Goffman* describes how a "small supervisory staff" in the institution environment copes with a "large managed group, conventionally called inmates" (ibid. 18).

Goffman's view of the institution staff's approach to "inmates" derives from the idea of "service society". People in it have the tendency to adapt their mutual behaviours to rules common in "the tinkering-services model". This, according to *Goffman* (ibid. 283 ff.), set up historically in "our Western society" as a broadly recognised model of contact between people, and people apply it even

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[28] The book was published for the first time in the U.S. in 1961.

[29] *Goffman* defines a "total institution" as "a place of residence and work where a large number of like-situated individuals, cut off from wider society for an appreciable period of time, together lead an enclosed, formally administered round of life" (*Goffman*, 1991: 11). *Goffman* (ibid. 16) recognises total institutions established: (1) to care for persons felt to be both incapable and harmless (i.e. houses for the blind, the aged, the orphaned etc.), (2) to care for persons felt to be both incapable of looking for themselves and a threat to the community (i.e. mental hospitals, leprosia, etc.), (3) to protect the community against what are felt to be intentional dangers to it, with the welfare of the persons thus sequestered not the immediate issue (i.e. jails, concentration camps etc.), (4) to better pursue some worklike task (i.e. army barracks, ships, work camps etc.) a (5) designed as retreats from the world (i.e. abbeys etc.). All these institutions according to *Goffman* (ibid. 17) have the following characteristics in common: (1) "all aspects of life are conducted in the same place and under the same single authority", (2) "each phase of the member's daily activity is carried on in the immediate company of a large batch of others, all of whom are treated alike and required to do the same thing together", (3) "all phases of the day's activities are tightly scheduled, with one activity leading at a prearranged time into the next, the whole sequence of activities being imposed from above by a system of explicit formal rulings and body of officials", (5) "enforced activities are brought together into a single rational plan purportedly designed to fulfil the official aims of the institution".

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in situations (such as in a shop, hospital or elsewhere) where the tinkering service in its original meaning is not involved. This brings up the fundamental question of *Goffman's* interpretation of the institution staff's approach to inmates: "What happens if the hospital personnel in their interaction with the inmates unconsciously follow 'the tinkering-services model'?" (1991: 283, 288–303) *Goffman* first describes the rules of the interactions that take place under this model, then proceeding to the obstacles to implementation of these rules in the conditions of the so-called "medical version of the tinkering-services model".

Obstacles to implementation of "the tinkering-services model"

Interactions that take place under "the tinkering-services model" copy according to *Goffman* (ibid. 285) the principles of contact between "experts"[30] and their "clients". This contact, in line with the "ideals" of service society, takes place under the following rules: (1) An expert "has a complex physical system to repair, construct, or tinker with" (such as a car, radio, etc.). (2) The system is "the client's personal object or possession". (3) The expert comes into contact with two entities: the "client" and "the client's malfunctioning object". His success depends on his ability of "keeping these two different kinds of entities separate while giving each its due". (4) Clients are regarded as "self-determining beings" that "must be treated with appropriate regard and ritual". (5) The malfunctioning object of client belongs in another world, "to be construed within a technical, not a ritual perspective", from the position of a "disinterested expert". (6) The client respects the "server's technical competence", believing that being an expert, he "will use it ethically"; the client shows "gratitude" and provides a "fee". (7) The service provider puts "effective competence" into the relation, "a willingness to place it at the client's disposal", "professional discretion", "a disciplined unconcern with the client's other affairs" and "unservile civility". (8) The client accepts that the repair of his or her object takes place in a "workshop complex". This means that "the client is not present while the actual work is done" and that "mistakes at work and padding of expenses are easily concealed" from him. (ibid. 285 ff., 291)

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[30] Experts according to *Goffman* (1991: 285) are persons with "a rational, demonstrable competence that can be exercised as an end in itself and cannot reasonably be acquired by the person who is served".

Although the described "ideal" of interaction between expert and client "in the service society of the West" is also tempting for hospitals, mental hospitals and other institutions, it cannot be consistently emulated in the "medical version of the tinkering-services model". "The body" in the hospital (or "mind" in a mental hospital) "is one possession that cannot be left under the care of the server while the client goes about his other business". The client has lots of interests in what is going on with his or her body (or mind) and enough opportunities to see how he or she is treated: "Since the client must reside in the workshop during the active treatment phase of the repair cycle, he is well situated to see the difficulties of assimilating everything that occurs around and to him to the service model." The medical service provider depends on clients reporting the symptoms of his or her disease, refraining from protest during the "repair" and co-operating actively. Unlike the servicing of a possession, "the client is still a participant to be respected in the service relationship." (*Goffman* 1991: 297-302)

As a result, it is difficult if not utterly impossible for the service providers in a mental hospital (or another total institution) to observe one of the basic rules of a successful expert's method, i.e. to approach differently the client as a "self-determining being" on one hand and his or her malfunctioning "technical object" on the other. The "self-determining being of the client" and the "possessed object" are merged into a single being wholly present in the "repair" in the medical model. The expert does not have the chance of approaching the client "with appropriate regard and ritual" while approaching his or her body (or mind) as a "possessed object", from a purely "technical perspective". He faces a dilemma and must decide: one or the other.

And the choice is difficult. Approaching the client's "self-determining being" from a technical perspective of a "disinterested expert" means coming into conflict with such "humane standards" as the expectation that inmates will be regarded as "ends in themselves" and that their personal freedom, need for privacy or personal possession will be respected (ibid. 75 ff.). The client – as a "self-determining being" – is willing to entrust his or her body (or mind) to the experts' hands. Yet approaching him or her "from the perspective of appropriate ritual" represents somewhat of a problem for the medical service provider: "[...] they may find that sympathy with the patient subjects them to emotional stress when

they are uncertain of what is wrong or what can be done for the patient, or when they are certain that little can be done [...]" (*Goffman*, 1991: 298, see also 79).

"Institutional efficiency" and ways of ensuring it

The issue of the quantity of inmates and the need of a scarce staff to cope with them distinctly enters the resolution of this dilemma, the reason being according to *Goffman* (ibid. 76) that "humane standards" in the everyday practice of a mental hospital (or any other institution) come into conflict with "institutional efficiency" and the need to have a high number of inmates respect the institutional regime. I regard *Goffman*'s book as evidence that the need to ensure obedience of a large number of inmates takes mental hospital staff to a technical conception of clients. They approach them as a "malfunctioning object", and even if they treat clients in line with the "appropriate ritual", their conduct bears significant technical and manipulative functions.

Goffman believes that managers and the other staff usually as well, find "institutional efficiency" to be important in the everyday operation of a mental hospital. They identify institutional efficiency with the meeting of two requirements: firstly to keep the obedience of inmates while preserving the existing capacity, and secondly, to leave the impression on the public that humane standards are observed and the official goal of the institution is pursued, i.e. that the inmates receive support in their effort to "relearn to live in society" (ibid. 86 ff.). Although *Goffman* does not state it explicitly, his description of the arrangement of life in a mental hospital radiates a confidence that ensuring "institutional efficiency" construed in this way would be impossible if the work with the inmates were built on an effort to respect them as "self-determining beings". It is rather the opposite according to *Goffman*; the inmates are treated like "malfunctioning" objects of diminished responsibility whose behaviour is "technically" controllable. Along these lines "the patient's life is regulated and ordered according to a disciplinarian system developed for the management by a small staff of a large number of involuntary inmates" (*Goffman*, 1991: 315). I will now describe this "system" in order to characterise the role played in it by the institution's professional staff.

Goffman (ibid.) maintains that the life of inmates in a mental hospital (and similarly in other types of "total institutions") is regulated using the "ward system". Wards are hierarchised from two angles: Firstly the extent to which "misbehav-

iour" is tolerated in the given ward, and secondly the extent of discomfort and limitations to the inmates' possibilities that prevails in the ward. The hierarchy of tolerance and sanction thus arising provides a possibility for placing the inmate, "whatever the level of the [...] patient's misbehaviour", in a ward in which his or her characteristic behaviour is routinely coped with and even tolerated to a certain extent. If the inmate accepts the living conditions in the ward, they are allowed to continue their "misbehaviour" within the ward where they do not bother anyone. An inmate requiring an improvement in their fate "is then made to state verbally that he is ready to mend his ways". If they keep the promise for a reasonably long period of time, they proceed to the next ward and their living conditions improve. Should they resume their "misbehaviour" without being willing to give it up, they would be admonished and returned to the original conditions.

Hence everything depends on "the process of an admitted giving-in". Accepting this requirement may even lead to a stage where the inmate is entrusted during a walk within the hospital boundaries or to town to a relative "who has the incarcerating establishment", i.e. the option to threaten: "Be good! Otherwise I'll send you back." This ensures that the control of behaviour applied inside the hospital transfers even into life outside. The result is that "patient morale on the rebellious wards seems stronger and healthier than on the discharge wards, where there is a slight air of persons having sold out to get out." (*Goffman* 1991: 315)

The last quotation reveals that *Goffman* is doubtful about the contribution of staying in the hospital for strengthening inner integrity of the inmate's personality and their capacity to resist adverse life circumstances better than before the hospitalisation ("incarceration"). In a better case the inmate – thanks to strengthened conformity of his or her conduct – learns to avoid some dismissive responses of their surroundings. Their mind However does not become less vulnerable based on the ward system experience.

Although the "ward system" usually does not have a glorious therapeutic effect[31], it is still an efficient tool for assuring order inside the hospital. Everything

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[31] The reason is the personnel's orientation on control. *Goffman* (1991: 313 f.) defines this view for example in the following way: "Diagnosis [...], may be medical, while treatment is not, the patient being treated merely with the life available for patients of his general kind [...], opportunity for observing the patient is available, but staff are often too busy to record anything but acts of disobedience [...], the treatment given in mental hospital is not likely to be specific to the disorder [...] if treatment is given at all, a cycle of therapies tends to be given across the board to a whole entering class of patients [...]."

is organised to ensure that the inmate changes ward and status three or four times during their first year in the hospital and experience both changes they regard as favourable and changes they regard as adverse. (*Goffman* 1991: 149) It is important here that the prizes easily lost as a result of disobedience rest in access to goods or possibilities considered by the inmate to be obvious things while outside the hospital. A small number of clearly defined rewards and privileges such as the possibility to drink a coffee, smoke a cigarette, decide to speak or read newspapers are offered in exchange for obedience to staff. A small number of easily controllable privileges are quite weighty in these conditions. Their removal has a huge relevance for the inmates, and access to them is the subject of their relentless attention. Through manipulation of these "rewards", the personnel create grounds for winning co-operation of those clients who have a tendency to self-determination and would have enough reason not to co-operate under different circumstances (ibid. 51 ff.).

Role of personnel and "the doctrines of psychiatry"

What role do hospital personnel play in the system? Direct supervisors are tasked with ensuring control over patients "irrespective of patient welfare". To achieve it, the supervisors consider the personal wishes of their charges – "no matter how reasonable, how calmly expressed, or how politely stated" – to be a display of wilfulness and proof of a mental disorder. In an environment where abnormality is expected, normality is never admitted, according to *Goffman*. The supervisors report most displays of this "inherent" abnormality to doctors. The doctors usually confirm the supervisors' judgment and "officially revoke or modify the patient's privileges on the ward or work out a transfer to another ward". Thus the doctors "help to perpetuate the notion that the essential feature of dealing with mental patients is in their control." (ibid. 81 f.)

This standpoint is supported by "the doctrine of psychiatry", according to which the "ward system" experienced by the inmates as a system of forced obedience is "a kind of social hothouse in which patients start as social infants and end up, within the year, on convalescent wards as resocialized adults." This view of the qualified part of personnel gives its members self-confidence and prestige while inducing "a certain amount of blindness". Blindness prevents the hospital personnel from perceiving the ward system as a method of bringing disobedient persons to discipline. (*Goffman* 1991: 150) With the "doctrine of psychiatry",

"the administrative and disciplinary machinery" can be presented to patients, the public and the personnel as a quintessence of medical services of psychiatry: a frame in which the breaking of rules and imposition of a penalty for inappropriate behaviour are regarded as logical consequences of a relapse of psychiatric complaints. The patient's presence in the hospital itself is regarded as a proof of their mental disorder. The punishment of being placed in a worse ward is described as "transferring a patient to a ward whose arrangements he can cope with, and the isolation cell or 'hole' is described as a place where the patient will be able to feel comfortable with his inability to handle his acting-out impulses." (ibid. 330 f.)

The limitations brought by life in the "ward system" allow the hospital to operate also because they ensure the "interest" of inmates in the services of professional and voluntary therapists. These are able to present the desire of the inmates to visit group activities, which according to *Goffman* is invoked by deprivation of the hospital inhabitants, as a sign of the attractiveness of their work. Indeed the possibility "to get away from the ward and the level of supervisory control and physical discomfort there" is an important reward for the inmates. *Goffman* says that the ward system acts like a "piston" that delivers an unmanageable desire of patients to participate in all kinds of official activities. Whether the personnel offers kitchen work, group therapy, relaxation in the park or even training courses, a crowd of candidates is usually guaranteed simply because the proposed activity of whatever kind promises to provide a considerable improvement in living conditions.[32] Therefore the inmates have a tendency to be "freely marched into captivity". (ibid. 201 f.)

Trying to obtain immediate welfare is not the only reason for this. Some inmates feel that participating in various – in particular therapeutic – activities might be regarded as a proof of their "having been treated". Participation in "'higher' therapies" might be presented after leaving the hospital to the employer or relatives as proof that the treatment has actually taken place. The inmates are also aware that participation in therapies and other activities organised by the per-

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[32] Thus for example those who attend art lessons have an opportunity "to leave the ward and spend half a day in a cool, quiet basement, drawing under the soft care of an upper-class woman doing her weekly stint of charity work; a large phonograph played classic music, and" otherwise hardly accessible "candy and tailor-made cigarettes were given out at each session" (*Goffman*, 1991: 201 f.).

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sonnel might increase the staff's willingness to support their efforts to improve their personal living conditions in the hospital or to be released from the hospital. (*Goffman* 1991: 202)

The reporting system helps to meet this expectation. Specialists who would fail to support "their" clients and show appropriate esteem toward them would lack participation at their sessions. They would have to report at the year's end to hospital management that interest in their activities has dropped during the year. Personnel members therefore feel obliged to show "their" charges appreciation and support them in various ways. (ibid. 252-258) Under these circumstances, participation in therapeutic activities is guaranteed, although the personnel must cope with the fact that the presence of the charges is prevailingly a display of their "efforts to improve their living conditions in the hospital" or an effort to "bring the therapist over to their side" rather than a display of an active effort to co-operate in the treatment. (ibid. 202)

It is obvious that inmates exposed to a culture that reserves for them the position of "malfunctioning objects" and makes them subjects of a "technically" designed system of control will after all end up acting as self-determining beings (ibid. 157-280)[33]. It follows that as a result, the therapeutic intervention available to them somewhere at the margin[34] of the obedience control system, fails to meet its end to a considerable degree. *Goffman* believes that in fact therapy is prevailingly not the case in the hospital, and he therefore does not pay much attention to the impact of "ward system" functioning on the quality of therapeutic intervention. Yet he mentions that professionals are displeased if an inmate participates in a psychodrama "merely to meet his girl or to socialise and not present problems and try to get better", or to see inmates "bringing gripes about the institution [...] instead of their personal emotional problems" to group psychotherapy. (*Goffman* 1991: 202)

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[33] The fact that the staffs treat inmates as technically manipulable objects does not mean, according to Goffman, that this is what they are. Rather the opposite, the manipulating action of the disciplinary system inspires a need in the inmates "to express unauthorized distance". This leads to displays of "ritual insubordination" (ibid. 276-280) and brings an "underlife" into existence (ibid. 180). *Goffman* has paid a considerable amount of his research efforts to a detailed description of this aspect of life in mental hospitals (see in particular ibid. 157-280).

[34] *Goffman* says that individual psychotherapy is "rare" and contact with the local psychiatrist "unique" in a state mental hospital. In this situation "an inmate can to some degree forget where he is as he pursues his psychotherapy". According to the calculations Goffman made during his research, "of approximately 7000 patients in Central Hospital [...] about 100 received some kind of individual psychotherapy in any one year." (ibid. 273)

Culture of coping with a large clientele and possibilities of changing it

The ways of coping with a large clientele as described by *Lipsky* and *Goffman* differ in many aspects. Nevertheless both authors in parallel mention the following features of dealing with the dilemma between quantity and quality in public social services:

- "Dominance of quantity": approach to clients is made subordinate to the effort to cope with their number.

- "Unresponsiveness of services": the effort to cope with a large clientele leads to a situation where the services provided are not responsive enough to the needs of (all) clients and do not respond appropriately to their problems and difficulties.

- "Undignified circumstances": a high number of clients are coped with thanks to exposing clients to conditions that are undignified from their perspective and possibly from the perspective of the public. The sharpness of perceiving their insufficient dignity depends among other things on whether the clients or the public buy the "unresponsiveness rationalisations" (see below) formulated by the organisation's workers.

- "Acceptable workload": the responsiveness of services to the needs of (some) clients is limited and the clients are exposed to conditions undignified for them, which allows the workers to maintain the workload within limits acceptable for themselves and adapt the costs of the work-performance to the resources available to them as employees of their organisation.

- "Rationalisation of unresponsiveness": the workers believe that the procedures helping to limit the responsiveness of services to the needs of clients, exposing clients to undignified conditions and allowing them to keep the workload of workers within acceptable limits, are beneficial to the clients. They regard them as rationally designed means of intervention that do good to public goals. They present them as such to one another and to the public where needed.

- "Institutionalisation of unresponsiveness": procedures making it possible to cope with a large clientele become established habits. This means that rather than construing them as methods of coping with difficult working conditions, the workers often regard them as obvious and desirable procedures

used among other things because other workers expect them to do so and because meeting this expectation is checked by colleagues or superiors.

If the procedures making it possible to cope with a large clientele are institutionalised in the form of established habits, collective expectations and checking within the group, it is certainly not suitable to think that their application is solely a personal matter of the workers. "Dominance of quantity", "unresponsiveness of services", "undignified circumstances of their provision", "acceptable workload" or "rationalisation of unresponsiveness" are usually not a display of an individual's will(fullness). Although the impacts of practical application of these principles may appear to clients or an external observer as consequences of moral failure of individuals and it is useful to assess them in such moral terms, I believe that it is equally practical to construe them as a display of an attempt of the work team to check if its members act in a way that makes it possible to keep work performance within tolerable limits. To put it briefly: given the findings of *Lipsky* and *Goffman*, it is practical to regard the practices described by them not only as morally dubious acts of individual will, but also as displays of a collectively promoted and meaningful, from the perspective of coping with working conditions, "culture of coping with a large clientele".

The above "rationalisation of unresponsiveness" principle shows among other things that the culture of coping with a large clientele involves inherent tensions. It is not always easy for the workers to follow the rules they themselves collectively promote in their attempt at self-preservation. Providing services within this framework presents the workers with a dilemma between the need not to exceed the acceptable workload on one hand and the need to approach people in a humane and socially responsible way on the other. The workers can free themselves from that dilemma essentially in two ways. Firstly they may try to construe the practices of coping with a large clientele as reasonably justified procedures that are beneficial to clients. Secondly they may refer to the fact that they cannot work in a high-quality way due to lacking sufficient resources such as time.

Both *Lipsky* and *Goffman* describe the ways of "rationalising unresponsiveness" based on an assertion that the practices of coping with a large clientele are beneficial to clients. These include the "protection of the credibility of the bureaucracy and the service ideal by transferring sensitive cases to pressure spe-

cialists" in *Lipsky* as well as "the doctrine of psychiatry" that makes it possible to "present the disciplinary machinery in the hospital as an embodiment of the therapy justified by psychiatry", as described by *Goffman*.

The requirements for increasing the number of workers is an example of the latter type of "rationalisation of unresponsiveness", which is based on justifying the insufficient quality of work with a lack of resources. The workers attribute various meanings to these requirements.

Firstly, the idea of distributing workload among a higher number of people can be meant as a "moan" and an imaginary "mental vent". A mere thought that "there could be more of us to cope with it" can help people moderate the tension stemming from the feeling that they "are not coping" with their work or that they "cope" only at the expense of treating the clients in a distant way.

Secondly, the same idea can be a means of self-defence. If it is clear that an organisation cannot recruit new employees due to a lack of funds, it is possible to ward off attempts to criticise the unresponsiveness of services to the needs of clients by noisily voicing the requirement to increase the number of workers. The logic of this way of "rationalising unresponsiveness" is: "Give us the required number of people first and then criticise us!"

The third meaning of expressing the requirement for an increased number of workers is the case where someone appeals to it while being clearly aware that compliance with their requirement would have no effect on the quality (responsiveness) of the provided services. It seems that the author of this requirement bargains on job relief through the potential increase in the number of workers, believing that the expected change in quality will either be somehow reported or that "objective reasons" will be found due to which the expected change in quality did not happen.

It is also possible that someone expresses the requirement to recruit a new worker with the sincere hope that the recruitment will help improve the services provided. I believe that in this case it should be admitted that while sincerely attempting to improve the provided services, the author of the requirement is either unrealistic in their expectation of improvement or has forgotten to mention other changes that should be made to meet the author's end. Whatever the case, one objection stands against their expectation: instead of improving the quality of services, a simple increase in the number of workers would result in a

situation where the culture of coping with a large clientele, with all its consequences and contradictions, would simply be pursued by a higher number of workers. Both *Goffman* and *Lipsky* take a position supporting this doubting argument. Let us examine what the two authors say about this matter.

Possibilities and conditions of change of approach

Goffman does not deal with the idea of changing the approach of hospitals to their inmates at all, considering it as unrealistic. In fact he assumes that the "ward system" (and indeed the whole culture of coping with a large clientele) is an inseparable feature of "total institutions". *Goffman* therefore describes the situation into which the hospital places its professional personnel and contemplates what arrangements the personnel can make if they disagree. In this context he mentions – to put it in the language of *Lipsky* – the coping strategies that in some ways accept the principles of "ward system" operation. Some of these strategies involve more or less suppressed displays of denial.

Goffman maintains that specialists are hired by hospitals to provide their services directly in the residential organisation and "to save management the necessity of sending inmates out of the institution". Avoiding the movement of inmates outside the institution is indeed an important condition for preventing them from getting access to the consumer goods and common experiences that are otherwise easily accessible; it is therefore a condition for controlling the inmates and for operation of the "ward system". Recruited for these reasons, the specialists find out "that they cannot […] properly practice their calling and are being used as 'captives', to add professional sanction to the privilege system". The recruited specialist finds out that their work is "a species of public relations work". Therapy is supported by the management just "for show". The only exception from this rule is a situation "when visitors come to the institution and higher management is concerned to show how modern and complete the facilities are." (*Goffman* 1991: 87 f.)

Psychiatrists and other specialist personnel respond in various ways to experience of this kind, according to *Goffman* (1991: 322 ff.): they "leave the state mental hospital" with an idea of going to a place where they could do their specialist work. If they cannot or do not want to leave, they "redefine his role" and become a "wise governor", "devote himself to enlightened administration", pursue research, try to "withdraw from patient contact [...] retreating into paper work", focusing their attention on a "small number of 'promising' patients"[35] or provide "[...] therapy with the lower levels of staff". In an extreme case, they can take a distant, cynical attitude to their role in the hospital, "protecting himself, if not his patients".

Goffman also gives two ways of actively denying the role of specialist in a total institution. The first could be referred to as "accepting the role of an experimenter" who tries "to locate therapy in the full round of daily contacts that the patient has with all levels of staff". In the second case according to *Goffman* it may "occasionally" happen that the specialist "becomes a 'patients' man', agreeing with their claims as to what the institution is doing to them", and "voicing open criticism of the establishment." (ibid.)

A hypothesis is readily available that both of the mentioned forms of active denial of the roles of "controller" and "billboard for the public" can be a challenge to the established orders in the hospital. However *Goffman* does not think in this direction. He puts both "experimenting" and "active criticism from the perspective of the inmates' needs" on a long list of "escape strategies". He believes that using them the specialist personnel deals with their personal situation without substantially changing the operation of the whole "machine". *Goffman* takes this view probably because he regards manipulative control over inmates via the "ward system" as a hardly changeable feature of the culture of coping with a large clientele in residential facility. Even if respecting this assumption of *Goffman*, we still may express the assumption that "experimenting" or "active criticism" can lead to certain changes in the quality of services within the generally limited responsiveness of services that is inherent to this culture.

Lipsky contemplates the possibility of changing quality in a rather similar way. He regards the collision between quality of services and demand for them as an inseparable accompanying feature of the process of providing public services.

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[35] *Lipsky* too mentions this technique of coping with great demand (see above).

However, his pragmatic and reformatory approach is more open to contemplations on the possibilities of remedy than the vigorously critical view of *Goffman*. The fact that in the case of street-level bureaucracies "the demand for services tends to increase to meet supply" is a source of permanent tension between the quantity of clients and the quality of the services provided, according to *Lipsky*. He actually believes that availability of public services "'pulls demand, not the other way around". If public services have additional resources available and they extend the offer, the extension is swallowed by the existing "reservoir of demand for public services." (*Lipsky* 1980: 33 ff.)

Lipsky maintains that the quality of the offered services is influenced by the fact that street-level bureaucracies are "trapped in a cycle of mediocrity". If an agency improves services and its workers respond better to citizens' needs, the demand for their services increases and tension arises between the capacity of the agency and demand. With the absence of a price mechanisms that would under different circumstances attenuate the increase in demand for the higher quality service, the workers respond to the unbalance by limiting the quality of services and making their use complicated. These limitations apply until indifference to the needs of clients reinstates a manageable proportion between the capacity of the agency and demand. (ibid. 38)

The "reserve demand" that can be activated by increasing the capacity or quality of public services, exists among the existing clients of the agency. The clients of whom the workers are in charge are informally divided into "active and inactive categories" for the sake of keeping workload within acceptable limits. If new workers are recruited, they take a part in the inactivated cases. The agency preserves the number of registered clients, although in fact it has established contact with more people and provided them with more services. The time spent with one client remains unchanged. (ibid. 36)

Lipsky maintains that for the above reasons and "if other conditions of work remain the same", increasing public budgets allocated for wages will not change the way of interaction between worker and client and that from a long-term perspective "increased capacity results in reproducing the level of service quality at a higher volume" (ibid. 36 ff.). In the language of this chapter, thanks to higher public spending there will be a higher number of personnel approaching clients in the same way as before, and the goals and standards of the culture of coping

with a large clientele will not change substantially. However *Lipsky*, unlike *Goffman*, adds: "It will be this way until other circumstances change." And he works out reflections on how to face the tendency of public agency frontline workers towards "drifting into the old patterns" of work with clients. He believes that changing the "culture of coping with a large clientele" is possible if the following three circumstances are successfully achieved:

Firstly, it is necessary to act against the workers seeing only the expectations of their colleagues from work as important. Clients should have an opportunity to observe the methods of work of public agencies' workers in an established and routine way, understand them well and become an influential authority for them. *Lipsky* adds that exposing the bureaucrats' decision-making to the clients' attention means to strengthen "a client orientation" even if the clients are "limited in their understanding of the ramifications of decision making". (*Lipsky* 1980: 208)

The second condition for changing quality according to *Lipsky* is that the universities – where students can be inspired to deflect from the established practice – are delivering some of their teaching "in the field" and that students are "receiving training from teachers who shared an office practice with their students". This is important because this way the future specialists will find a balance between experience with the existing working conditions and established practice on one hand and theoretically justified alternatives to this practice on the other hand. (ibid. 209)

The third important stimulus for changing quality in the culture of coping with a large clientele is "cultivation of critical support and thoughtfully asking questions" and their inclusion in "routine practice": "Built into every week of practice should be opportunities to review individuals' work, share criticism, and seek a collective capacity to improve performance." (ibid. 209 f.)

Chapter 4: Neutrality or Favouritism

As noted at the beginning of Chapter 2, treating clients unequally based on prejudice is one of the ways street-level bureaucrats cope with their working conditions according to *Lipsky* (1980: 83 ff.). The dilemma between a neutral approach, if possible free of prejudices, and differentiating between clients by the characteristics attributed to them in a prejudiced manner is associated with this way of managing uncertainity.

Reasons for differentiation between clients

According to *Lipsky* (ibid. 113), differentiation between categories of clients and providing services of variable quality to members of these individual categories is a common characteristic in the operation of street-level bureaucracies, obviously including social work service organisations.

Lipsky (ibid. 105 ff.) says that clients are differentiated between for four reasons. Firstly because society expects social work services to flexibly respond to one-off situations and approach people with respect to the individual circumstances of their lives. Social workers who want to be up to this expectation will be receptive to distinctive needs of their clients (individuals or groups) and will differentiate between them on a case-by-case basis[36].

Secondly, the helping workers may pay unusual attention to a certain group of clients because they want to help their fellowman and contribute to an improvement in people's lives. Sometimes they can do so from pure altruism, while sometimes the neighbour's well-being matters less, because they are tempted by the possibility of deciding independently, concentrating on a specific category of clients of their own free will and hence attending to work that gives them greater satisfaction. *Lipsky* believes that if they have such a possibility, they stick to it relentlessly. It matters more for them than satisfaction from help to others. If motivated like this, they perceive appreciation of the help they provide to the selected category of people as an entitlement to independent decision-making. Rather than a goal, working for one's fellowman becomes an instrument of one's own independence.

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[36] For more information see the sixth chapter.

Thirdly, differentiation between categories of clients makes it possible to manage resources. In these terms, the selection of clients is regulated in two ways. Sometimes organisations are required to differentiate between clients based on their legal entitlement to the use of public services. If this is the case, they divide clients by the characteristics that either entitle the clients to use resources or services, or rather the opposite, withdraw the entitlement from them. However, the process of selecting clients based on resources management is not regulated just by official rules. The discretion usually possessed by street-level bureaucrats within their organisation's rules allows them to use the resources – that are usually not enough to serve all clients – where it brings more benefit. It must be said that they can apply their own ideas of what a "benefit" is.

The fourth reason for differentiation between clients is the fact that providing services of different quality to different categories of clients helps social work service people cope with the workload, ambiguity and psychological strain of their job. In this case differentiation takes place for reasons connected with resolving the workers' dilemmas and problems rather than an attempt to better use resources to the benefit of clients.

Put briefly, the reason for differentiation between clients from the perspective of frontline workers can be an attempt at individualisation of their approach, a desire to help one's fellowman, a desire for discretion about one's own satisfaction from work, an attempt to manage resources, a conviction that rules concerning the handling of resources must be observed or also the need to cope with the difficulties and problems of life in the organisation.

Subordinating practice to prejudices about clients

Whether differentiation follows a primary purpose of one kind or another, frontline workers employ their own understanding of clients (*Lipsky* 1980: 107, 152) and formulate "their conceptions of the clients" (ibid. 83, 152) for the purpose of differentiating between them. This means that they define the characteristics by means of which they categorise clients, and they pay variable attention to them as members of these categories. In doing so, they often pursue the prejudices applied by broader society in its perception of clients (ibid. 109).

As a result, they subordinate the practices of simplification of goals and controlling demand discussed in the second and third chapters to prejudices about cli-

ents (*Lipsky* 1980: 85). The discretion typical for helping work allows frontline workers to categorise clients using their own terms. Given that the conception of clients on which they build this approach rests in many aspects in common prejudices, they may see the categorising of clients and differentiating between them as justified before broader society. Since the categorisation of clients tends to be a tool of reducing goals and moderating workload, in the eyes of frontline workers common prejudices justify these practices as well.

Lipsky believes that "one's own conception of clients" tends to be influenced by three types of prejudice. These prejudices ensue from the following: firstly sympathy of workers with or their antipathy towards some characteristics of clients, secondly "general evaluations" that inform society on the "social worth" of clients, or thirdly, the assumption of workers that some clients will respond better than others to the intervention provided (ibid. 108 ff.).

As an example, female workers of two district authority social assistance departments in the Czech Republic differentiated between clients using sympathy and antipathy. Just as in their "everyday world", they felt more sympathy with children than to adults in their office. Especially when paying out facultative benefits, they had little hesitation before finding "single mothers with children" and "families with more children" to be truly needy, rather than adult applicants without children (*Winkler* 2000: 117).

One example of differentiating between clients using the common understanding of "socially worthy clients" was described in the United States where public opinion values the restoration of clients' fitness for work. As a result, "employable adults" are more than anyone else regarded as clients of "social worth" by the U.S. public. Agencies working with the blind in the U.S. therefore focus their rehabilitation efforts mainly on the middle-aged and the young. They do this in spite of the fact that most blind people in the U.S. are ageing, soon-to-be pensioners (*Lipsky* 1980: 109).

The approach of American family therapists to poor clients in 1960s can be presented as an example of differentiation by prejudice about the ability of clients to respond to the intervention offered in a desirable way. Without checking their assumption, the family therapists preferred middle class clients and refused to work with the poor whom they regarded as "psychologically 'inaccessible'" from the perspective of their treatment (*Cloward/Epstein* 1965; *Lipsky* 1980: 111).

Based on their personal sympathies, understanding of the social worth of individual clients and their expected response to the services provided, frontline workers create their "rule of normality", by means of which they define the expected behaviour of clients. They set up this anticipation for themselves using two aspects. Firstly defining how a "normal" relationship of a client to social order should look like, and secondly building on the established understanding of "normal" behaviour of a client in interaction with helping workers. They assess the quality of the provided intervention based on how in their eyes the client deviates from the so defined rules of "normality" (*Lipsky* 1980: 112 ff.).

Along these lines, the above-mentioned workers of the Czech departments of social assistance saw as interrelated applicants' entitlement for social assistance benefits and their "decency", assessing decency using various criteria: "From civic integrity and good reputation in place of residence to responsiveness and co-operation in agenda processing." Among those deviating from this standard was, according to them, a "client misusing the system" whom they "identified" by his pointing to the possibility of more favourable solutions, trying to win their favour, threatening to complain or behaving rudely. Such symptoms aroused suspicion in the workers of an attempt to "misuse the system". The workers made such applicants feel their suspicion and were displeased if regulations would not allow them to deny benefits. (*Winkler* 2000: 117 ff.)

What *Lipsky* terms the "rule of normality" is referred to by *Hasenfeld* (1983: 192 f.) as "perceptions of a client's moral character". *Hasenfeld* mentions that the quality of the services provided may depend on how the workers assess the moral character of a client. A negative assessment results in deficient respect of workers for the civil rights of the client, stirs up an attempt to make the scope and quality of help conditional on the client showing regret or repentance, and it may end up in a lack of attention or even ignorance regarding the wishes and feelings of the client. A positive assessment of the client's moral character usually results in a growing feeling of responsibility for resolving their situation, it is accompanied by displays of a partnership approach and can be a motive for giving priority to the processing of the client's problem[37].

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[37] It is worth noticing that *Hasenfeld* puts the assessment of client's moral character into context with those features of quality of services that are relevant in terms of the dilemma between one-sided and symmetric relationships between the worker and the client. This dilemma will be discussed in the fifth chapter.

Hasenfeld (1983: 192 f.) maintains that assessing the client's moral character lies in answering four questions by "human organisations'" workers. The first question is: "Is the client 'morally responsible for [his or her] difficulties', and are they therefore guilty for their situation, or are they in fact the victims of circumstances they are unable to influence?" The second question has to do with improvement potential: "Is change achievable in the client?" The third dimension of the client's moral character is characterised by the following question: "Has the client 'moral capability of making decisions' for himself or herself?" The fourth question asks how society views the client: "What is the 'social worth' of the client?" *Hasenfeld* adds that answers to these questions usually derive from established ideas characteristic for the "cultural and normative context of the organisation" (ibid. 193). How compelling these ideas are depends on how they are linked to the prejudices generally accepted throughout whole society.

Conflict with the requirement for neutrality

Prejudices and understanding of "normality" are not the primary reason for differentiation between clients. They serve as criteria for determining differences between clients, the purpose of which is to justify simplification of goals and the practice of maintaining workload within acceptable limits. According to *Lipsky* (1980: 109, 113), this approach is not surprising or questionable, neither for the public nor for the helping workers insofar as the clients are differentiated between on the basis of prejudices also accepted by broader society; in other words, until differentiation becomes a target of criticism for some of the directly concerned or upset groups of citizens. This happens rarely, because the prejudices of social workers "respond to general orientations towards clients' worthiness or unworthiness" (ibid. 109), and differentiation between clients can therefore be seen as a way of "institutionalising" prejudices that pervade the whole of society (ibid. 115).

Thus the helping workers and the public often have identical understandings of "normality" or "moral character" of different categories of clients. Yet differentiation on the basis of prejudices comes into conflict with the legitimate principles of social work functioning, the reason being that "moral neutrality" is expected from social workers in the modern society. Street-level bureaucrats "are expected to treat all people in common circumstances alike". (ibid. 85, 151)

This expectation is deeply rooted in the "bureaucratic", "professional" and "civil" cultures alike. It should be said that they are different and even antagonistic worlds in a number of aspects. A "bureaucrat" places emphasis on officers deciding by impersonal, unambiguous and previously set clear rules given in writing. "Professionals" should use their own judgment to look for unknown solutions to complicated and therefore unrepeatable cases. "Citizens" associate at their own discretion to defend their joint interests and voice or implement rules by which bureaucrats and professionals should proceed in the citizens' interests.

In spite of these differences the advocates of bureaucracy, professionalism and citizenship are united in one requirement: "The characteristics of clients should not influence the quality of the service provided to them by the helping worker!" Although the quality of service is defined from different aspects in the contexts of bureaucracy, professionalism and citizenship, in either case it is expected that the helping worker proceeds, regardless of the status of clients, by identical rules. In every case he examines, the bureaucrat should proceed in the same way and using the same previously set criteria. The professional is called by the ethical code of his profession to responsibility for making sure that each client receives the services required by his/her individual situation. This means paying appropriate attention to all clients regardless of differences in opinion, race, etc. Clients are citizens and as such they are bestowed with identical ("civil" and "human") rights according to the ideology of modern society. Every citizen including social workers should respect these "equal" rights of the clients.

"Unequal treatment" or "favouritism" (*Lipsky* 1980: 151) to which prejudiced differentiation between clients leads is in conflict with all these requirements. Even though differences between clients may seem obvious to many people and the stereotypes of their "un/worthiness" justified, a public worker should "have an equal scale for everyone", in line with the ideals of modern democratic society. If they do not feel obliged to it by the very allegiance to their office, they are called to responsibility for equal approach by their professional community, local fellow citizens or a civil association of which they are members. The requirement for an equal approach descends on the social work service person from all sides. Even if they categorise clients by the commonly accepted prejudices, they still feel that something is not right. However justified the unequal attention to the needs of clients categorised in this manner may seem to them in the light

of the same prejudices, their conscience is not entirely clean. They know or at least suspect that they do not act justly in terms of the bureaucrat's and professional's neutrality or in terms of the equal rights of citizens.

If the expectation of a neutral approach to clients is almost "omnipresent", it can hardly be ignored. Yet social work service people act against it in many situations. There are two possibilities: either violating the neutrality requirement is advantageous for them, or the social work service people manage to attenuate the urgency of the neutrality requirements. Two questions therefore emerge: "What is the benefit of prejudiced differentiation that stifles qualms of conscience in the eyes of the workers?" "Or is it perhaps somehow ensured that the qualms of conscience do not emerge at all?"

Coping with the dilemma between an equal approach and prejudiced differentiation

Differentiation between clients takes two specific forms. A group of clients can be eliminated from contact with the organisation, or the organisation does not dismiss clients, but attends more and better to a part of them while the other part is receiving less attention. Social work service people use both practices as instruments of coping with the dilemma between complexity and simplification of goals and between quality of services and quantity of clients. To justify the lesser attention or unwillingness shown to some clients, they appeal to the "none as deaf as those who will not hear" approach (see the second chapter). To save time and energy, they provide poorer quality services to a majority of clients and create specialised sites for problem cases that need a more thorough treatment (see the third chapter). However, by doing so, they come into conflict with the neutrality requirement and expose themselves to the dilemma between neutrality and favouritism.

This dilemma is difficult to escape because – as I mentioned earlier – prejudiced differentiation between clients takes the workers into conflict with the requirement for impartiality of the bureaucrat and the unbiased attitude of the professional as well as with the expectation of respect to the equal rights of the client as citizen. Two options remain available. Firstly it is possible to reject differentiation by prejudices and differentiate between clients solely with regard to their distinctive situation or perhaps with regard to the frontline worker's legisla-

tive obligations. The second option is to persuade oneself that the prejudices based on which the clients are differentiated between are true, and that applying them is therefore correct and eventually good for society.

The first solution – rejecting a prejudiced approach – is difficult to achieve, it is less frequent and results in failure. The second solution – convincing oneself that the prejudices are justified and appealing to them – is much more frequent and its influence should not be underestimated in social work service organisations (*Lipsky* 1980: 114 f. or *Hasenfeld* 1983: 194).

According to *Lipsky* (1980: 115), the reason is that differentiation between clients results in "institutionalisation" of the prejudiced attitudes "that permeate the society". Although there are individuals among street-level bureaucrats who refuse to accept these institutionalised prejudices, the need for coping with uncertainty of working situation and workload supports prejudiced thinking. Indeed it acts as "a barrier to anomalous information that might challenge the routines and orientations that have been developed over time". Attempts to refrain from prejudiced differentiation between clients runs into the fact that a possible change "threatens the existence of coping routines and orientations that serve to rationalise the work".

Under this condition, justification of the practices of prejudiced differentiation is based on the principle of rejecting whatever fails to fit into an established picture of the client accepted in the organisation. A non-standard piece of information that might cast doubt on confidence about the correctness of a prejudice and its practical application "is not heard". This happens because it might cast doubt not only on prejudices, but subsequently on the differentiation that they believe is in place and justifies the simplification of goals and the burdening of a part of the clients with "additional costs". To take seriously information that dents the established understanding of differences between clients is difficult for frontline workers for two reasons. Firstly the information casts doubts as to whether the ways of coping with the contradictions of work with clients are "defendable". Secondly, by doing so the same information erodes the satisfaction drawn by the workers from the feeling that they are acting "correctly". (ibid. 115.)

To avoid these pitfalls, street-level bureaucrats are "receptive to information that seems to confirm the legitimacy of their differentiation of the client world and thus supports their patterns of practice". They therefore tend "to seek informa-

tion among peers" whom they can expect to think similarly, taking the information that confirms common understanding of clients as "important". In short, frontline workers seek empirical arguments that support the validity of their views and prejudices in their own social environment (*Lipsky*, 1980: 114 f.).

Social work service people typically hold the view that "experience provides the basis for knowledge in assessing the client world" (ibid. 115). If the "experience" is interpreted correctly, there is hardly anything to put against this. The problem is that helping workers often handle their experience in a selective and biased manner. *Lipsky* maintains that their favourite way of arguing is to support validity of a prejudice by a separate illustration. They say about the expected characteristics of their clients: "I know it's true because I once had a client who ..." (ibid.) If this is the way a frontline worker appeals to recognition of validity of a prejudice viewed as justified by the public or colleagues, he or she knows that the surroundings will say "yes". The likelihood of encountering a negative response with respect to the credibility of the separate illustration is small. If it is a generally accepted understanding, people around have an equally trusting attitude to his or her prejudice as he or she himself or herself. For them too it helps arrange the varied, ambiguous and contradictory reality around them into a tidy and comprehensible picture on the basis of which it is possible to decide without great, tiring doubts. Casting doubt on the clarity of the picture by a contradicting piece of information would make people around too feel uneasy. And should someone still give an example to the contrary, nothing happens: "The exception proves the rule!"

The meaning of appealing to accepted prejudices

What has been said so far suggests that the primary purpose of appealing to generally accepted prejudices is to justify varying treatment of varyingly assessed clients. Unequal assessment of clients and varying treatment of them in fact serves simplification of goals and maintaining workload within acceptable limits. Thus a single prejudice and the differentiation between clients based on it play different roles in the context of different dilemmas: a prejudice may define the reasons for which it is not necessary to deal with certain problems of some clients. If so, it serves to justify simplification of goals. The same prejudice may also justify the provision of better quality services only to a part of clients. If this

is the case, it becomes an instrument of limiting workload. If, on the basis of the same prejudice, information contrary to the prejudice is rejected, it serves as an argument to the benefit of its own validity and an excuse for violating the neutrality principle. It is therefore useful to view a differentiation practice in three ways – from the perspective of the three dilemmas mentioned by *Lipsky*. I have tried to portray this thought in table No. 1 (see the opposite side).

In the left column of table No. 1 are the four basic practices of differentiation between clients: exclusion of those who are perceived as "less socially worthy" clients, provision of better services to those who are perceived as "more socially worthy" part of clients, greater attention to the clients who will yield a "better rating" for the frontline workers if they change, and greater attention to clients who are expected to be "more receptive to help". Each of these practices has a meaning for the workers who use it from the perspective of simplification of goals, coping with workload and justification of unequal approach to clients. The three meanings usually complement one another. As *Lipsky* puts it (1980: 155), if street-level bureaucrats are to be successful in coping with the contradictions of their work, the ways of coping with workload, conception of goals and understanding of clients "must fit together". The effectiveness of the patterns of workload control, conception of goals and prejudices about clients is given by their mutual interrelatedness.

Hence, the resolutions of different dilemmas of work with the client are connected. Since the following examples given by literature usually refer to just one of the dilemmas separately, I will try to work out and outline the connections to the other dilemmas myself.

Exclusion of the "less socially worthy" clients

Taking aside the heading of table No. 1, its first line is dedicated to a way of prejudiced differentiation that rests in "excluding 'less socially worthy' clients". Although literature does not provide abundant examples of this approach, at least one has been recorded. *Lipsky* (1980: 102) describes a U.S. agency that got rid of a part of clients by failing to print and post posters offering its services in Spanish. The agency managed to limit demand for its services by this way. The Hispanic part of potential clients simply did not learn about them or was able to learn about them with a significant delay.

Tab. 1: Meaning of the ways of differentiation between clients within different dilemmas

PRACTICES OF UNEQUAL APPROACH	WAYS OF COPING WITH DILEMMAS BY FRONTLINE WORKERS		
	justification of simplified goals by appealing to circumstances	justification of controlling workload by differentiating quality of services to different parts of clientele	justification of favouritism using prejudices about differences between clients
	coping with the dilemma between complex and simplified goals (Chapter 2)	*coping with the dilemma between the service quality and the number of clients (Chapter 3)*	*coping with the dilemma between neutrality and favouritism (Chapter 4)*
excluding "less socially worthy" clients	"There are none so deaf as those who will not hear!"	excluding a part of clients by limiting information about entitlement and services	justifying exclusion of a part of clients by prejudice about their smaller social worth
providing better services to "more socially worthy" clients	"At least for someone if not for everyone!"	concentration of the more qualified personnel on a part of clients only	justifying varying quality of services by prejudice about smaller social worth of a part of clients
greater attention to clients who will yield "better rating" if they change	"We only do what we're asked for!"	"creaming": increasing success rate by selecting clients successful by accepted assessment criteria	justifying varying quality of services by prejudice used for assessment in the organisation
greater attention to clients expected to be "more receptive of help"	"There are none so deaf as those who will not hear!"	economising on resources and more success by working with clients regarded as more receptive to intervention	justifying exclusion of a part of clients by prejudice about their lower receptiveness to help

I believe that for the agency personnel, this approach at the same time posed a simplification of goals. Other than the white and black people's problems, the Hispanic population in the United States has some specific problems that require specific forms of intervention. Since the agency got rid of Hispanic clients, its personnel did not have to deal with these problems – at least for a time and not to a large extent. For example, only a small group focused on dealing with the Hispanic population's problems, while the majority of personnel were able not to include them among their goals.

Excluding a whole ethnic and cultural group from the clientele is a rather obvious misdemeanour against the neutrality principle. It is reasonable to assume that the agency personnel as public employees could afford this because poor Hispanic people have the reputation in the U.S. of "problematic, less socially worthy" fellow citizens who "will not hear anyway".

Providing worse services to "less socially worthy" clients

The second line of table No. 1 refers to "providing better services to 'more socially worthy' clients". This version of prejudiced differentiation tends to be described in literature in its more negative form – authors write about why "the less socially worthy" ones are served worse (see for example *Cloward/Epstein* 1965). An article on "institutionalised racism" by *Dodson* (1970) is an example of such a discourse.

Dodson asks the question as to whether public agencies personnel discriminate against their black clients because they hate them, or rather the opposite, whether they hate them because they discriminate against them. He claims that the latter answer is correct. Providing worse services to black people is an established approach that simplifies the personnel's work and saves effort (ibid. 91 f.). Workers taking this path to provide "unshared privilege" to their white kinsmen are in fact "people of good will who lead personal lives of piety". To calm their consciences, they have no other way but "to develop rationalisations as to why they [white people] are entitled to such advantages beyond those of the other race". These rationalisations become a "racist dogma", "mythologies" hindering effective work of agencies in "black neighbourhoods" (ibid. 94 f.).

Dodson (1970: 95) gives a list of characteristics that accompany a black complexion according to the mentioned dogmas and myths. They are: "low IQ", "low social class", "weak ego strength", "lack of the father with whom to relate", "in-

ability to forego immediate pleasures for long-range goals", "matriarchal domination", "culture deprivation" and "lack of preschool stimulation".

As noted in the first chapter, the thought that the said characteristics accompany black complexion becomes prejudice only if its validity is not verified again and again in every individual client of black complexion. *Dodson* (1970: 95) believes that this condition of prejudiced judgment tends to be met: workers usually do not doubt that poor black people "could not participate". On the other hand the workers are willing to admit that some of them may "grow". "Translated into English" according to Dobson, this means that there is a willingness for "being 'washed'" – being transmuted into "reasonable facsimiles of the dominant group members" and becoming a "black Anglo-Saxon". (ibid. 89 f., 96) Thus the potential clients of the agencies in which the described processes take place are divided into three categories according to *Dodson*: white people to whom standard services are provided. Black people who do not show signs of willingness for "being washed" and who are provided no services. The third category is the black people for whom "washing" is acceptable. The agency will help the latter adopt the "manners, language and dress of the dominant group". *Dodson* says that millions from the second generation of immigrants of various minorities have gone through this process in the U.S. He adds that black people have a rather great disadvantage compared to them in that "his colour prevents him from escaping his identity". (ibid. 90)

Greater attention to clients who will yield a "better rating" if they change

This way of differentiating between clients, called "creaming", is given in the third line of table No. 1. The principle is that the social work service people focus their attention predominantly on the clients who seem to be potentially most successful "in terms of bureaucratic success criteria". (*Lipsky* 1980: 107)

Lipsky says metaphorically that these clients are "skimmed off the top" by the workers. He notices in particular that work with promising clients brings the frontline workers recognition in the organisation and success in spite of their failing to manage work with all clients (ibid.). Thus he describes "creaming" as a technique of coping with the dilemma between the quality of services and the quantity of clients. *Lipsky* says: "If all clients are equally worthy but all cannot be served, increasing the rate of personal or agency success becomes a priority." (*Lipsky* 1980: 107) This sentence points to an important difference between

how "creaming" is understood by *Lipsky* and how it is understood by other authors.

The other authors use this term rather freely, labelling by it any selection of clients that is in some way favourable for social work service people (see for example *Dodson* 1970: 91; *Howe* 1986: 32). In this free conception, all the four practices of prejudiced differentiation given in table No. 1 could be regarded as "creaming". *Lipsky* However relates "skimming off the top" solely to a situation where the workers select those among otherwise "equally worthy" clients who will help them win recognition from the employer. Approaches based on rejecting "less worthy" clients or preferring clients "more receptive of help" are not considered as "creaming" by *Lipsky*.

We can assume that "skimming off the top" is not just a way of coping with workload for frontline workers. The possibility of simplification of goals is also connected with it: workers specialise in promising clients and train them in resolving their problems while paying relatively less attention to the problems of other clients. Even if they know that the assessment criteria recognised by the department may be biased or they pursue the short-term interests of the organisation, they still may appeal to them when justifying the misdemeanour against the neutrality requirement.

An example of creaming off describe *Cypher* (1980: 80 ff.) and *Howe* (1986: 5-19) who note that the personnel of Departments of Social Services in Britain preferred work with children and their families in the 1970s. The problems of childcare occupied a greater part of the work of social workers even though these cases were less numerous than cases of elderly people. Cases of children were dealt with by qualified and experienced personnel. Unlike them the cases of elderly people attended by less qualified social work assistants or volunteers.

There was no department that would include in its official strategy a plan to place a part of clients under the sustained attention of workers with distinct professional expertise.

The reasons for this differentiation include for example preferring more complicated, less routine, less stigmatised and less controllable work with children by qualified personnel (*Cypher* 1980: 81, *Howe* 1986: 25-32). The main reason However according to *Cypher* (1980: 81) as well as *Howe* (1986: 128) is that the "moral panic" breaking loose after 1970 in Britain around abused children

caused the problem of violence against children to become "the major concern of the practitioners and their employing departments".

Repairing the credit of personal social services that was found to be failing by the press became an important strategic issue (*Howe* 1992). The ability of departments to protect endangered children against the risk posed by their parents began to be considered a success criterion. The panic around the abuse of children deflected priorities, structure of clientele and practice to the benefit of children. The cases of problem families began to be perceived as a matter of "risk-management" and it was "accepted as natural" that these cases were entrusted to workers with a higher professional competence (*Cypher* 1980: 81, *Howe* 1986: 128).

One can say that the social work service people may have legitimately simplified their work by appealing to the prejudice according to which the children's cases were more complicated and required a more professional approach. They perceived the cases of elderly people as less complicated, setting themselves less demanding goals in their work with these cases and achieving them in a more routine way. By doing so they only did "what they we're asked for". The departments' goals were less complicated and the workload of social workers became better manageable thanks to paying predominantly routine care to the less preferred category of clients (*Cypher* 1980: 82, *Howe* 1986: 27 f.). Also, the workload became better manageable because the time-consuming and professionally demanding attempt at "rehabilitation" of problem families was much oftener than before replaced by official interventions such as "removal of a child"[38] due to fears of another "failure" of the department. Such interventions were no longer used as "last resort" instruments, becoming more often "a routine step to resolution" (*Howe* 1986: 128, 1992: 491 f.).

Greater attention to clients expected to be "more receptive of help"

Frontline workers sometimes differentiate clients on the basis of the prejudice that a part of them will respond in a receptive way to their intervention or that the response of the other part of clients to the intervention will be passive. *Lipsky* believes that unlike "creaming", the motivation for this way of differentiation

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[38] However, this "simplification" by taking official steps more often was paid for by an increased intensity of the dilemma between situational and procedural approaches. This will be dealt with in the sixth chapter.

does not have much to do with success criteria within the department. Instead it derives from the attempt of the workers to achieve satisfaction, which they can get from people who co-operate well or at least respond to the provided help and are usually more successful in using help and managing their difficulties. (*Lipsky* 1980: 111)

In this context *Lipsky* mentions that the personnel of organisations dealing with the family "would rather be assigned to child abuse than child neglect cases". However repulsive a form of criminal conduct child abuse is, the persons involved in it are thought to be much more likely to be responsive to intervention than passive parents who neglect their children. (ibid. 155) If the workers prefer abuse cases without verifying the expected "receptiveness" of the persons involved, a prejudice emerges that in the eyes of the workers justifies concentration of attention on the "more receptive" clients.

The workers deal more thoroughly with the abuse cases, hoping to achieve better satisfaction from work thanks to the response they expect from the persons involved in the cases of abuse. At the same time they are getting rid of the burden posed by the uncertainty of neglect: in most cases it is difficult to clearly establish as to whether neglect happens or the parents' behaviour cannot be classified as neglect (*Horne* 1999: 62). This uncertainty could be only compensated for by a laborious, long-term observation of the case and adding more and more information. It is therefore simpler to focus attention on the cases of proven abuse. Although these are not exactly crystal clear either, the goals of work with them are more obvious.

The workers may justify for themselves the omitting of neglect cases by the idea that they dedicate their time to the "more serious" issues of abuse instead of wasting energy on work with the "hopeless cases" of indifferent and passive parents of neglected children. In addition, they may find support for that idea in public opinion.

Coping with differences between expectation and result

Even simplified goals are sometimes difficult to achieve in spite of all attempts for controlling workload. In this situation prejudiced differentiation helps frontline workers cope with the psychological consequences of the differences between the expected results and what is in fact achieved (*Lipsky* 1980: 83). This hap-

pens in three ways. Differentiation makes it possible to preserve the idea of work done well at least with respect to a small part of clients, it allows a narrowing of the range of clients thought to deserve good quality services, and rids workers of the feeling of responsibility for some failures of social work services (ibid. 151-156).

If it is impossible to work well with all clients, prejudiced differentiation between them makes it possible for frontline workers to approach at least some responsively. They provide to a part what they would like to provide to all clients. At least somewhere this is how they preserve the possibility of acting in a way that is compatible with the "ideal conception of their own work". At least in a part of clients they do not feel a marked inconsistency between what they think the reality should be and what it is in fact. In spite of adverse working conditions, frontline workers can live with the feeling that they are capable of doing their work well. (ibid. 151)

If the workers are able to divide their clients into "victims" and "offenders", into those "capable of change" and the "hopeless" ones, "more capable" and "less capable" in moral terms, or even "more socially worthy" and "less socially worthy" (see above on "normality" and "moral character" of the client), they can justify for themselves and for others who should and who should not be paid full attention (ibid. 152). The ability of marking some clients as "offenders", "hopeless", "incapable in moral terms" or "less social worthy" rids workers of the feeling of responsibility for the fate of the worse judged part of clients and a substantial portion of unsuccessful work (ibid. 152 f., *Hasenfeld* 1983: 193).

Thanks to differentiation between clients, frontline workers can avoid the feeling that things are not what they should be. This must be extremely important for them given that they operate in conditions predestining them to frequent lack of success. To put it metaphorically, curing a hardly manageable quantity of incurables who often do not even want to be cured, plus complying with all those who claim the right to set the result without knowing what they actually want, is no easy thing. It is little wonder then that social work service people try to justify before themselves a simplification that makes their work clearer, and subsequently justify poor success.

The problem is that the prejudices and the differentiation meant to be a tool of coping with an adverse working situation often transform into an end. A preju-

dice must be limitlessly trusted to become a convincing justification. Prejudices control us instead of helping us control adverse working conditions. Take for example the "curability of incurables". Are the so-called "socially weaker" clients indeed "hopeless", or is "dooming them to failure" just our way of excusing our inability to help them?

Chapter 5: One-sided or Symmetric Relationships

The findings of research aimed at organisations culture suggest that social work service people must often cope with a question difficult to resolve, as to whether they should direct clients in their own way or respect them as autonomous partners (*Ohlin/Piven/Pappenfort* 1965, *Couse* 1971, *Satyamurti* 1979, *Fielding* 1984, *Howe* 1991: 159 ff., *Laan* 1998a, *Baldwin* 2000, *Merton* 2000: 189-193 etc.). The dilemma hidden behind this question is called a conflict between "control", "authority" or "monologue" on one side and "care", "support", "help" or "dialogue" on the other. "Control", "authority" or "monologue" are taken as synonyms for "one-sided influence" upon the client by the worker, while the terms "care", "support", "help" or "dialogue" symbolise a "symmetric relation" between worker and client (*Laan* 1998a: 229).

The habits that make it possible in normal working life to avoid the difficult choice between "one-sided influence" upon the client and a "symmetric relation" with him or her may connect to four themes according to the findings of the research conducted so far: the way of communicating with client, the way of defining the client's problems, the way of ensuring influence on the client's conduct, i.e. authority, and finally the role of workers in mediating a balance between the expectation of the social environment and the client.

"Monologue" and "dialogue" with the client

The contradictory ways of communicating with the client are clearly defined by *Laan*. According to him, "monologue" is the first alternative. In this approach the worker looks at the client and the client's situation as an object, confident that his or her understanding of the client and the client's situation is objectively valid, without assuming that the worker's interpretation could be a matter for discussion (ibid. 47 f., 194-199). "Dialogue" stands on the other side, according to *Laan* (ibid. 226-231). In a dialogue, the worker regards his or her own conception of the situation as equal with the client's understanding, taking both seriously and regarding both as a potential matter for discussion. The worker understands the client as a partner in communication and attempts mutual understanding.

The principle of the "problemholder", "help" and "control"

The ways of defining the problems of clients and intervention goals are dealt with by *Úlehla*[39]. From his explanation of the "principle of the problemholder", a relation can be regarded as symmetric in which the worker "helps" to resolve a problem of which the client is a "holder". If however the worker deals with a problem of which he himself or she herself is the "holder", the client is under the worker's "control" and the worker influences the client in a one-sided manner. (*Úlehla* 1999: 28-31) I will answer the question as to who is the "problemholder" using a table by *Úlehla*. I prefer to modify it for the needs of this text (see table No. 2).

Úlehla (ibid.) builds on the assumption that the worker finds some "ways of the client" unacceptable. If they agree upon that with the client (see the upper left corner of table No. 2), "nobody has a problem" and no intervention takes place.

It happens that the client finds some of his or her ways, which are acceptable for the worker, to be problematic (upper right corner of table No. 2). In such a case the client is the "problemholder" and the worker provides him or her with "help" in resolving his or her own problem. Their relation is symmetric.

If the worker finds some ways of client unacceptable and the client thinks the opposite (bottom left corner of table No. 2), the worker is the "problemholder". If, in order to resolve the worker's problem, the worker tries to change the client's behaviour, the worker acts in a one-sided manner and exerts "control".

Tab. 2: "Help" and "Control" by the "principle of problemholder" (see *Úlehla* 1999: 31; reviewed, extended)

ways and behaviour of client are...		... for client	
		problem-free	*problematic*
... for workers	*acceptable*	nobody has a problem, no intervention takes place	worker offers "help" to client who is "problemholder"
	unacceptable	client is under "control" of the worker who is "problemholder"	Both client and worker are "problemholders", worker "helps" or "controls"

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[39] *Úlehla* makes reference to *Gordon*. Unfortunately he does not publish full bibliographic information on the original text by *Gordon*.

In his original table, *Úlehla* failed to include the possibility that the worker and the client agree upon rejecting a part of the ways and behaviours of the client. In such a case they both are "problemholders" and the reasons for the negative assessment of the client's behaviour need to be considered. If both reject them for the same reasons or if the worker accepts in discussion the client's reasons for negative assessment, the client is given "help" in resolving the client's problem. If however the reasons for which they assess the behaviour of client negatively are different, the worker is the "problemholder". The worker resolves the worker's own problem, hence exerting "control".

In summary, "control" according to *Úlehla* is identical with an attempt of the worker to change something the client does not want to change. The client has not ordered "control". "Help" rests in supporting a change the client has ordered or expects.

"Dialogue" is a prerequisite for help defined in this manner: the worker must understand the definition of the problem by the client or agree upon it with the client. In "control", the worker is happy with "monologue", happy to judge the client's ways from the worker's own perspective.

"Constituted" and "inherent" authority

The third dimension of the dilemma between "one-sided influence" on the client and "symmetric relationship" with him or her has to do with the influence the worker has on changes in the client's behaviour. These can be induced by the worker if the worker "has authority".

Yelaja defines "authority" as the worker's power recognised by the client to change the behaviour of the client. In these terms, "power" is the ability to cause a change in the client's behaviour that is in line with the worker's intentions. The "authority" of worker lies in the conviction of the client that if the worker wants to influence him or her, the attempt is legitimate and therefore can be successful (*Yelaja* 1971: 232 f.). In this respect "authority" is the potential power of the worker. The worker "has" it even if he or she currently does not use it.

We can understand the above-discussed "monologue" as a communication in which the worker only counts on his or her own authority. "Dialogue" emerges if both worker and client recognise each other's authority and both find it correct that they can mutually influence each other.

A worker may apply two types of authority towards a client: "constituted authority" of his or her office and the "inherent authority" of himself or herself (*Schweinitz/Schweinitz* 1971: 123, *Yelaja*, 1971: 233 ff.).

"Constituted authority" insists in recognition of the influence given by the position of the worker in the organisation and the mandate delegated to the organisation and consequently the worker by legislation or by a different kind of delegation.

The "inherent authority" of a worker is based on his or her personal qualities. It is the authority of a wise, experienced, scholarly, responsive, consistent or devoted individual spontaneously accepted by people who expect help.

The application of "constituted authority" tends to have a one-sided character, while "inherent authority" depends on certain symmetry of relationships between worker and client.

If the client recognises "constituted authority", it is usually the result of a one-sided superiority of the worker who thanks to his or her office has the possibility to make resources accessible to the client (for example social assistance benefits, consultancy etc.) or bring about "punishment" (such as proposing to the court removal of a child from the family, initiating restitution of court proceedings etc.). The worker has superiority and the client tries to prevent a one-sided decision through which the worker would use his or her superiority to the client's disadvantage.

The client can achieve this in two ways. Either they are able to compromise or corrupt the worker, or they must try to meet the worker's expectations. Little is known about the possibilities of social work clients balancing the superiority of the worker with a compromising piece of information or corruption. It is generally thought however that the chances of clients for weakening the "constituted" superiority of workers are small (*Fielding* 1984: 33). It follows that if the client wants the worker to decide on the resources and "punishments" available to them to the benefit of client, the client usually must recognise the worker's superiority and try to meet their expectations. Thanks to this the worker has authority that is literally "constituted" to them. The worker himself or herself has come by the authority by not committing demonstrable (!) misdemeanours against morals, regulations and the legislation. In relation to a specific client however the worker need not create the authority of their office; they can apply it in a one-sided manner.

"Inherent authority" has a different nature. The worker must aspire to it from the initial contact with the client. As a result, symmetry enters the relation with the client. This is nicely illustrated by a study of probation officers carried out in England in 1979. The probation officers described adherence to the bargains they make with their clients. The author of the study, *Fielding* (1984: 33 f.) comments on their account: "[…] the officer does expect the client to keep his word, and so the client could reasonably expect the officer to keep hers […] Consistency of response gives the client an impression of the officer reliability which is vital to reciprocity." The officers spoke about it themselves during their interviews with the researcher:

> Mean what you say, your 'yes' has got to be 'yes' and your 'no' has got to be 'no' too! Otherwise it's one-sided, you expect him to do certain things, but when your part of the bargain comes (you rescind). You need the control to follow through. The self control to do what you say. (ibid. 34)

> If the rules are clear and you follow them (trust is achieved)… A lot of that has to do with you keeping your commitments. Your side of the contract is that you don't keep them waiting half an hour before you see them, if you are late you apologise, you try to tell them why […] There's a lot of responsibility on your side. (ibid. 34)

A worker not aspiring to "inherent authority" can rest his influence on the client in nothing but "constituted authority". He or she expects that the client conforms to them in a one-sided manner in order to avoid punishment and preserve the hope for gaining the resources available to the worker from their official power. If workers want to achieve "inherent authority", they must be reliable and keep their obligations towards the client. Thus the effort to gain "inherent authority" brings mutuality and symmetry into the relation between worker and client.

"Agents of conformity" and "conspirative symmetry"

The fourth dimension of the dilemma between "one-sided influence" and "symmetric relationship" is represented by the question as to what role the worker wants to play in mediating a balance between the expectations of social environment and client. Literature dealing with the question usually understands so-

cial environment as "community". Some authors stress the heterogeneity of "community", which consists of different interest groups with heterogeneous requirements for worker and client alike (*Ohlin/Piven/Pappenfort* 1965: 533 ff.). Others, while casting no doubt on the fact of heterogeneity, stress that the client is exposed to some rather unambiguous expectations that result from "values of […] community" and their "basic rules" (*Couse* 1971: 137).

Social workers essentially agree that their task is to ensure balance between the expectation (morals, law, habits) of the community and the problematic conduct of the client. Dilemmas are provoked by the question: "How to achieve it?" The answer depends on how the workers interpret for themselves the reasons for the client's difficulties. Following their own terms of "the socially worthy client" (see the fourth chapter), they may either regard the client as a "victim" of the pressure brought by the expectation of the environment, or an "offender" of their own difficulties. In the earlier case they find conformity to be the source of evil and they therefore instruct the client in resisting the expectations of the community. In the latter case they see a lack of conformity as the source of the difficulties and they therefore instruct the client in conforming to the expectations. The different evaluations of conformity cause the advocates of either view to deal with different dilemmas in their everyday work.

How to avoid disciplination of victims?

If workers regard the client as the "victim", they look for reasons for his or her difficulties in an unjust social order. They believe that their task is to protect the client against those expectations of the community that disadvantage him or her, and they aspire to a change of these expectations. They regard the protection of the client against unwanted pressure of the community as the client's "emancipation". They perceive the strengthening of conformity as an attempt to subdue the client to the expectations of community and understand it as "disciplination".[40]

Workers who think this way grapple with the "dilemma of the agent of conformity". They are usually employees of an organisation that receives authorisation for its operation from the "community". Its representatives and superiors usually expect that workers will discipline "non-conforming" clients; in other words, to be

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[40] The terms "emancipation" and "disciplination" are used by *Laan* (1998a).

"agents of conformity". It is difficult for the workers to refuse that role, although at the same time they would like to avoid it. If they do not accept responsibility for the disciplination of clients, they expose themselves to negative rating from their employer. If they accept the role of agent of conformity, they come into conflict with their convictions. They want to help clients face "unjust pressure" and fear that disciplination of "victims" of an unjust environment will only deepen their difficulties.

Uncertain results of conspiring co-operation with offenders

The second option is that the workers regard the client as an "offender" who himself or herself is responsible for his or her problems. They look for reasons for the client's difficulties in problematic socialisation of the client's personality and believe that the change of client's ability to respect the "values and basic rules of the community" is a prerequisite for improving the client's personal situation. They therefore aspire to disciplination of their clients, i.e. to remedy "defects in their socialisation" and to strengthening their conformity. For them, the opposite of "disciplination" is "solidifying" those habits of the client judged negatively by the community.

Workers who think this way grapple with the "dilemma of conspirative symmetry". As employees of the organisation and agents of the community, they want to correct problem habits of "non-conforming" clients. To do that however, they need to win their trust and willingness to co-operate ("inherent authority"). They therefore co-operate with clients in a conspiring manner in their effort for the "disciplination" of clients, tolerating their "non-conforming" behaviour, concealing together with them information on their "misdemeanours", etc. The problem is that they cannot be sure whether these displays of "conspirative symmetry" will make it possible for them to win inherent authority in the client's eyes. Tolerance of the client's behaviour may "solidify" his or her inability to respect the "values and basic rules of community". In an effort to remedy the "socialisation defects" of the "offenders", the worker explains to them the requirements of the community on which the worker for the same reason casts doubt in a conspiring way. If the worker wants to introduce a balance between community and client, he or she must first conform to the habits of the client. He or she creates a "conspirative symmetry" with the client without being sure that by doing so they will support the client's "disciplination". The worker is not sure whether the price

for the trust of the client will be "solidification" of their problematic, non-conforming habits.

"By dialogue to monologue", "by monologue to dialogue"

In his book about the legitimacy of social work, *Laan* (1998a: 40) describes how the dilemma between monologue and dialogue influenced the culture of social work services in the Netherlands in the last decades of the 20th century. In the 1970s, many social workers in the country identified with the idea of emancipation of clients through dialogue. In the language of this chapter, they wanted to help their clients defy power, face the expectations of the majority that are adverse for them, and voice and promote their own interests. They believed that mutual respect and equal communication with the poor will ensure this. The 1980s however brought doubts. The steadiness of modern society and in particular its critique by Foucault gave impulse to a suspicion that aspiration for emancipation and equal communication "often revert to the very opposite", resulting in "social disciplining" and strengthening "power strategies of the state". The advocates of communicative partnership realised that aspirations to mutual understanding may become a tool of one-sided manipulation. As a result, the trust in dialogue and the accompanying professional self-confidence of many social workers to a considerable extent vanished (ibid. 15 f.).

It can be said that the social workers in the Netherlands who perceived their poor clients as victims of one-sided manipulation by the majority, bureaucratic and market society, began to regard themselves – to their displeasure – as an instrument of disciplination. As employees of public agencies, they found themselves be confronted with the said dilemma of the agent of conformity.

Laan (ibid. 99-114) believes that one of the reasons for their baffled state of mind was a simplistic understanding of the relation between monologue and dialogue. Initially (in 1960s and 1970s), they concentrated on the idea that monologue was an instrument of the disciplinating forces of political power, bureaucracy and the market, regarding dialogue as an instrument of emancipation of the poor. Although passionately endorsing dialogue (ibid. 207), they were shocked after a time to find out that dialogue could be an instrument of one-sided influence (ibid. 15 f.). This is where they stopped, wrongly enough as *Laan* believes. It slipped their attention that they had the possibility to use their

power superiority (legally delegated powers and the authority of their professional competence) in a way that would help poor clients employ their own view of the situation in an equal manner.

The mere fact that they had power over clients did not prevent partnership in itself, and monologue could under certain circumstances become a precondition for achieving dialogue. *Laan* illustrates this concept using the graphics presented here in table No. 3, modified for the needs of this discourse.

Tab. 3: Communication between worker and client from the perspective of the worker's goals and the way of obtaining co-operation with the client (see *Laan*, 1998a: 110 f., modified)

four solutions of the dilemma between monologue and dialogue		way of obtaining co-operation with client	
		dialogue	*monologue*
worker's goals	*mutual understanding*	"understanding by means of dialogue" (1960s and 1970s)	"understanding by means of monologue" (*Laan*)
	control of the client	"control of the client by means of dialogue" (1980s)	"control of the client by means of monologue"(1960s and 1970s)

Table No. 3 shows four possible solutions of the dilemma between dialogue and monologue. Using them, it is possible to once again characterise the already described development in the understanding of communication with the client among social workers in the Netherlands.

In 1960s and 1970s, social workers were captivated by aspirations for "understanding by means of dialogue" (upper left corner of the table No. 3), refusing "to seize control over clients by means of monologue" (bottom right corner of the table No. 3). *Laan* (ibid. 206) comments on this situation as follows: Back then, in many helping organisations the application of monologue was refused. A strict standard was in place for open meetings, mutual acceptance of differing approaches and the possibility to question points and ideas of anybody, under any circumstances. A conviction prevailed that all parties to a conversation should have an equal possibility to provide their explanations, recommendations, clarifications and justifications while being allowed to confront and refute

anybody's positions so that no prejudiced view could permanently avoid criticism.

Adherence to these rules became a ritual in some organisations. One-sided influence was disallowed so consistently that the very theme of power was taboo. As an unintended consequence of that situation, the exercise of power went "clandestine" and kept controlling communication "from underground". In these conditions "hidden power strategies that cloak themselves by good intentions and limitless understanding" were found practical (*Laan* 1998a: 206 f.). Their application which rests in "controlling the client by means of dialogue" is shown in the bottom left corner in table No. 3. *Laan* mentions "TBR facilities" as an example of an organisation the culture of which was based on that approach (ibid. 99).

TBR[41] are psychiatric facilities in the Netherlands to which some people sentenced to imprisonment are placed due to their "being under restraint". Although the inmates do not dwell in such facilities from choice, the therapists and guards still take considerable efforts to stress the voluntary nature of therapy. "Confession" is thought to be a precondition for therapy there. A newcomer must say the "truth" about themselves – define themselves as sick people in need of help. This happens in a process of forced communication that still shows voluntary attributes on the outside. The therapist maintains an open exchange of views with the patient, which only applies to the convict's personality characteristics. Both parties' views are presented for discussion without reservations. However, the discussion – lead by the therapist – principally avoids an exchange of views on the situation in which the patient has found himself or herself by being placed in the TBR facility. As a result, "limited symmetry" arises. The mutual respect applies solely to the exchange of views concerning the patient's personality rather than their view of being placed in the hospital and the living conditions in it. This limitation provides room for the therapist to lead the patient to accepting or at least declaring a preset "truth" about their personality. (ibid. 107-114)

The study of TBR facilities was among those pointing to the fact that dialogue could be an instrument of "hidden" control. When social workers realised this in the 1980s, their self-confidence was shattered by finding that as employees of

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[41] "TBR" is an acronym for the Dutch "Ter Beschikking van de Regering", which means "under the supervision of the government" (*Laan* 1998: 99).

public agencies they could be participating in "controlling clients by means of dialogue". (*Laan*, 1998a: 206 f.)

Laan (ibid. 111-114, 233) responded to the discovery that dialogue could serve manipulation by noting that monologue too would not always necessarily result in client control, because "understanding" was achievable through monologue upper right corner of table No. 3). *Laan* believes that dialogue rests in a communication where the worker presents the reasons for his or her action, which are subjected to open discussion. Sometimes this would even happen in situations where the worker to some extent proceeds in a one-sided manner.

Thus for example the workers of some organisations are confronted with abuse, addiction displays, mental disorders, etc. In these situations the client may be unable to maintain open discussion on the reasons for the worker's approach. Although the worker decides in a one-sided manner, they may present their justification for discussion either beforehand (through agreement) or subsequently. A client for example in whom there is the risk of a psychotic reaction may issue beforehand, based on agreement and from choice, full powers for the social worker, defining when and how to act (ibid. 213 f.).

In distress, a depressive person or a person unable to act for some other reason can be "slightly pushed in the desired direction" to arouse activity in them. Although not directly based on the client's own ideas, this approach still does not necessarily block further dialogue. If the monologue of the helping person results in the client developing or restoring his or her ability to control the circumstances of his or her own life, it can be regarded as a precondition for future dialogue. The effort to achieve dialogue can become an argument supporting subsequent justification of using a one-sided manner in such a case. According to *Laan*, social workers must now and then fight one thing or another off the client, in which context they are rightfully regarded as agents of social control. Many social workers want to have nothing to do with this. Those who clarify their working position to the client and start fighting with them for a definition of the situation will often discover to their astonishment that by doing so they have strengthened mutual understanding and respect (ibid. 223 f.).

"Clients' infantility" or the worker as a "parent"

> "I thought it is very like your behaviour with your own children. You want them to grow, you want to protect them a little bit but not too much. And you want to care enough to control their more dangerous behaviour, until they can control it for themselves." (*Fielding* 1984: 50.)

The above statement of an English probation officer conveys the "parental analogy" to which, refer the workers of a municipal department of social services in London (*Satyamurti* 1979), personnel of various offices of the British probation service (*Fielding* 1984) or personnel of a Czech half-way-house (*Musil/Hubíková/Kubalčíková/Hamarová* 2001). Perceiving themselves as "parents" and likening clients to "children" makes it possible for the workers to influence clients in a one-sided manner even though they need to maintain symmetric relations with them. As "children", clients lack experience, are unable to help themselves in a number of situations and will not always think about the consequences of their acts. As such they need care and supervision. Whenever baffled, they need the care of the "parents". They need benevolent direction whenever unable to anticipate risks and acting irresponsibly.

Defining clients as helpless and irresponsible, baffled and of diminished responsibility serves workers to handle the tension between the symmetry of personal relations and one-sided interventions in the life of the client. Literature presents three different forms of this way of coping with the dilemma between one-sided and symmetric relationships: firstly, justifying the utilisation of surveillance by claiming that it is an instrument of care "by the parents of their children" (*Fielding* 1984: 50-55), secondly justifying one-sided behaviour of the worker by its analogy with the way parents usually deal with their children (*Satyamurti* 1979: 96-103; *Musil/Hubíková/Kubalčíková/Hamarová* 2001), and thirdly, questioning the demands of the client that makes it possible to maintain performance within in bearable limits by referring to the "elderly people's infantility" (*Baldwin* 2000: 40 f., 50 f., *Musil/Hubíková/Kubalčíková* 2001).

Surveillance as part of "parental" care for "children"
Fielding (1984: 49-52), claims that in the client's eyes the probation officer is a person able to obtain advantages for the client and provide material benefits to him o her. The officer represents clients in their dealing with other agencies and advises them in legal matters. Officers perceive this as a sign of the vulnerability of clients who, unlike them, "are unable to manipulate the system in the way […], to get what [they] want".

Since clients are "vulnerable" and unable to cope by themselves, the officers believe that they "are in need of firm guidance". Therefore, in their own words, the probation officers regard control "as part of my caring job and supportive job towards them", and they add: "As you would with children. It's very like. If you don't set boundaries for people and encourage them to keep to their commitments then you don't care about them. Just as you don't really care about your children if you don't draw boundaries for them and help them to keep to things. […] You're not afraid to control people... because I know how much my child appreciates me controlling him."

Along these lines even punishment should not be understood as a display of impatience, intolerance or anger. The parole officer regards it as "a lesson", "a learning experience" and follow the idea that if clear rules have been set for the clients, it brings them benefit. The client expects rules to be in place and the parole officers believe that he or she would be baffled to see the officer responding otherwise to a breach than by applying power and imposing punishment: "[…] a parent is sometimes very hard in order to help their child […] We get in touch with a lot of youngsters... whose parents have given up knowing when to control and they pay the children off to get out of the way. The children have no framework and... that is a […] cruel thing." The officers stress that "listening sympathetically to clients' everyday troubles" is important, although at the same time they find it important to "give them the sort of dressing down their fathers probably should have given them".

Fielding claims that according to the parole officers the goal of the said approach is not to develop dependence but help "to build up some self-respect": "[…] again what you get back to with children, to create a situation where next time they can deal with the problem themselves." A small part of the officers claim to be aware that their "parental analogy" thinking may take the clients to looking for "dependence", weakening their focus on "responsibility for self". Sometimes the client learns to see the agency as a place where they get care and goodwill ("in a parental manner"). They may then be afraid to take things into own hands and it may be more difficult for them to satisfy their own needs.

"Parents" with no option but punish their irresponsible childlike clients

In the period from 1970 to 1972, *Satyamurti* (1979: 96-103) examined the approach of workers at a department of social services in London to the utilisation of their "constituted authority". Concerning their regulatory decision-making, social workers stated that although they "had come to accept it as a necessary part of the job", they still "disliked" this aspect of their bureaucratic role and "felt reluctant to exercise" one-sided official decisions, mostly "being pressed" by their superiors or other statutory bodies. They experienced this dilemma for example in connection with decisions on involuntary transfers of children to institutional care or hospitalisations in a mental hospital.

The idea prevailed at the department that "the degree to which a social worker could resist client pressure to give financial help was an index of professional maturity, since, it was felt, a good social worker should be able to offer some alternative to money". This pressure made the workers refuse some applications for financial assistance even if they were sure that the family had difficulties and actually needed money. Statutory decisions of that sort were particularly unpleasant for the workers if by implementing them they supported the interests of one family member against the interests of another.

In the said situation, it was important for the workers to be able to "handle more easily the transactions that involved them in the exercise of control", thus reducing "the pain" they experienced when somehow contributing to the clients' hardship or when doing less to mitigate it than was possible. The exercise of official authority, which according to the workers was often the cause of (unnecessary) clients' hardship, was easier and less painful for them if the workers were able to believe that the authoritative decision somehow satisfied the client's expectations or contributed to managing their situation.

To gain this impression they fostered the stereotype of the "irresponsible, disorganised, demanding and dependent" client. To achieve this, they were "diminishing of the client's status as adult and as a citizen", "actively discouraging of independent behaviour by their clients" and "were often behaving towards clients as parents towards children". In common conversations they termed the clients "our inadequate clients" or "our problem mums". It even reached a point where "dependency on the clients' part was, for some social workers, the same thing as a good relationship with the client, and they experienced it as a much

needed confirmation that they were able to offer something of value". If the client behaved in an adult way and tried to be self-sufficient, they "experience this as uncomfortable and confusing". When the client attempted to act like a citizen – writing to the newspapers or trying to get support from their councillor – the workers labelled that approach as "manipulative". By doing so they tried to question the client's demands they perceived as a "threat".

Using this concept of the client wokers reassured themselves in their belief that their clients were unable to fend for themselves and were dependent. Thus they were able to perceive their official interventions and decisions as justified by contributing to improvement of the unpleasant situations of clients who would be helpless and vulnerable without the frontline worker's support.

"Infantility of elderly people" and polite silence of "adult children"

Baldwin (2000: 40 f., 50 f.) describes how "care managers" from two departments of social services in England refer to the modest expectations of elderly people, symptoms of old-age dementia and other mental complaints to justify their belief "that service users are not really interested in participating beyond an assurance that they will meet their needs" and "beyond giving information and receiving a service". This view helps care managers decide in situations where there is not a sufficiently wide range of services in the community to cover the clients' expectations. To make sure that the elderly people do not even voice their requirements is easier for the managers than to explain to the elderly people that their needs cannot be met. They try to show their thoughtfulness when claiming that eliciting vain hopes in clients is no good for them.

On first sight it seems that within the culture described by *Baldwin*, the "parental analogy" is turned upside down. The workers place themselves in the position of "adult children" who cautiously take into consideration the displays of "their parent's infantility". However, the meaning of the seemingly inverted analogy remains the same: an adult worker who is "in the picture", cares for his or her childishly disoriented "parents". By referring to their incapacity and inability to fend for themselves they justify overlooking the elderly people's points even before they manage to unfold.

A case study of selected community care organisation by *Musil/Hubíková/Kubalčíková* (2001: 31-39) suggests similar picture. The Czech carers with whom the quoted researchers spoke used to see elderly people as "children" unable to

fend for them and of a somewhat diminished responsibility who need to be cared for by the "adult" worker. They saw their clinets from the perspective of "adult offspring" who care for their decrepit, lonely and dependent parents, benevolently tolerating their infantile confusion, freakishness and quarrelsomeness. The referring to the infantile lack of responsibility in their ageing clients became a justification for the carers' neglect of the clients' views and taking lightly their complaints. Just as parents do not take seriously their minor offspring, the carers did not take seriously the ideas and complaints of their "infantile clients".

"Controlled use of authority"

Authors who discuss the role of the worker in mediating a balance between the rule of the community and the behaviour of the client state two contradictory opinions. Researchers who regard the client as a "victim" of the social environment claim that in the organisation world the worker has no chance of finding a compromise between the expectation that they would "discipline" clients and their effort to support the clients' "emancipation". Following this perspective *Ohlin/Piven/Pappenfort* (1965: 530) point out, that social workers are taught a non-authoritarian and non-judgemental approach in school, but not how to practice "wise use of authority". On the other hand, there are researchers who regard the client as the "offender" in the client's own difficulties, view "disciplination" as an inseparable part of care, without which those habits of the client that make the client's life in the community difficult would "solidify". From this perspective *Couse* (1971) describes the "controlled use of authority" at a non-governmental agency in Ontario.

Couse states that the goal of the agency was to assume responsibility for the entry of released prisoners into the community, provide to them "preparatory services in penal institutions prior to release as well as after-care services" and give to the released prisoners a "maximum opportunity to learn [...] to handle the demands and responsibilities of broader society".

The author quoted here stresses that if the workers want to ensure the improvement of the social functioning of client, they must not isolate the client from "the values of the community" or protect him or her from the experience with pressure of the community for respecting their "basic rules". In terms of the

"principle of problemholder": for the workers to mediate to clients experience with the values and rules of life in the community, they must become "problemholders" to an extent, drawing the attention of the clients to the unacceptability of the behaviour that they originally found unproblematic.

Couse explains that if the clients used the services of the agency on a fully voluntary basis, a number of them would avoid confrontation with the expectations of the community or "problems of the worker" and soon bring contact with the worker to an end. It is therefore unrealistic to assume that experience with the expectation of the community would be mediated if the workers had no "constituted authority" and the client was not subject to the risk of sanction. The workers in Ontario had this authority through a formal arrangement with the regional representative of the state probation authority laying down the conditions of co-operation of the non-governmental agency with the client and the duty to regularly inform the authority of adherence to them.

Within the so-defined "control" and "constituted authority", the client's coping with the conditions of life in the community depends on the "inherent authority" of the worker or – as *Couse* puts it – the worker's ability to establish a "relationship of psychological authority" with the client. This makes it possible to use the "constituted authority" and "control" to the benefit of the client's growth and achievement of the client's own expectations. Using his or her official authority, the probation officer sets the terms of co-operation in a one-sided manner. No matter how relevant these terms are under the worker's constituted authority, they are accepted under the influence of the worker's inherent authority by the client. Hence, a more symmetrical relation is established between them. As part of that relation the client's wishes may become matter for both-sided attention. This combination of "constituted" and "inherent" authority as well as "control" and "care" are called "controlled use of authority" by *Couse*. It can be defined as a relation in which the worker uses "constituted authority" and "control" in order to explain the expectations of the community to the client, and in which symmetry based on "inherent authority" and "care" opens room for voicing and discussing the client's conception of his or her own situation.

Combining deductive and inductive thinking

The given examples of resolving the dilemma between one-sided and symmetric relationships have some features in common. These can be expressed in a simplified way using the notions of "deductive thinking" (drawing conclusions from conceptions adopted earlier) and "inductive thinking" (drawing conclusions based on experience with a specific case).

"One-sided influence upon client" is based on deductive thinking of the social worker: a problemholder is a worker who unilaterally assumes that only his or her authority exists without accepting the client's authority. He or she tries to influence the situation of the client, deducing its picture from his or her established understanding of the situation (for example from prejudices, legally defined categorisation of clients, a typology of clients defined by research, everyday experience etc.). Similarly it can be said that the "symmetric relationships with client" open room for the employment of inductive thinking: the client is recognised by the worker as the problemholder, and his or her inherent authority finds utilisation when defining the situation. In a dialogue-based definition of the problems to become subjects of the intervention the worker compares his or her understanding with the specificities of the client's life and gives precision to the understanding. Then the resulting picture can be more individual and may reflect the individual features of the client's situation.

If asking the question as to whether work with a social work service client is based more on deductive or inductive thinking, it can be stated that almost all the solutions of the dilemma between "one-sided influence" and "symmetric relationships" presented above rest in a similar combination of induction and deduction. Frontline workers avoid tension between one-sided and symmetric relationships by maintaining a dialogue with clients and creating the picture of the client's situation in an inductive way. However, they do this, within the framework of the rules they have themselves set out beforehand in a one-sided and deductive manner.

Chaper 6: Procedural or Situational Approach

The theme of this chapter is connected with what is called the "administrative approach". Occasional critics of social services associate with this term the picture of a "bureaucrat" who mistakes a human being for a "file" or "field" in form. Criticism of this sort of mistaking an instrument of help to people for a goal of help is sometimes said in an unpremeditated way. Not many bring their reservations to "files" and "fields" knowing that equal approach of clerical workers to citizens will hardly work without them. And there are few of those who are able to say without hesitation what should be the opposite of that condemned approach.

From the perspective of work with the client, complaints about the "administrative approach" point to the issue of social work service people's sensitivity to the individual circumstances of a client's life. We have touched the issue already in the fourth chapter, in connection with the dilemma between complex and simplified goals. We noticed the ways in which frontline workers justify selection of clients and those of the clients' difficulties the workers will attend to. Here, we will approach the same issue in different terms, asking the following question: "How do frontline workers respond to the problems of their clients?"

They can essentially respond in two ways, either applying a predefined solution of the client's problem or "tailor" the solution to fit the individual circumstances of the client's life. I will refer to the earlier approach as "procedural" and the latter as "situational". I define the dilemma between the both approaches more precisely and demonstrate with an example what happens if the expectations of both approaches collide.

Problem as "demand" or as part of an individual situation

In the "procedural" approach, the frontline worker perceives the client's problem as an impulse to be responded to in a predefined way. It can be said that from this perspective the worker perceives the client's problem as a "demand" for a procedure to be delivered by the worker – to provide or deny the provision of a service given by the law (such as financial assistance or a vacancy in a home for elderly people) or to carry out prescribed intervention (such as to file a petition with a court for removal of a child from a family).

The "situational" approach takes the worker to evaluate the client's problem as part of the client's life situation and propose a suitable solution based on the findings obtained in this way.

Billis (1984: 82-86, 232) and *Howe* (1986: 59–100) discuss the features of both approaches. Inspired by their findings, I will now describe these features in more detail.

Procedural approach

A lack of sensitivity towards individual circumstances of clients' situation tends to be the result of what is called "ritualisation" – mistaking an established procedure meant to be the instrument of help for the goal of work with a client. The habit of responding to a problem with a client in a procedural manner, that is with a predefined approach is fertile soil for this sort of mistaking instrument for goal.

Following this way of approaching cleints' probelm, frontline workers expect to be addressed by somebody – a client or another entity – with a clear and anticipated requirement. A client may for example present an application for social assistance benefits, a court passes over the case of a juvenile offender on whom an alternative sentence has been imposed, neighbours report that two minors have been left in a house without parental supervision for two days, a woman going through a divorce comes to complain about feeling anxious and suffering from nightmares…

In a number of instances, these requirements need not be responded to in a procedural manner. However, frontline workers thinking in procedural terms are not used to judging the suitability of this approach. They understand the individual client's "requirement" as an isolated problem and therefore do not look for its connection with other complaints of the given client. They presume that other clients will come with similar difficulties. Thus the workers who follow the procedural view of helping work try to respond in a predetermined way to repeating types of problems, which they deal with separately from other difficulties of clients[42]. In short, they respond to the requirement by choosing or carrying out a measure that has been more or less precisely known beforehand. For example,

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[42] The tendency to respond in a predetermined way to repeating types of problem perceived separately from other difficulties of clients may, among other things, ensue from the icons of "evident diagnosis" and "the only just response". A procedural approach therefore has ~~to~~ something in common with the "medical-like approach" discussed in the second chapter.

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they ensure that the alternative sentence hours are worked, place temporarily homeless children in institutions and propose to the court measures to be taken, direct the client to the relevant authority, etc.

From this perspective the workers do not count much on having to decide on the very nature of the intervention, on what the provided service will be like. They concentrate on deciding as to whether or how the client receives a "product" known beforehand – whether for example they qualify for social assistance benefits or a vacancy at a day-care centre, where and how a sentence will be served, etc. The participants in the case know at least the framework of what the "product" is like before the worker even begins to deal with the client's problem. The worker deals with the case as a partial example of a problem for which there is an established solution in place. His or her action is therefore mainly based on a routine. It is expected that a "product" known beforehand will be provided to all recipients in a rather clear and generally identical way.

Although much is prescribed to the frontline workers, even with this approach they have relatively large room for employing discretion (*Billis* 1984: 232). This however does not apply to deciding on the nature of the service being provided. Instead, independent discretion tends to be applied to the conditions under which the applicants receive or do not receive a predetermined "product". The workers know beforehand the criteria and rules using which they should place clients and their problems into different categories and how they should respond to problems after categorising them by the set criteria (*Howe* 1986: 72). This does not mean however that they always observe the predetermined means of classification and problem-solving to the letter. Although they find it correct to stick to the set procedures, they sometimes observe them more and sometimes less.

The amount to which a procedure (the way of classifying a problem and the relevant "product") is predetermined to the last detail is not always the same. Some procedures are defined very clearly (for example granting some social benefits), while others are merely outlined (such as the duty to carry out an examination in the client's place of residence for the court). The more vaguely outlined the definition of the procedure is the greater opportunity there is to use partial elements of a situational approach when delivering the procedure.

And procedures that are just outlined, i.e. not defined precisely, prevail. Between the problems to be responded to by a strictly defined, predetermined approach, and problems the solving of which is entirely open to a situational approach, a wide range of problems exist to which the workers may – fully by their own discretion – respond in a more or less procedural manner. It can therefore be said that in most cases that the amount to which workers apply a procedural manner is a matter of their judgment. This judgment is usually ruled by the culture of the relevant workplace. The level of proceduralisation is therefore determined not only by a relentless law, regulation or ruling as it is commonly assumed. In fact it is also given by the habits of the specific workgroup that puts the relevant law, regulation or ruling into practise.

This means that in one organisation the provisions of a single law can be implemented in a more procedural manner than in another organisation. The workers of one organisation may stick to a prescribed procedure "tooth and nail" in an attempt to resist the urging of too "intrusive" clients. In an attempt to apply their qualifications or lead by love of one's neighbour, the workers of another organisation may proceed in a situational manner when implementing the same law.

The rules of classification of problems and response to them tend to be predetermined using direct or indirect control (see *Howe* 1986: 72).

With "indirect control", the worker learns about how to proceed in two ways. They are either informed through official rules such as a job content regulation, binding methodology etc., or they learn how to proceed by learning the existing possibilities and relations. For example they learn that only some of the services for elderly people in the community can be used or they familiarise themselves with the established ways of communication with other organisations (municipal offence commission, court, hospital, etc.). If direction is performed as part of indirect control, those responsible for it check more or less thoroughly as to whether the workers follow rules and binding coefficients, if they refrain from exceeding the defined mandate and allocated resources, keep the prescribed records, etc.

As a classical example of a procedural approach with rules given by indirect control, workers may be in a situation where they think about the possibilities of solving a client's problem "in the way the established departmental resources

implicitly suggest", perceiving the client "through the filter of services already available" (*Howe* 1986: 73). This means for example that no day-care centre for pensioners has been established in the community due to a cost-saving policy of the local authority. The social service department workers can only place clients in a home for elderly people, and they therefore believe that their task is to examine applications for placement in the home. The health condition criteria applicable to the allocation of vacancies in the home make it impossible to be responsive to those seniors for whom placement in a day-care centre would be more appropriate. Since these seniors do not meet the prescribed health condition criteria, the workers believe that nothing can be done for them and they fail to pay thorough attention to their situation. *Howe* (1986: 74) quotes a social worker who commented on a similar situation as follows: "It's just the case of letting things get worse before we can do something about it."

The above example nicely illustrates that shift towards procedural solutions does not result merely from the very existence of direction and prescribed procedures. No regulation prevented the workers of the department from also dealing with the situation of those who had so far not qualified for being placed in a home for elderly people. They themselves perceived all their clients – however diverse their situations were – as applicants for placement in the home for elderly people, fating healthier applicants "to wait for things getting worse". Although the lack of the day-care centre and the prescribed decision-making procedure had featured their approach to clients, it could not order the workers to replace the instrument – the placement procedure – for the goal of their work. The workers themselves concluded that "nothing else could be done". The promotion of a procedure as an end in itself was the fruit of their own understanding of the situation.

"Direct control" may be the case if a worker decides on the classification of a problem or response to it following an express recommendation or order from more influential participants in the solution of the case.

This takes place for instance if the worker is bound by a duty to discuss the solution of some types of problems with the so-called case commission – such as when the social worker is obliged to deal with the development of a neglected child in a commission together with a doctor, a public health officer and a superior officer of the worker. With this way of discussing the case, the others may

force them to file a motion for the removal of the child from the parents' care even though the worker himself or herself perhaps finds individual advisory and casework with the whole family to be more appropriate

Discussing the case with a "supervisor"[43] who is used to following procedural terms or, a duty to present decisions for approval to superiors as is common in Czech organisations, may have a similar effect as the case commission. In all these cases it can be assumed that the worker expects "superintendents" (such as members of the case commission, supervisor who follows procedural terms or an overseer) to place a particular emphasis on adherence to set procedures and on the worker proceeding accordingly to this expectation.

Even "direct control" in itself needs not necessarily result in proceduralisation. *Scott* (1969: 97-122) shows that the effect of "direct control" depends on the orientation of the "supervisor". Only some of the eleven supervisors he contacted during his study in 1959 focused on respecting prescribed approaches. The others were oriented on "therapeutic supervision", assuming that the ineffective approach of a worker was not the consequence of his or her deflection from duties, but instead a display of overlooking important possibilities or a display of irrational motives. Along these lines the therapeutically oriented supervisors believed that education rather than admonishment is the route to improvement.

It can therefore be said that "direct control" increases the likelihood of a procedural approach among workers if the actor of "direct control" (such as a superior) is procedure-oriented.

This however does not necessarily imply that the orientation of a "direct control" actor to situational approach is a reliable guarantee of deflection of frontline workers from a procedural approach. In fact they may respond only to some impulses from the "supervisor". It commonly happens that they overlook some of the impulses, choosing only those they find important, comprehensible or meaningful. Instructions from the actor of "direct control" that have been "sorted" in this manner can be interpreted by them as "procedural" even if the actor tries to take the workers to a situational solution. This is very likely for example in a si-

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[43] Unlike standard English, I use the term "supervisor" to refer to the professional partner of the helping worker who helps him or her to reflect the broader context of his or her helping practice. To be able to distinguish between the standard and the professional concept of supervison, I refer to the aforementioned professional partner by using the term "supervisor" in inverted commas.

tuation where frontline workers are accustomed to making reference to "orders from above" as a defence against the pressure of persistent applicants.[44]

Situational approach

In a "situational" approach, frontline workers regard the client's problem to be a part of a situation that involves other circumstances of the client's life and needs to be examined and evaluated as a comprehensive whole. It is not assumed that a predetermined solution might exist. Every client's problems are considered to be unique (they have an "individual identity").

It is believed that the client's problem can be dealt with by taking into account its connections with the other difficulties and possibilities of the client's situation.[45] The frontline worker reveals the client's difficulties, his or her possibilities and the connection between them. Based on his or her assessment he or she plans goals to be achieved as well as methods to be used in promoting the solution of the client's problem.[46] The participants in the case therefore do not know precisely what shape the solution will take in the end. It depends on the course of communication between the worker and client on one hand and how the worker perceives the client's situation on the other, as well as the worker's knowledge and skills given by their qualification, approach to clients preferred by the workplace, the worker's experience, etc.

Howe (1986: 65-71) believes that the decision as to whether a situational approach will be applied is made by managers. According to him, mangers allow frontline workers to determine the interpretation of the client's problem or intervention approach only under certain circumstances: firstly if problems are to be coped with the solution of which cannot be planned in advance and therefore no binding procedure can be set[47] (ibid. 65), and secondly, if the worker follows a

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[44] On the referring to orders "from above" and regulations, see the dilemma between complex and simplified goals (chapters 2 and 4).

[45] The diverse theoretical approaches that are used in social work differ in their view as to which circumstances of the client's life are crucial for solving one problem or another, and in the opinion about how the worker can respond to these important circumstances (for more on the subject, see for example *Payne* 1991, *Navrátil* 2001, *Navrátil/Musil* 2000, *Matoušek et al.* 2001).

[46] Whether a worker who follows the terms of the situational approach learns about the situation and sets out the solution alone or together with the client depends mainly on how their workplace is used to dealing with the dilemma between one-sided and symmetric relationships with clients (see chapter 5). This issue is also discussed by *Howe* (1986: 65 f.).

[47] I am leaving aside what many managers and experts believe – that a binding approach is desirable even if it is a sheer nonsense for solving the client's problem. In a situation that is less frequent but realistic, somebody relentlessly tries to apply an individualised solution of a prob-

binding procedure in which there remains room for applying multiple methods of work with clients. As an example, following a social worker's proposal, a court orders supervision over a family with a neglected child. The social worker then provides advisory services to the family as part of exercise of the court ruling initiated by him or her. (*Howe* 1986: 67-71) *Howe* holds the view that in both cases the worker's opportunity to take situational approach depends on consent from the manager or an alternative oversight actor.

I have no doubt that situational approach gets its way more often with problems the solution of which is difficult to set by clear regulations. I equally have no doubt that there are cases in which managers forced frontline workers to refrain from situational approach if their intervention had gone beyond binding proce- dures. I also feel obliged to say that in the past three decades many managers have dreamed about subordinating to binding procedures almost everything programmable in the area of social work services (see e.g. *Fabricant* 1985, *Howe* 1992, *Clark/Newman* 1997, *Harris* 1998, *Laan* 1998a: 138 f., 174 and many others). Yet the idea that managers always have the possibility to control and tolerate at their own discretion the application of a situational approach by any frontline worker remains questionable for me.

Two propositions stand against each other. On the one hand *Howe* with his opinion that it are managers who allow frontline workers to proceed in a situ- ational manner if it serves or does not oppose the managers' interests. On the other hand the generally accepted finding of *Lipsky* that street-level bureaucrats have more or less "discretion" in their work with clients under all circumstances. Both propositions cannot apply. If there is discretion, workers can change pro- cedures regardless how well they are predefined, and it is inconceivable that managers would be able to consistently prevent them from doing so.

I personally lean towards *Lipsky's* arguments as I believe that lead by their find- ings, experience, stereotypes, habits and interests, frontline workers can apply certain elements of a situational approach in any procedure whatsoever. Whether they do so or not is solely up to them.

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lem that can be reasonably coped with in a preset way. Everything is a matter of opinion. People used to thinking in procedural terms find every individualised and situational solution to be "un- reasonably complicated", while people regarding clients' life situations as inherently unique and complicated find every predetermined solution to be "brutishly simplifying" and "inappropri- ate".

Paradoxically it is often frontline workers themselves whom routine procedures suit for a number of reasons (see chapters two through four). As a result they take the opportunity to act in a situational manner less frequently than they could, and they often play the game of the eager-to-control managers. The question therefore is: "Under what circumstances do frontline workers have a reason to follow situational terms even if the approach to solving the case is set, and for what reasons they themselves try to avoid situational approach even if the client's situation is uncertain and the approach non-programmable?"

Scott (1969) and *Howe* (1986) show that a situational approach is promoted by those frontline workers who want to gain the status of "professionals".[48] *Lipsky* (1980) maintains that workers tend to avoid a situational approach especially if they want to make the workload acceptable and cope with the uncertainty of their working situation. Whether this is really the case and how precisely it hap- pens in practice should be established by further research.

Using an information monopoly to the benefit of "pitiable clients"

The utilisation of discretion in coping with the dilemma between adherence to procedures and a situational approach to separate cases is described by *Knegt*, a sociologist of law from the Netherlands. In his study of a Department of Social Services in the ficticious municipality of "Waterstad", the author deals with the following question: "To what extent and in what way do local officers respect the provisions of the legislation they are supposed to put into practice?" (*Knegt* 1987) In 1982, *Knegt* personally observed over a period of five months the eve- ryday actions of municipal authority personnel authorised by the General Law on Social Assistance ("Algemene Bijstandswet") of 1965 to allocate financial means to those inhabitants of the municipality who were unable to cover neces- sary living costs in another way. This assistance "should be attuned to the cir-

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[48] As a "professional" is regarded a person in an occupation the members of which have suc- cessfully convinced the public and other authorities that they have mastered useful skills that are complicated and difficult to comprehend for lay people. Applying them is beyond control from the outside and must therefore take place individually (from case to case), exclusively on the basis of the professional's independent judgement. Only he or she and the colleagues of his or her profession are capable of determining who is or is not a suitable recipient of a service, who should deliver the service and how, and what should be achieved (*Howe* 1986: 114-118). It is assumed that these characteristics pertain to those so-called "professional occupations" or "pro- fessions" the members of which use approaches in their work that are not only established through long-term experience and practice, but also theoretically justified and transferred through demanding training (*Greenwood* 1976).

cumstances and abilities of the client and to his 'shown sense of responsibility'". (*Knegt* 1987: 119)

Knegt (ibid. 120 f.) established that the task of the social worker was to gather the required information on the life situation and selected personality characteristics of the applicant and present a report to the manager who then decided on processing the application. The information gathering process was to a large extent predetermined by a form completed by the applicant. It was also prescribed as to what information should be contained in the report from the social worker for the manager. In spite of these regulations, each of the six social workers at the authority under scrutiny had a significant effect on the superior's decision-making. Each of them "exclusively controls the flow of information from applicant or client to the organisation". This "monopoly [...] leaves him plenty of opportunity to selectively withhold or put forward information on the relevant features of the client's life situation".

The individual social workers carefully considered the consequences of how they informed the manager, and they did so from three perspectives: from the perspective of their interests, from the perspective of the client's needs, and from the perspective of the risk that regulations would be breached. If a social worker found that harmonising the three perspectives would be difficult, he or she "tries to find another, more acceptable interpretation of the rule" and adapted their communication to the manager to such a "workable" interpretation (ibid. 124). The manager obtained a report in which some of the required pieces of information were suppressed while others were stressed. By shifting emphasis the social workers tried to make sure that the manager's decision would not go against the worker's interests and that it would not prevent meeting the client's needs and collide with regulations.

The social workers nevertheless did not take the same approach with all clients. A "moral code" became common among them, using which they differentiated between "pitiable" and "cunning" clients. The code included four rules: 1. The client must be "sincere [...] has to give correct information, if asked". 2. The obligations of both "parties" are to be reciprocal. Failing to respect the principle by clients occurs if they are "claiming their rights" while being "uncooperative". 3. The client must live "in a responsible way". An irresponsible client is one who cannot blame "circumstances" but only himself or herself as culprits of their si-

tuation. 4. "The client must have 'earned' his claim to assistance". Their merits are judged by what they have been doing so far, whether and how they worked, whether they have applied for assistance before, etc. (*Knegt* 1987: 122)

If the needs of clients who failed to keep to the moral code in the eyes of the workers collided with the regulations, the workers felt no dilemma. If however tension arose between the regulations and the needs of "pitiable" clients, a dilemma emerged: "The social worker tends to stress the extraordinary circumstances of the client while the team manager urges for compatibility with legal criteria." On the one hand was a "professional orientation to the needs of the individual client", while on the other remained the official duty "to decide cases according to general criteria". (ibid. 121.) To deal with the dilemma, the social workers used the above position of "monopoly informer".

Confident that they promoted the meeting of relevant needs of applicants, they influenced decision-making of the manager by stressing or suppressing some separate features of the "pitiable" clients' situation. One of them for example reached the conclusion when processing one of the applications that a client needed additional assistance in order to cover the costs of a new four-room apartment. The problem was that the same applicant had already received the same social benefit for a three-room apartment and there was little chance of receiving it again. The social worker mentioned in the report that the new four-room apartment of the applicant was "twice as large" as the previous one. He deliberately did not mention the number of rooms in the previous apartment. Although the application was not processed routinely but instead forwarded for decision to a higher tier (the municipal commission), the commission approved payout of the extra sum with reference to the difference in size between the two apartments. *Knegt* (ibid.) adds that had the social worker mentioned the number of rooms in the old apartment, the difference in size would not have been compelling and the application would probably have been turned down.

In his article *Knegt* does not mention what exactly made the social worker believe that the applicant needed additional financial assistance. Neither has he revealed for what reasons contributions were made in the Netherlands at the time of the study to fund four-room apartments from social assistance resources. We can leave this aside though. The important thing for the theme of this chapter is that he has described and illustrated the logic of coping with the

dilemma between a procedural and situational view of an application of a client of social assistance. There are four findings I find crucial: firstly that according to *Knegt*, the emergence of a dilemma is preceded by selection of clients according to a certain moral stereotype, secondly that the applications of clients turned down on moral grounds are dealt with in a procedural manner, thirdly that adapting a procedure to a situational solution pertains solely to the problems of clients appraised in moral terms, and fourthly that the technology of coping with the dilemma is based on redefining the rule and adapting information to a new conception of the rule by the worker.

Hopefully the reader will excuse my pedantry and allow me to once again to point out that the technology of coping with the dilemma does not rest exclusively in manipulating a piece of information. In the particular case the social worker had to start by finding such a modification of the given rule that would be acceptable for the other participants of application processing. He therefore started by formulating a rule according to which "it is not necessary to specify the number of rooms; instead it is sufficient to mention the relative difference in sizes of the apartments". Only then did he carry out the corresponding manipulation of information that made it possible for him to individually deal with the client's situation.

Chapter 7: Material or Immaterial Help

Hagen (1987) deals with the consequences of institutional "separation" between the processing of applications for welfare benefits on one hand and more widely approached rehabilitative social work on the other. He wants to prove that in spite of the separation of welfare departments and personal social service agencies that occurred in the U.S. in 1972[49], income maintenance workers still provide "social services" to their clients.

By means of survey[50] results, *Hagen* demonstrates that the workers of welfare departments in the state of New York deal with more than just eligibility determination. Although regarding the latter as the core of their work, they also provide, however unsystematically, advisory services, refer clients to other services or assist them in their contact with public service departments. The questioned workers declared that among other things they provided their clients with information and advice regarding household maintenance and economy, childcare and transport, referred them to employment services, housing, healthcare, education, care services, legal and family advisory, helped them file and follow up their complaints, etc. (*Hagen* 1987: 265 ff.)

Hagen summarises his findings by stating "service provision survived the mandated separation between services and income maintenance" (ibid. 270). In fact, according to *Hagen*, services concentrating on socialisation, rehabilitation and therapy were separated from income maintenance (ibid. 271). In other words, *Hagen* established that rather than the intended separation of "financial assistance" and "personal social services", "material" and "immaterial" help were separated.

"Material" and "immaterial" help are distinguished by *Laan* (1998a: 23–37), who points out that frontline workers are sometimes forced by circumstances to make a difficult choice between them. *Laan* analyses the subject in the specific context of the Netherlands. I will therefore try to separate the issue of "material" and "immaterial" help from his discourse and present it in a concise way.

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[49] See the second chapter for more details about the separation of welfare departments and personal social service agencies.

[50] In the mid-1980s, *Hagen* (1987: 263 f.) conducted a survey of 120 frontline workers of departments of public welfare in the state of New York.

"Care" and "cure"

The difference between "material" and "immaterial" help according to *Laan* (1998a: 33) can be clarified using a metaphor from the medical discourse. While "material help" is close to "care" in its nature, "immaterial help" is similar to "cure". In social work however, the terms "care" and "cure" relate to something different than in medicine.

"Material help" sets itself less ambitious goals. It wants to provide momentary care to the client and ensure that the client's current needs are met. The instruments suitable for achieving this goal are those activities *Hagen* claims were performed by income maintenance workers in the state of New York in the mid-1980s. These are according to *Laan* (1998a: 25 ff.): financial assistance, social and legal consultancy and information provision, consultancy for debtors, household management advisory, help in using other services, provision of help in the completion of forms, intercession or representation before other organisations, etc. If these activities result in an improved ability of clients to cope with difficulties independently and on their own, this is usually not the result of an intentional action of the frontline worker. More often, this is an unintended effect of "first aid".

"Immaterial help" has a more long-term, process of "developmental" nature, its objective being to improve the client's ability to manage or improve their life situation on their own. Various forms of psychosocial help are the instrument of achieving this goal, from emotional guidance to psychological support of social functioning; to help in strengthening the ability to cope with tasks, roles or problems; to educational work; to community work and social action. "Learning" through which the client can gain new abilities is the essence of all these approaches. (ibid. 23-33) Although the instruments of material help can be used to achieve this goal, this is neither obvious nor common in a number of organisations.

Laan emphasises that social workers are often unable to effectively help their clients unless they see a connection between their material and immaterial problems or if they are unable to connect material and immaterial help. He also maintains that the nature of that "connection" is unclear and that this mistiness is an inherent characteristic of actual social work. (ibid. 17)

I personally believe that what *Laan* terms "inherent mistiness" is a display of two facts. Firstly the connections between the material and immaterial aspects of the client's life are varying, differing from case to case. It is therefore difficult to formulate generally valid schemes that would be usable as a "tool" or guidance for recognising these aspects. For the same reason it is difficult to programme joint dealing with material and immaterial problems of a specific individual, squeezing them in approaches clearly known in advance. I further believe that the second reason for the "substantial mistiness" ensues from the already mentioned first reason: the connections between the material and immaterial factors of coping with a situation by client are variable and unpredictable, and when they are dealt with jointly, it often happens intuitively or unwittingly. As I already suggested, if they are coped with at once, this is in many cases an unintended, unconscious effect of applying an instrument.

A worker may for example help a client whose mental complaints prevent him from the systematic management of money, i.e. from managing a current debt. They together set up a payment schedule and the worker checks adherence to the schedule by the client. Although the client is unable to devise and apply any such thing himself, at some point the schedule ends up in the hands of his or her child who learns to use it and helps the father the next time. The father becomes accustomed to turning to the child for help, however reluctantly at first. The social worker may support this unintended effect of his or her advice in the future. In addition, in this way the child gains a skill that helps him or her avoid becoming client of a social assistance department in the future.

According to *Laan*, a question would arise in the said case as to whether the applied technique of payment schedule could be clearly defined as an instrument of "material" or "immaterial" help (*Laan* 1998a: 27). It is certain that applying it would in the said case bring an effect of both kinds – it would help meet the client's current needs and contribute to his family learning to manage resources.

Two assertions are relevant for our further contemplation: firstly that effective help depends on connecting material and immaterial help – "care" and "cure", and secondly, that instruments of material and immaterial help may intentionally or unintentionally contribute both to momentary saturation of needs and long-term learning by the client. According to *Laan*, a conclusion is to be drawn from

these claims: that a clear-cut choice between material and immaterial help is "illusory" (*Laan* 1998a: 27). For *Laan*, it is realistic to use varying combinations of both and to follow either by an endeavour for "an optimum mixture" of one with the other in individual cases, or to make one of two errors: either concentrate too much on material problems although the client suffers from immaterial difficulties as well, "narrowing help down to the income dimension", or incorrectly concentrate just on immaterial problems – such as relationships – even though material difficulties may cause the conflict between the client and his or her surroundings, "narrowing help down to the psychological dimension". (ibid. 28)

Two forms of a single dilemma

Laan's contemplation of the "illusory" separation of material and immaterial help and the "realistic" threat of narrowing help down either to an income, or a psychological dimension might confuse us if we do not pay attention. It might tempt us to draw the conclusion that social work service people struggle solely with the dilemma between narrowing help down to an income or a psychological dimension. This would be oversimplifying the subject.

In fact *Laan* (ibid. 39 ff.) believes that when examining interpersonal relations, it is useful to take both the perspective of an external observer and the perspective of the participant of the observed events. We realise how "illusory" the disconnection of material and immaterial help is once we look at the relation of the worker with the client from the perspective of an external observer. It is useful however to extend this realisation by answering the question as to how the potential separation of material and immaterial help is perceived by the participating frontline workers of an organisation (and potentially other, even indirect participants of the same relationship – clients, managers, legislators, etc.). For me the answer is clear. Frontline workers may look at the question in two ways.

Instructed by *Laan* outsider's view of or by their own reflective experience, they may regard material and immaterial help to be two sides of the same coin. If this is the case, they may fear that they will inappropriately take one or the other direction, and the dilemma between narrowing help down to an income or a psychological dimension arises before them.

However, the workers may also build on ideas that are entirely illusory from an outside perspective, believing that material help can be provided without imma-

terial help and vice versa. If so, the workers may be dealing with the dilemma as to whether they should provide exclusively "material" or exclusively "immaterial" help to clients. This eventuality is described by the following case.

Resigning with regard to immaterial help

Laan (1998a: 23 f., 34 ff., 55) refers to workers at the Department of Social Assistance in West-Utrecht who faced a growing influx of clients with material problems who faced economic difficulties as a result of economic depression in the 1980s.

As a result, organisational and capacity-related problems of everyday operation arose before them. In addition they faced the decision as to whether to concentrate on limited and manageable material help to the poor, for the sake of which they would resign on the politicising work using which they had wanted to attempt for emancipation of the poor.

Except for a few of them, the workers were convinced that "they did not have the right to abandon clients in an emergency". They therefore gave up the possibility to accompany the clients in the long run and decided to give preference to their material interests. From then on they would deal with what they used to regard as mere symptoms of social problems. Thus they reached a separation of material and immaterial help, perceiving this solution as a "necessary evil".

In a situation where economic depression increasingly restrained them through growing workload, they concentrated on problems that immediately resulted in poverty and groups that had least chances and were most vulnerable. They decided so being aware that there was a shift in their work from politicising and structural work to "first aid" (from "cure" to "care"). This meant for them resigning from the possibility to moderate the risk that clients would end up in the vicious circle of dependence on benefits where financial assistance becomes vain. They believed this risk could be faced by activating clients to political and social action using the methods of group work, but being pressed by the circumstances they gave up on this.

I personally believe that the attitude of the West-Utrecht workers can be understood if we perceive it as a display of resignation forced by circumstances from "politicising" immaterial help that was motivated and rationalised (see the first chapter about this) by solidarity with the materially disadvantaged.

Chapter 8: To Intervene or Not To Intervene

Laan writes that in 1988 the public in the Netherlands became alarmed by the approach of the children's institution "De Bolderkar" in Vlaardingen, the personnel of which initiated the removal of a large number of children from their parents. They found it irresponsible if a child who "shows by playing with its puppet that it has been abused" and "is then entirely confused and cries", was sent home "to be then [...] again pawed by the father". They complained that it took very long (sometimes even weeks) before they made the local youth authority intervene. Their approach aroused a wave of criticism, labelling them as manipulative towards the parents who became victims of an investigation they had not been informed of and to which they had not given their consent. The personnel of the institution were reproached for "a lack of professional conscientiousness", which meant that in trying to prevent the slightest possible and perhaps fictitious danger, they readily intervened where it was not legitimate. (*Laan* 1998a: 123 ff.)

The dilemma of social workers hidden behind this controversy was clearly identified by professor *Baartman*, a member of the commission that investigated the "De Bolderkar" affair: "It is a disaster if a child is illegitimately removed from the home. It is also disastrous if the child is not provided legitimate protection." *Baartman* wanted to point out the fact that the "everyday struggle of the helpers" with issues of "how to avoid both faults in the best possible way" tend to receive insufficient attention in public debates. (*Laan* 1998a: 125.) In other words, *Baartman* clearly pointed to the fact that the dilemma between intervention and non-intervention arises for social work service people not only when their approach comes before court or disciplinary proceedings. It is a common part of their work.

Unreasonable intervention, unreasonable non-intervention

Laan (ibid. 119 ff.) says that social workers commonly walk on an imaginary "beam" from which they can easily fall down. To keep on, they must avoid two faults in dealing with the case entrusted to them. They must not act "on the basis of a false alarm", which results in "unreasonable intervention". On the other hand, neither can they allow themselves "negligence" and "unreasonable non-intervention".

To keep on the "beam" is not easy, because the effort made by the worker to avoid one fault results in an increased likelihood of the other fault. The only way of reliable elimination of the risk that they are caught by false alarm and intervene unreasonably, is not to intervene at all. And the only guaranteed way of avoiding negligence is to intervene even if it may be unreasonable. The more social workers try to eliminate the risk that something might happen to any of the children placed under their care, the more likely it is that they will remove some of the children illegitimately. The more they want to avoid the illegitimate removal of a child from parents who have not done anything bad to him or her, the more likely it is that a child remains in hands that hurt it.

A social worker may hit a similar dilemma anywhere: the more a social assistance department worker tries to prevent the misuse of benefits, the more likely it is that she will deny the benefit to somebody who is eligible and truly needs the money. And the other way round, the more she endeavours to provide for those who really need it, the more likely it is that a cunning sluggard gets the money. The more a worker in an asylum for problem drinkers relies on the responsibility of alcohol abusers under treatment, the more likely it is that alcohol will be smuggled into the facility. And the more he or she will take measures to avoid smuggling, the less the abstaining drinkers will rely on their own responsibility ... etcetera.

Laan (1998a: 120) maintains that the hope for the worker to keep on the "beam" is preserved if he or she judges every individual case in a wise and conscientious manner. In this way they might proceed in an organisation where both intervention and non-intervention are regarded as equal solutions and it is therefore possible to discuss the consequences of both faults in time. This condition however is often not met, because tolerance for one of the faults and cautiousness about the other may exist in different organisations.

The way this is regarded in some organisations is that unreasonable intervention arouses an excited response, while neglecting intervention that would have been appropriate remains unnoticed. In the Netherlands of the 1980s, workers of organisations where much emphasis was placed on emancipation of clients were attracted to this attitude. A conviction prevailed there that a lack of self-restraint undermined the client's right to decide about himself or herself. (ibid.

232) Let us take the example of an employee of a family counselling centre where the client's right to self-determination is respected.

The advisor suspects that a client who visited the centre together with her husband shortly before divorce may be threatened by her aggressive spouse. If the advisor leaves this aspect of the case to develop spontaneously and the woman concerned is physically injured, he can be almost certain that colleagues will not blame him for neglecting his duties and that the public will not even notice the non-intervention. The advisor will suppress his qualms with a feeling that he did not want to panic and risk irritating the husband by unreasonable intervention. If however the same advisor helped the woman prevent the husband's attack by hiding her together with her children at a secret place, it is not impossible that the man would make a fuss and the advisor with the whole centre would face an accusation of violating the rights of a legitimate husband. At such a moment the colleagues will find it hard to resist the feeling that their colleague has been unfair to the husband, who is a client of the bureau just like his wife and that he has neglected the husband's right to know what is going on and where his wife and children are. Should it turn out that by his intervention the advisor has violated an agreement made earlier with the married couple, the others would judge it as serious misconduct.

Hasenfeld (1983: 197) points out that in some organisations the matter is seen differently. They automatically "assume deviancy rather then normalcy" in the client. From this perspective, it is necessary to intervene nearly every time. This attitude reduces the risk that nobody in the organisation will respond to the client's problems and needs. This may work for a social work service organisation if it has for example problems with advocating its existence or obtaining resources. *Laan* (1998a: 124) mentions that the tendency to perceive all cases as tending to "deviation" is more frequent in organisations that build on an active movement ideology. He places in this category for example the above-mentioned approach of the workers at the "De Bolderkar" children's centre who he believes were influenced by the women's movement ideology when blaming the parents.

Laan (ibid. 121 f.) believes that "negligence is judged less strictly in social work than unreasonable intervention" and that there is a stronger tendency to prevent precipitate intervention. He points out however, that from the 1970s, helping

workers have been "more frequently called to account" for non-intervention as a result of an increasing public awareness of the situation of abused people. The following case concerns this eventuality.

Protection of a "third person" and duty to intervene

In an article aptly entitled "Do social workers have a duty to warn?" *Kopels/Kagle* (1993) present a case in which a court decided that the helping worker was obliged to intervene.

According to the said article Prosenjit Poddar killed Tatiana Tarasoff in October 1969. Her parents established and proved before the court that two months before the murder Poddar had disclosed to his therapist, a man named Moore, his intention to kill an unnamed girl, and that he had only been waiting for her to return from abroad. It was clear that Moore could have easily have deduced that the girl concerned could only be Tatiana, Poddar's later victim. Her parents also proved that Moore had asked the guard of the University of California dormitory where both Poddar and Tarasoff were accommodated, to detain Poddar. The guard found Poddar in an orderly state, and when he promised not to meet Tatiana, the guard let him go. Moore was an employee of the University of California hospital and his superior decided that no further steps would be taken towards Poddar. Moore was allowed to delete his records on the case. As soon as Tatiana returned, Poddar killed her.

The parents of Tatiana sued the University of California representatives based on a presumption that the university hospital could have saved Tatiana had it warned her in time. The case was heard twice, for the first time in 1974 and for the second in 1976.

In 1974 the court decided as follows: "When a doctor or a psychotherapist, in the exercise of his professional skill and knowledge, determines, or should determine, that a warning is essential to avert danger arising from the medical or psychological condition of his patient, he incurs a legal obligation to give that warning." *Kopels/Kagle* (1993: 102) state that by its decision the court had instituted what later spread and became known as the "duty to warn".

The verdict of the court stirred up a legal controversy and the case was therefore heard for a second time. *Kopels/Kagle* (ibid.) argue that the second verdict of the court "radically changed the existing law" by instituting a "duty to protect".

The reason was that in 1976 the court decided that "when a therapist determines, or pursuant to the standards of his profession should determine, that his patient presents a serious danger of violence to another, he incurs an obligation to use reasonable care to protect the intended victim against such danger". Depending on the nature of the case, he "could warn the intended victim or others likely to apprise the victim of the danger, to notify the police, or to take whatever steps are reasonably necessary under the circumstances".

A duty of this kind had not existed in the U.S. before. The law does not impose a duty to check the behaviour of other persons or to warn those who are threatened by such behaviour. The court however set an exception from that rule for the case that a "special relationship" exists between the individuals. In the "Tarasoff" case the court concluded that the relationship between therapist and his or her patient is "special". (*Kopels/ Kagle* 1993: 102)

The court also pronounced on some issues *Laan* would incorporate under the title of the "everyday struggle of the helping ones with deliberations on how to avoid false alarms or negligence".

The defence pointed to the problem of the "false alarm" when objecting that the duty to provide protection is not practicable, because "therapists cannot accurately predict whether or when a patient will resort to violence". The court accepted that the therapist may find it difficult to establish as to whether an impending danger is realistic, but stated that once the therapist establishes using the appropriate skills, knowledge and care common in his or her field in dealing with analogical cases that a patient poses a threat, his or her duty is to provide appropriate care in protecting the potential victim from danger (ibid. 102 f.).

The defender appealed to client rights when objecting that by warning the patient he may disrupt the relationship of trust with the patient. Once again the court accepted that in the "Tarasoff" case a violation of data protection "could be seriously disruptive to the therapist-patient relationship". At the same time the court concluded that the protection of confidentiality of communication between therapist and patient ceases to be a priority when breaching confidentiality is a fundamental prerequisite for averting danger from other persons. In the judge's words, "The protective privilege ends where public peril begins." (ibid. 103)

The court obviously built on the position that it is better to assume "deviancy" with a certain risk of mistake than to do passive stocktaking of its fatal consequences when it is finished.

Its verdict installed the following question, and not only in California: "To which professions would liability be applied?" Although a number of "Tarasoff-type" cases have been dealt with in California since 1976, none of them has been instituted against a social worker. The authors of the quoted article point out that had it been so, it would have been important to bear in mind that different courts repeatedly and independently of one another concluded that a "special relationship exists between a helping professional and his or her client and that this relationship gives rise to an exception to the general rule, that an individual owes no duty to control the conduct of another" (*Kopels/Kagle* 1993: 103-109). By 1991 seventeen states of the U.S. had enacted responsibility of helping professions experts. In twelve of them the responsibility applied to social workers. In the other cases this was not clearly identifiable from the wording of the law (ibid. 119 ff.).

Kopels/Kagle (ibid. 112) quote *Bowers* who established that the court verdict in the "Tarasoff case" helped many social workers solve a difficult dilemma, the reason being that some of them had breached the data protection rules before in an attempt to protect a third person, and were aware of the controversial nature of their decision. The "Tarasoff" case gave them legal justification for their step.

The authors of the quoted study point out that the "Tarasoff case" confronts helping workers with the issue of "evaluating their clients' potential for violence" and takes them to add a perspective to their view of the clients' situation. Trying to establish the risk the client poses to other people and attempting to ensure their protection, they "must rely on their professional judgement, skill, and knowledge". (ibid. 113 f., 118) Difficulties may arise before the helping workers when getting and using information on the risk of client violence. They can cope with them using some practices, whether the duty "to warn" or "to protect" third persons is enacted or not.

For example, in the interest of clients' rights protection, "informing clients of the limits of confidentiality" is a suitable thing. As has already been said, confidentiality in California ends "where public peril begins". This approach however may

reduce the client's willingness to speak about violence. On the contrary, open communication may be aided if the worker shows that any information concerning a threat of violence will be taken seriously. Some aggressive clients may then express a wish that the worker help them strengthen their personal self-control. Sometimes hospitalisation may help. If it takes place based on an agreement with the client and it is not a result of manipulation, hospitalisation makes it possible to preserve confidentiality of information from the hospitalised person without exposing any third person to risk from his or her. Yet another option is "obtaining informed consent for actions intended to prevent violence" from the client. (*Kopels/Kagle* 1993: 103, 112-118)

In a wise and conscientious manner

As I mentioned before, *Laan* believes that both "false alarm" and "negligence" can be avoided if the worker evaluates every individual case in a wise and conscientious manner. I dare to say that the social worker from the following case of Sheila and her son David had this approach. I am presenting the case to demonstrate that neither by a "wise" nor by a "conscientious" approach will the social worker reach a personally pleasing and unambiguous decision. Rather the opposite. Questions remain open long after effective decisions have been made and the feeling that things are not what they should be remains. The circumstances of the case often develop differently than the worker would wish. The benefit of the wise and conscientious approach is that the intervention does not come before better possibilities are exploited, that it can be designed so as to avoid burying the remaining chances by the intervention, and that delaying does not have tragic consequences or consequences that cannot be undone. If dealing with sad situations, we cannot expect joyful results. What matters is to avoid rubbing salt in the wounds as a result of hastiness or the opposite, dilatoriness.

The case described below is taken from an author named *Horne* (1999: 53-60). It is rather common, and not unusually dramatic from the perspective of social work. I have re-narrated *Horne's* detailed description into a personal narration of a social worker and altered the text in places for the sake of fluency, yet without disrupting the message. A worker at a British family care centre, for us the main protagonist of the case, tells the following story:

Defenceless and irresponsible

I began to deal with the situation of the nineteen-year-old Sheila and David when the boy was three months old. Back then they both lived together with David's father Peter and as usual I imagined that I would work with the whole family and provide support and care to them. The parents were unable to care for David in a way that would not arouse attention. It struck the general practitioner that the boy had a number of minor complaints (sores in the mouth, eye infection and very sore buttocks). However neither Sheila nor Peter tried to seek medical help. In their apartment, a nurse noticed empty solvent cans under the bed and many cigarette butts on the floor.

I wanted to help the young parents improve their parenting skills. I was long unsuccessful trying to establish contact with them. I succeeded after many attempts when Sheila came to the department to apply for financial assistance. I presumed that once co-operation was successfully established with the parents, the work would go rather smoothly. Soon Sheila came to say that Peter had attacked her and she had left with David to live with her relatives. This made the situation more complicated given the additional housing problem. Yet Sheila claimed to feel better this way. She said that the relatives had children as well: they advised her and helped her with David. Peter, who sniffed volatile substances and was aggressive, did not harass her any more. She put the blame for failing to attend the practitioner on Peter again, claiming he had been prohibiting her from leaving the apartment.

It was necessary to carry out a housing needs assessment, yet Sheila failed to participate in several agreed meetings. She was not at home and left David alone at the relatives. The owner of the house where Sheila stayed with David revealed to me that Sheila beat David when he would not stop crying. She had seen her unexcitedly beating David on his buttocks in such situations. On one occasion she had covered his face with a towel. Sheila denied the towel incident but confirmed that David was beaten on his buttocks. It was obvious that she had begun to feel uncomfortable about my concern. She had thought that once Peter cleared that stage the authorities would leave her alone.

She moved to her husband's relatives, explaining that the relatives where she had lived after leaving Peter had excessively restricted her. She had not been allowed to do what she had thought was appropriate. They had disliked her lea-

ving the child at home and going away. I arranged at the department that clerks would provide an apartment for Sheila if she indicated in the application that she was homeless. She promised to do it but did not. I became convinced that she was afraid of standing on her own two feet and feared that she would not cope with an independent household. She found herself a new partner for a short time and lived with him at three different places over a period of six weeks. I began to be sceptical. I tried to work with her as an equal partner, which however seemed to be an impracticable task for the young mother. Under these circumstances, arranged everything so as to ensure that all she needed to do was get in the car and drive to the department for housing and the family care centre. Yet even this did not help solve her housing.

The general practitioner complained that Sheila still did not attend him with David. Yet I knew that David still had a number of minor complaints and diseases. The nurse had several times tried to establish contact with Sheila, without success. She had managed to meet them shortly before a meeting at the family care centre. She had found that David was loosing weight. At the meeting where the practitioner, the nurse, a social worker, another worker from the centre and Sheila with David were present, we concluded that Sheila was not buying suitable food for David and was failing to feed him at suitable times of the day. Sheila herself did not speak much, making plain that she did not feel comfortable about the meeting. She told me that I was not doing anything for her and that other social workers helped their clients.

We decided to weigh David once a week, give Sheila suitable kitchen utensils and bought foodstuffs for her. Only this way would she have no chance to claim that she was unable to properly feed David. I still wanted the child to stay at home and to be cared for by the mother. My goal was to solve the problems of the short-term crisis I felt around the child and I still wanted to get its mother to make a sensible effort. I also felt that I needed advice from a paediatrician to check up on the weight loss.

Sheila moved to her mother. On the one hand I was not very happy to see her with David in a dirty household where the conditions were not suitable for a child. On the other hand I felt that now she really wanted to stand on her own two feet. Should she have difficulties, especially should David begin to cry, her mother would be there to whom she could turn for help. Her brothers and sisters

were there too. The problem was that Sheila's mother was expecting her ninth baby and court proceedings were in progress concerning measures to be taken on Sheila's seven siblings (including the unborn one) to prevent the consequences of the mother's negligence. Much of Sheila's behaviour to her child – her inability to cope with a number of things, her ignorance of many matters regarding parenthood, routine, stability, managing money, seeking medical help – was apparent in her mother's behaviour. It was obvious that mother was a model to her and that she did a number of things just like her mother.

Earlier Sheila had been saying that should she get her own apartment, it would be only for her and David and there would be peace and quiet. I managed to get a rented apartment. Sheila got the keys and money to buy some furniture. We promised her support in coping with childcare. I hoped that she would start working sensibly after moving in – we would assess her parenting skills and I would try to help her become a "good enough" parent. She got the apartment but never moved in. There was a malfunctioning boiler and she decided she was not able to live in such an apartment. In reality she had a fear that she was not able to cope alone. She could have had her dreamt-up privacy with David, but she lacked self-confidence, she was not sure, she feared to stay alone for the challenge. In spite of all my respect for her, just like any girl of her age struggling with herself, I was afraid to leave her alone. She would have to try really hard. In terms of managing money, she was defenceless and irresponsible.

It was clear that Sheila was not coping. There was no other choice than to transfer her case to the "child protection" column. This meant placing David in the register of "children at risk" and organising a "case conference". We discussed it with my manager and colleagues. This was not a clear-cut endangered child case. David had no bruises and was not sexually abused. On the other hand there were many parental aspects his mother was not coping with: healthcare, family economy, suitable nutrition, appropriate clothing, keeping the child clean (still sore buttocks), keeping a clean home, and housing. Sheila was closely bonded with David and she liked him. But there were so many deficiencies. She needed long-term and intensive help, but she would not co-operate.

The case conference included David in the register, due to "negligence" and "physical abuse". The conference was not willing to tolerate "beating on his buttocks" and refused to ignore the information that Sheila had covered David's

face with a towel, although Sheila denied the incident once again. Inclusion in the register meant that should Sheila keep failing to co-operate, proceedings would be initiated on placement of the child in alternative care. The commission recommended that Sheila and David be placed in a facility for young parents where the long-expected assessment of parental skills could possibly take place and Sheila would be given the needed support.

I had gone through the report for the participants with Sheila already before the conference. She had said nothing about the reservations on her. She had objected just once, saying she did not like what I had written about the house of her mother - that it was dirty. I realised the extent to which the conference was a frustrating and pressurising event. Two men sat there from the child protection department, a general practitioner, a nurse, me and my colleague, a lawyer, and the nineteen-year-old girl with a baby and very little confidence. When we decided to send Sheila to the facility for young parents, the paediatrician stated that he did not think a nineteen-year-old person would be capable of change. I still thought that we had to give her an opportunity to realise why some features of what she was doing were not acceptable to us. We were not able to say with certainty that she was unable to change. Although the chances of success were minimal, the argument that this was a reason for cancelling the measures agreed upon by the commission was unacceptable for me. The fact is that as social workers we tend to forget how difficult change is. For anyone, not just for the people we work with. What we in fact want from them is to delete the past nineteen years of their lives.

Wise help, conscientious behaviour

The criteria of "wise help" are defined by *Laan* (1998a: 228-232). "Wise" according to him is the approach of a worker who applies an "open concept of rationality" in their work with the client, tries to conduct a "dialogical" interview with the client and is able to avoid both unreasonable intervention and unreasonable non-intervention.

According to *Laan*, the "open concept of rationality" lies in the worker not mixing three categories of assumption on which both the worker and the client build in formulating their (differing) opinions on the client's situation. The client and the worker may differ in what they assume, firstly on the truthfulness of facts, secondly on the rightfulness of the norms according to which one should act, and

thirdly, on the sincerity with which both of them present their views. The key thing is that the worker does not contest for example the norms of client behaviour if he or she wants to question the truthfulness of his or her facts. Similarly they should not be trying to question the norms of his or her behaviour by contesting the sincerity of the client's means of expression, and vice versa. If for example the client tries to document that he or she has presented an application to a different department in time, the worker should not freeze his or her attempt by saying: "You have an extra illegal income anyway," or: "You are not credible anyway." This type of argument is informally called "sidestepping the point" or "demagogy" in more sophisticated language. A social worker should avoid demagogy, whether aloud or to himself or herself.

Under the "open concept of rationality", discussion on the assumptions regarding evaluation of the client's situation should be maintained separately at each of the above three levels. If the time of submitting an application is talked about, arguments on the client's approach in this matter should be given. If the talk is about whether it is correct not to mention concealed and untaxed income in an application, let this be the subject. If the discussion is about whether the client usually tries to "beautify" their account or say "half-truths", this should not be mixed with the issue as to whether they presented their application on Monday or Wednesday. If talking about the effect of concealing income and manipulating separate facts on eligibility of the application, the subject should be observed. The truthfulness of facts, rightfulness of the norms of behaviour, sincerity of expression and mutual connections between these types of assumption for evaluating the situation should be discussed separately.

An interview is dialogical according to *Laan* if the above assumptions of both the client and the worker on the truthfulness of facts, rightfulness of norms and sincerity of expression are taken seriously by the other party, which does not mean however that they are accepted "without discussion". (See the fifth chapter on this.)

"Conscientiousness" is defined by *Laan* as a consistently individualising view of the client's situation led by a responsible effort to understand how the worker intervenes in the situation (*Laan* 1998a: 227 f.). If we accept *Laan*'s definition, the "responsible effort to understand how the worker intervenes in the situation" (ibid. 126), we may say that in work with every specific case the helping worker

must sincerely ask himself or herself three questions: firstly, how does he or she actually act (i.e. "what he or she does" and "with what intentions"), secondly if they could have or should have done something differently, and thirdly, what circumstances of their decision-making have they taken into account themselves on their own will and what circumstances were they forced to take into account.

Horne has not described Sheila's and David's case with the intention to evaluate as the what extent the social worker's conduct is "wise" and "conscientious". I therefore cannot carry out a thorough analysis of her approach in terms of these two aspects. I believe however that even after cursory reading of the whole story one can say that the worker tried to proceed according to the principles expressed by *Laan*. She took Sheila's approach to her situation as relevant. She cautiously differentiated Sheila's interpretation and her own perception of the reasons for leaving Peter and failing to move into an apartment of her own. She unveiled the moment in which the general practitioner "sidestepped" from factual to normative discussion and "objectivised" his moral doubts about the proposed approach by his claim about the "lack of capacity to change of the nineteen-year old" personality. Even so she seriously dealt with the practitioner's argument. She tried to look for and use improvement potential in Sheila and accepted official intervention only when the situation seemed almost hopeless. And she formulated the official intervention in such a way as to preserve hope for Sheila's independent life with David. Together with her colleagues, she carefully weighed her intentions as well as less obvious circumstances that made David a child "for the register".

Yet the case brought her more trouble than pleasure. She could "merely" be satisfied with her trying to help Sheila in a "wise" and "conscientious" manner. But she certainly did not think that the purpose of social work was to live an easy-going life and to show magnificent results.

Conclusion – An Alternative to Avoiding Dilemmas

The authors of the research quoted in this study as well as authors of other research[51] almost unanimously present findings showing that the culture of social work service organisations "offers" their frontline workers "guidelines" for avoiding importunate dilemmas. Case studies show that the patterns of practice and rationalisations that act as these "guidelines" are created by frontline workers themselves and that ordinary, commonly applied patterns of interaction with clients are the result of their attempt to avoid the psychological consequences of difficult to solve expectation conflicts.

Before we give in to the tendency to generalise these findings, we should ask whether other ways of coping with expectation conflicts and dilemmas of work with clients are known. Does the culture of social work service organisations include coping with stressful choices between incompatible options that are not based on "avoiding" them? However rare they are, empirical examples of such strategies do exist.

In his article on social work under quasi-market conditions, *Laan* (1998b) described a solution by which professional social workers responded to the contract between their agency and the Municipality of The Hague.

The contract was signed in 1992. In order to be paid for services rendered, the social work organisation obliged itself to remove "obstacles to taking a steady job" and to motivate the long-term unemployed with psychosocial problems "to take up paid work or other 'socially useful activities'". The clients' welfare benefits paid by the Municipal Services would be reduced if they did not co-operate. The social work organisation obliged itself to provide help to 400 clients annually "while guaranteeing a success rate of 60%". As Laan suggests, working under this contract, social workers were confronted with the tendency to be seen as technicians "carrying out goals established elsewhere", who "no longer need to think for themselves", seeking "the most efficient means to achieve the given goals".

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[51] Apart from the already quoted authors, coping with the dilemmas of work with clients and their avoidance are discussed, for example, by *Blau* (1965), *Hasenfeld* (1983: 402 f.), *Hadley/McGrath* (1984: 165 f.), *Howe* (1986), *Bok* (1988), *Morrissey* (1990), *Lipsky* (1991), *Savaya/Malkinson* (1997), *Brodkin* (1997) and others. An interpretation of the said authors' findings is presented by *Musil* (2004: 198-208, 216, 220 ff.).

Social workers rejected this view and decided that their primary task is "to counsel clients who have come up against a dead-end in their social functioning" and that "activating clients can only be seen as a guideline [...] not as an absolute output criterion". In accordance with this view social workers refused to accept the pressure of a guaranteed success rate and preferred to offer help "based on the wishes and needs of the clients" and to protect workers by viewing the contract as "an obligation to perform to the best of their abilities rather than to guarantee any result". Social workers feared they might come into a position in which they would have to decide whether or not the Municipality should apply sanctions against clients who refused to accept counselling. They decide not to "make such a threat part of the counselling", because their "primary loyalty lies with [...] clients, with their wishes and their needs."

This decision led social workers to negotiation with the other side of the contract. Gradually, they were able to change the Municipal Department's concept of a "positive output" of the service rendered by the social work organisation. Initially, the concept was strict: a client who "exists on the labour market" had been seen as positive output. Later, the Municipal Service accepted the following view of: "Once a client has finally plucked up the courage to tell someone his troubles, the good help must come quickly. This step is often a bigger victory for a client than going on a training course or finding a job."

Achieving this change in the terms of the contract, social workers were able to bridge the expectation conflict between the original definition of their task and their view of the needs of unemployed clients with psychosocial problems. Social workers were successful in changing directly the unsuitable working conditions established originally by the contract. Attaining this, they cancelled the circumstance which could provoke their dilemma. Their view of the task became the same as the interpretation of their task by the Municipal Department.

If we compare the examples of avoiding dilemmas described in the individual chapters of this study with the story described by *Laan*, we may say that we have empirical descriptions of two types of strategy. One is based on avoiding the experienced dilemmas brought by conglomerate working conditions, while the other lies in an attempt to change uncertain working conditions and thus prevent the respective dilemmas from emerging and being experienced at all. My task is not to evaluate the contribution of both strategies or to stress the de-

sirability of one of them. I would like to draw a picture of social workers' repertoire of the ways of coping with their difficult working conditions, to make this picture more comprehensive and to compare the basic principles of both strategies (see table No. 4).

Tab. 4: Comparison of the strategies of coping with the dilemmas of work with clients

strategy for coping with dilemma / comparison aspects	*avoiding dilemma*	*changing conditions*
response to uncertain working conditions	perceived as natural	must be removed
response to dilemma	perceived as natural	its emergence ought to be prevented
way of coping with the dilemma	apply routinely a pattern of interaction with client that makes it possible to avoid a stressful choice	achieve a change of conditions through partnership negotiation or by means of protest or direct action
response to ethical problems associated with coping with the dilemma	secondary justification, rationalisation of the action pattern used	remove reasons for non-respecting of the original ethical principles of the group

The actors in both strategies perceive their working conditions as contradictory and are confronted with an expectation conflict to which they are not morally indifferent. From these perspectives their situations are similar. However, their response to the dilemma they are confronted with is different.

The actors in the "strategy of avoiding dilemmas" perceive contradictory working conditions and the associated expectation conflicts as a given thing. In order to cope with this "given thing", they try to create and employ such a pattern of interaction with clients as will make it possible for them to avoid impending and stressful decision-making. If a secondary dilemma emerges before them connected with the perceived problematic nature of the practices of avoiding the original dilemma, they try to subsequently justify the use of such practices.

Social workers as actors in the "strategy of changing conditions" believe that the uncertain working conditions should be removed and that the emergence of an anticipated dilemma possibly aroused in them by these conditions ought to be prevented in this way. The social workers try to remove reasons for non-respecting the original ethical principles of the group, to create conditions so as to be able to act in accordance with such principles and not to be forced to observe rules that would have arisen as a subsequent response to the imminent dilemma.

The available case studies present both types of instrument used by social workers in their attempt to remove a dilemma by changing contradictory working conditions. *Laan* (1998b) describes the use of negotiation and partnership, *Morrissey* (1990) presents an attempt of civil rights movement members to use protest and what is called "direct action". A comparison of the findings of both authors leads to the supposition that partnership and negotiation may be successful as an instrument of changing contradictory working conditions. The case study of the protest describes failure of the attempt at change. *Morrissey* describes an attempt of the protest actors to subsequently justify usefulness of the chosen approach by stressing other than the original, and less ambitious, goals that in fact have been achieved. (*Morrissey* 1990) Nevertheless, findings on this issue are few and they do not allow for any generalisations.

Whether partnership and negotiation, or protest and direct action become the instruments of change, the preconditions for using the "strategy of changing uncertain working conditions" are professional and ethical self-confidence, determination to enter the space of political negotiations and ability to effectively operate in that space. It is possible that a lack in such characteristics among social workers and a lack in patterns of participative behaviour in the culture of social work service organisations may be an important reason for the lack of examples of the "strategy of changing uncertain working conditions" in the findings of social work service practice research.

The question is however as to whether the lack of such examples in the literature may be regarded as an indicator of their absence in social work service organisations' practice.

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Lipsky's view of everyday "client processing" is based on the hypothesis that the purpose of the "policies of the street-level bureaucrats" is to establish, follow and justify patterns of conduct that enable to avoid the dilemmas of the work with clients. Many students of social work services seem to replay Lipsky's concept of "avoiding dilemmas" in interpreting the social workers' everyday working habits.

The aim of the study is to review the results of empirical case studies of aforementioned students in systematic manner and – by doing this – to describe ways by which social workers used to avoid their dilemmas between complex and simple aims, quantity of clients and quality of services, neutral approach and favouritism, one-sided and symmetric interaction with clients, procedural and situational approach to the client problems, material and immaterial help, and between acting and not-acting in a response to the client condition. To discuss limits of the "avoiding hypothesis" by Lipsky, the author points out an alternative way of interpreting the everyday working habits of social workers by Laan.