

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 clients¹ 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 category² – 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: 213–216). The fifth dilemma is implicitly contained in his descriptions of the ways in which street-level bureaucrats cope with dilemmas (Lipsky 1980: 114–115, 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 workers³ as the outcome 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, etc., 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.

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).

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: "uncertain⁴ 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 bureaucracies⁵. 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 Goffmanian 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 options 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

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).

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 conditions⁶ 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 response⁷ 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 two⁸ different expectations of workers who experience it as their "inner conflict".

A conflict with the surroundings sets in if the entity whose decisions matter under the rules recognised in the organisation⁹ 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 power¹⁰ fundamentally divide upon the issue as to how to respond to a specific working event (such as the situation in the child's family).

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: 47–51), 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", 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.

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 treatment, 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: 192–193) 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 precedes 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 81–82). 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"* (Lipsky, 1980: 72, 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"* (Lipsky, 1980: 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"* (Lipsky, 1980: 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 dilemmas¹¹. 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.

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 us to understand *"much of the patterned behaviour of street-level bureaucrats and many of their characteristic subjective orientations"*. (Lipsky, 1980: 82–83.)

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 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, 153–157, and elsewhere). 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 (Lipsky, 1980: 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 (Goffman, 1991: 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 summaries 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 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 most needy 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

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.

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 (see especially Lipsky, 1980: 82, 144–146, 155–156, 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 organisations¹³ he calls "street-level bureaucracies".

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.

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 (Lipsky, 1980: 86, 140, 151, see also 142, 145, 152). 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.

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 preferences¹⁴ the workers try to achieve in treating their clients, secondly the stereotypes¹⁵ from the perspective of which the workers perceive and interpret the characteristics of the clients, and thirdly the rules of behaviour¹⁶ 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*" (Lipsky, 1980: 81–82). 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

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.

dilemmas and psychological tensions these working conditions bring in the eyes of frontline workers.

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 jobs¹⁷ 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 question¹⁸.

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 basis of findings on the varied types of relevant barriers¹⁹ to coping with difficult life situation by the client as well as on the basis of findings on connections between these barriers²⁰. 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

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.

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 professions 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.

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 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.

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.

chapter 2

COMPLEX OR SIMPLIFIED GOALS

Lipsky (1980, 82–85) 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. (Lipsky, 1980: 27–28.)

According to Lipsky (1980: 83–85), 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. Chapter three discusses the dilemma between quality and quantity, while the dilemma between neutrality and favouritism is treated in Chapter four.

The dilemma between complexity and simplification of goals in the work with clients 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 the 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. (Lipsky, 1980: 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 (Lipsky, 1980: 41; 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: 9–10), 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. An attempt to change goals can then be either 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 (1980: 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 personnel²³.

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.

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"* (Lipsky, 1980: 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"* (Lipsky, 1980: 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 (Lipsky, 1980: 144–146).

Phrasing "their conception of the job" usually 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 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: 145–147.)

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 so 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 (Lipsky, 1980: 145). Workers who often genuinely believe in this justification find it correct to help "the most needy". 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 so 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 (Lipsky, 1980: 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. This approach is given legitimacy through the faith of modern society in the usefulness of specialisation. The sense of justification of the focus of attention on the "more capable" clients is also supported by a conviction that there is no point in wasting efforts on work with the "less capable" clients. From this perspective, it is easier for those who are by the common prejudices considered to be "incapable of remedy" to fall into the category of those who are "deaf and will not hear", and hence beyond the attention of the workers. These are usually various minority members, such as the "Roma" people in the Czech Republic, but also those people who are disabled, former clients of children's homes, etc.

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. (Lipsky, 1980: 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. (Matoušek, 1999: 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*”. (Matoušek, 1999: 45.)

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 or she **himself or 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“ (Lipsky, 1980: 148). 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 client 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 led 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*” ideology of medicalisation. It is therefore reasonable to assume that we might take the same reasons to explain the unwillingness of lawyers from the experiment in Beiefeld, Germany, who were reluctant to accept a more complex approach to resolve the cases of juvenile delinquents.

The Bielefeld experiment

The experiment described by Otto (1989: 526–531) departed from criticism of German social work in justice, which was assaulted in the 1970s for strengthening the overseeing functions of courts instead of “*offering alternatives to punitive measures*” (Otto, 1989: 525). As a response to this criticism, an attempt was made to change the role of the social worker in justice. The experiment that took place in Bielefeld was based on the rejection of the medicalisation of juvenile delinquency.

The judicial practice controlled by lawyers was based on an understanding that the cause of deviations in juvenile delinquents is a “*personality deficit*” (Otto, 1989: 526). 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. Social workers’ task was to handle the delinquent’s personality deficit if that was at all possible.

Criminology research supported the assumption of a normal personality in many juvenile delinquents. Using this argument, social workers in the 1980s tried to replace the existing “*model of personality deficit*” with the alternative “*model of the delinquent’s personality in the situation*” (Otto, 1989: 526). The objective was no longer to assess the penalty appropriate to the level of insufficiency of personality, but rather to involve the juvenile in resolving the consequences of his or her offence. It was therefore necessary to focus attention on the circumstances of the offence and its consequences both for the victim and the juvenile delinquent.

At the same time the role of the social worker was supposed to change. His or her task was no longer to supply pedagogical data into a definition of a case given by the court or to carry out the pedagogical part of a penalty assessed by the court. Instead, the social worker was supposed to employ a wider range of alternative interventions, making sure that both the offender and the victim participate in the deciding on the case, and present proposals to the court for a solution of the case.

Otto notes that social workers tried to apply the said principles in an experimental way. They dealt with the circumstances and consequences of delinquent behaviour. They organised an exchange of views between the offender and his or her victim. They helped the juveniles surmise the consequences of their acts. To help the juveniles understand the relations between people and the effect of breaching norms on others, they conducted interviews with them based on a thought reconstruction of the causes of the act and its meaning for the offender and the victim. The interviews showed that the subjective perception of the circumstances of the breaching of the norm differ in individual delinquents. Based on the differences between the juveniles' view of the circumstances of their own offence, the differences in the development of the relationship between culprit and victim and differences in the changing approach of the juveniles to their own offence, it seemed to be sensible to formulate different solutions to the individual cases.

The proposals won recognition with difficulty, according to the quoted author. Social workers co-operated with the state's attorneys for juveniles and presented them informally their own ideas for solving the cases. However, the ideology of "personality deficit" continued to have a crucial effect on the courts' decision-making. On the other hand, some minor compromises were reached under the condition of preserving the dominance of the state's attorneys. (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. He confines himself to mentioning that the suitability of the "personality deficit" was difficult to deny in serious crimes (Otto, 1989: 531). I will therefore try to suggest several hypotheses, using Lipsky's assumptions concerning the reasons for the popularity of medicalisation, about what might have caused the lawyers' unwillingness to accept the point of the "delinquent's personality in situation", and formulate the objectives of justice in a broader way.

It is not impossible that the state's attorneys and judges rejected the "personality in situation" point because accepting it would mean strengthening the authority of social workers and hence weakening the authority of lawyers in justice. 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 reason for the lawyers' unwillingness could be the fact that applying a more complex model of a "delinquent's personality in situation" cast doubts on the legitimacy of the still used simplified approach to goals. The lawyers to whom faith in the appropriateness of the "personality deficit" model had given a feeling of the correctness of their own approach up to that time, might have feared that the proposals of the social workers would cast doubts on their professional competence. 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 doubts concerning the suitability of the applied simplifications. The lawyers were able to suppress these doubts by promoting the older approach and clinging to its "correctness".

The next reason for failing to accept the model of the "delinquent's personality in situation" could be that the model of a "personality deficit" makes the application of solutions prescribed by the law easier. Thinking in the categories of law strengthens the lawyers' tendency to choose "the only just response" among the options defined by the law. This may be why they clung to the trains of thought of the medicalisation ideology, which sees a clear link between a downright diagnosis and the corresponding solution process. Casting doubt on the habit of setting the "intensity of the penalty" based on the "magnitude 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*" (Schmidt, 1990: 390–391). 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: 495–497.)

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*" (Schmidt, 1990: 391), 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 so deaf as those who will not hear."

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

These were the reasons for which the intake department workers at welfare departments 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. Although the form was dedicated to personal difficulties of the client, it failed to contain a box for alcohol abuse problems. If the applicant showed more or less obvious signs of recent or sustained 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."* (Schmidt, 1990: 395–396.)

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" by the department became involved in the programmes. As a result, people unable to follow participation conditions due to alcohol abuse 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 alcoholism while carefully noting obvious signs of the client's drunkenness 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]*"²⁴. Along a similar path they relieved their conscience by maintaining that the department had "*two sections*": "*Half of us deals with money problems. Half of us deals with social services. The only reason people come to us is for money.*" (Schmidt, 1990: 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.)

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.*" (Schmidt, 1990: 395). 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

²⁴ 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.

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 (Schmidt, 1990: 397–398), 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 (Schmidt, 1990: 398–400). 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.'"* (Schmidt, 1990: 401.)

Broadening of goals in Horní Poustevna

There is one disadvantage in Lipsky's theory of the way of coping with the dilemma between complexity and simplification of goals of work, from which this chapter derives. Lipsky finds support in two theses: Firstly, street-level bureaucrats cope with the dilemma between complexity and simplification by creating their own conception of work with the client. Secondly, their own conception serves street-level bureaucrats to justify that they simplify the goals of their work. I believe that the second thesis is disputable.

Some empirical examples (apart from Schmidt, 1990, see also e.g. Cloward, Epstein, 1965; Winkler, 2000, quoted by me in Chapter 4) suggest that using one's "own conception" for the justification of simplification of goals is rather common. Even so it should be admitted that the "own conception of goals" may under certain circumstances serve for the justification of the broadening of goals. If we only asked the single question, lead by Lipsky's conception,

as to which simplifications frontline workers justify by their own conception of goals, this could "obscure our view" and we might fail to notice that frontline workers sometimes seek arguments to the benefit of deepening the complexity of their goals.

This fact is referred to by the literature discussing the so-called "managerialism" in social services (see e.g. Laan, 1998b; Clark, Newman, 1997). The term "*managerialism*" refers to the attempt to adapt the operation of social services to the market environment and to the requirement for running personal social services in a "*businesslike*" manner (Clark, Newman, 1997: 58). The managers of social work service organisations believe that success in the market depends on depriving frontline workers of the ability to decide on the goals of their work, instead of which "products" easy to convert into money predefined by managers should be "supplied" by them. These can be ordered by a paying customer, such as a municipal office, a government department or a client drawing a state subsidy.

Social work service people sometimes oppose this scheme (Clark, Newman, 1997: 95–120), finding support in the argument that the life situation of the client is unique and so complex that the goals of effective help cannot be planned in advance. Placing emphasis on the "*irreducible complexity*" of work with the client and "*responsiveness*" towards him or her, they manage to resist the attempts at "*standardisation*" of their goals (Clark, Newman, 1997: 119–120). We can therefore say that by promoting the more complex conception of goals, social workers try to broaden the scope of their power that is being limited by the managers.

Therefore they 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. The objective however is the opposite to what Lipsky assumes: rather than simplification, the workers justify a higher complexity than the advocates of "managerialism" expect from them.

Thus the initial question needs to be rephrased. Rather than "What simplifications frontline workers justify by their own conception of goals?", it should be "Do frontline workers seek justification for simplified or more complex conceptions of goals?" Although the answer will more often be: "They want to justify simplification," neglecting the latter, rarer option might prevent us from noticing those changes in social work services that from time to time bring more versatile approaches to the problems of the client.

An example is the changes made and advocated by Milan Cháb at the Social Care Institution²⁵ in Horní Poustevna in North Bohemia in 1998. He regards the institution as a "*trap*" that prevents people with mental handicaps from experiencing everyday risks. He therefore gives his clients a chance to work outside the institution and makes sure that they have proper contracts with employers. He has established a sheltered workshop outside the institution's walls. The clients can stay there for prolonged periods, working in a farmstead and living independently, separated from the direct support of the institution's regime. They commonly help in the farm in the summer. "*Whoever wants to stay over a winter or two, is encouraged to stay out of the institution. Take Luboš. [...] he was not reliable in the facility. He knew that if he didn't stoke, someone else would do it for him. Here in the forest estate he realised that he would be dreadfully cold if he did not make a fire.*" (Varecký, 1998: 12.)

Mr Cháb must advocate before himself and those around him his trying to achieve a state where the clients of the institution cope with the risks of everyday life. When volunteers took Luboš for a "hop", Milan Cháb commented on it: "*[...] I must admit that initially I didn't feel OK with the idea that he's having fun somewhere without supervision. After all his state is that of an inmate in a facility. On the other hand I insist that even people with mental handicaps have the right to take risks similar to those undertaken by us, normal people' [...]* It was probably good that we started here in the Sudetenland where there is no strong local

²⁵ The term "Social Care Institutions" has been used for years in the Czech Republic for facilities for people with mental handicaps.

culture. In the Haná region for example²⁶, people most probably wouldn't quite accept it that I don't keep the handicapped well behind the fence; that I do something inappropriate." (Varecký, 1998: 12.)

²⁶ Unlike the Sudetenland where the German population was expelled in 1946, Haná is a region with the original population and corresponding relatively strong social control.

chapter 3

THE QUANTITY OF CLIENTS OR THE QUALITY OF SERVICES

As noted at the beginning of the second chapter, street-level bureaucrats cope with their working conditions in three ways according to Lipsky (1980: 83–85): by simplification of complex goals, limiting demand and unequal treatment of clients based on prejudices. In this chapter we will deal with the second way. 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.

My answer is based on the findings of 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. I will try to work out this argument using Lipsky's and Goffman's findings to a stage of at least suggesting an answer to the question "Under what conditions can an increased number of workers result in an improved quality of the services provided?"

In the text of 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 potential to change this type of social work service culture²⁷. Using the arguments of these authors, I will answer both of the above questions. I hope to cast some doubt on the myth that the quality of social work services directly depends on the number of workers and will hopefully help the discussion about the possibility of resolving the dilemma between working capacity and quality of intervention to adopt more realistic angles.

Limiting demand in street-level bureaucracies

Social work service people often have to face various difficulties. They usually have little time and too many clients, who are not used to being responsive enough. They must abide by the law while gratifying the funding body, superiors, colleagues, clients and the public; each wanting something different without exactly knowing how it should be achieved. In addition to this, finding out if the expectations of all these entities have been successfully met tends to be nearly impossible. (Lipsky, 1980: 27–28.) Under these circumstances it is necessary to cope, among other things, with the tension between limited working capacity and

²⁷ 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).

the number of clients (Lipsky, 1980: 82–83). Social work service people 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. (Lipsky, 1980: 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. (Lipsky, 1980: 38–39, 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 for them 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 organise 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. (Lipsky, 1980: 127–128.)

Techniques that allow maintaining performance within bearable limits through "*accepting the judgement of others*" (Lipsky, 1980: 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: 128–131.)

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 (Lipsky, 1980: 100–101). 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 a 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 procedures²⁸. 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*". (Lipsky, 1980: 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.

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 the understanding of clients by the workers (Lipsky, 1980: 155).

²⁸ 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.)

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 (1991²⁹) examines the world of a mental hospital seen by him as one of the forms of what is called a "*total institution*"³⁰. In this context Goffman describes how a "*small supervisory staff*" in the institution environment copes with a "*large managed group, conventionally called inmates*" (Goffman, 1991: 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 (1991: 283–285), set up historically in "*our Western society*" as a broadly recognised model of contact between people, and people apply it even 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'?" (See Goffman, 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 (1991: 285) the principles of contact between "*experts*"³¹ 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

²⁹ The book was published for the first time in the U.S. in 1961.

³⁰ 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 (1991: 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 (1991: 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*".

³¹ 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*".

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. (Goffman, 1991: 285–288, 291.)

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 a lot of interest in what is going on with his or her body (or mind) and has 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 the client reporting to him 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 of these circumstances, it is very 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, from the position 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 (Goffman, 1991: 75–78). 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 (1991: 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. I find this standpoint of Goffman to be important for two reasons. Firstly because it exposes the practice of personal social services to serious ethical questions that I will leave aside for the moment. Secondly because he alerts us to how fundamentally the effort to cope with a high quantity of clients may affect the culture of an organisation and the quality of the services provided.

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"* (Goffman, 1991: 86–88). 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 (1991: 315) 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 *"misbehaviour"* 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, he or she is 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 their walks within the hospital boundaries or to town to a relative *"who has the incarcerating establishment"*, i.e. the option to threaten: *"Be good or else I'll send you back."* This ensures that the control of behaviour applied inside the hospital transfers even into life outside. The result is, according to Goffman, 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 effect³², it is still an efficient tool for assuring order inside the hospital. Everything 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. (Goffman, 1991: 51–54.)

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"*. (Goffman, 1991: 81–82.)

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*

³² The reason is the personnel's orientation on control. Goffman (1991: 313–314) 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 [...]."*

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." (Goffman, 1991: 330–331.)

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.³³ Therefore the inmates have a tendency to be *"freely marched into captivity"*. (Goffman, 1991: 201–202.)

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 personnel 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. (Goffman, 1991: 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 cooperate in the treatment. (Goffman, 1991: 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 (Goffman, 1991: 157–280)³⁴. It follows that as a result, the therapeutic intervention available to them somewhere at the margin³⁵ of the obedience control system, fails to meet its end to a considerable degree.

³³ 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: 201–202).

³⁴ The fact that the staff 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"* (Goffman, 1991: 276–280) and brings an *"underlife"* into existence (Goffman, 1991: 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 Goffman, 1991: 157–280).

³⁵ 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."* (Goffman, 1991: 273.)

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.)

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 is 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 specialists" 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" are: "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: 87–88.)

Psychiatrists and other specialist personnel respond in various ways to experience of this kind, according to Goffman (1991: 322–324): 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"*³⁶ 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."* (Goffman, 1991: 332–323.)

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

³⁶ Lipsky too mentions this technique of coping with great demand (see above).

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. 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: 33–35.)

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. (Lipsky, 1980: 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. (Lipsky, 1980: 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*" (Lipsky, 1980: 36–38). 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. (Lipsky, 1980: 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."* (Lipsky, 1980: 209–210.)

Limits and possibilities of quantitative solution

If we accept Lipsky's and Goffman's view of public services and social work, we will come to the conclusion that the "culture of coping with a large clientele" cannot be straightforwardly changed by increasing the number of people who provide services to the specific public agencies' clients. Should we want to strengthen the responsiveness of services to the needs and situation of clients, we should consciously act against the tendency towards "extended reproduction" of the established ways of coping with a large clientele, i.e. application of the same ways by an increased number of workers. Goffman is on balance sceptical about the possibility of achieving such goal. Lipsky finds it difficult to achieve, although not hopeless.

Regardless of their doubts about the possibilities of transforming the "culture of coping with a large clientele" into a "culture of responsiveness of services to the needs and situation of clients", both authors describe the circumstances thanks to which the increase in the number of workers could contribute to a changed quality of services. Goffman's findings suggest that even in the often totally rigid environment of "total institutions", "experimenters" and "active opponents" occur who – as I add – are likely to be capable of influencing the quality of approach of personnel to "inmates". Lipsky describes how "pressure specialists" provide better quality services to the part of clients that is more vigorously calling for their needs being served, so preserving the "concept of what service would be under ideal conditions". I believe that pressure specialists not only help preserve the less responsive routines of the majority of the personnel, but they can also play the role of a "cultural reservoir" of better quality solutions.

We can understand the proposals of Lipsky as a description of the conditions in which the attempts of "experimenters", "active critics" and emulators of "pressure specialists" can stand out more distinctly. Their influence in the organisation can increase if three changes occur. Firstly if the participation of clients in decision-making concerning services is strengthened. Secondly if schools offer alternative methods of work with the client and co-operate in the training of future specialists with organisations that can teach students how to use limited resources. The third condition is that open, critical and supporting – rather than "reckoning" or "threatening" discussion on work with clients becomes a common part of the everyday life of social work service providers. I find particularly important Lipsky's requirement for seeking balance between experience in coping with common working conditions and alternatives to established practice. The aspiration is not that "lobby of clients", "freakish advocates of alternatives" and "stale practitioners" throw overwhelming arguments at one another. The aspiration is to look for and find a way of gradually

introducing improvements into the existing practice that will be a contribution for workers and clients alike.

chapter 4

NEUTRALITY OR FAVOURITISM

As noted at the beginning of Chapter 2, street-level bureaucrats cope with their working conditions in three ways according to Lipsky (1980: 83–85): by simplification of complex goals, limiting demand and treating clients unequally based on prejudice. With the third of the approaches is associated 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. This dilemma is dealt with in this fourth chapter.

Reasons for differentiation between clients

According to Lipsky (1980: 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. This kind of differentiation becomes questionable under certain circumstances that I will discuss later.

Lipsky (1980: 105–107) says that clients are differentiated between for four basic 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 basis³⁷.

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 their own independence.

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

³⁷ For more see the sixth chapter.

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*" (Lipsky, 1980: 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 (Lipsky, 1980: 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 clients (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. (Lipsky, 1980: 108–111.)

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: 112–114.)

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: 117–119.)

What Lipsky terms the "rule of normality" is referred to by Hasenfeld (1983: 192–193) 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 problem³⁸.

Hasenfeld (1983: 192–193) 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 about how society views the client: "What is the '*social worth*' of the client?" The quoted author adds that answers to these questions usually derive from established ideas characteristic for the "*cultural and normative context of the organisation*" (Hasenfeld, 1983: 193). How compelling these ideas are depends on how they are linked to the prejudices generally accepted throughout whole society.

³⁸ 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.

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"* (Lipsky, 1980: 109), and differentiation between clients can therefore be seen as a way of *"institutionalising"* prejudices that pervade the whole of society (Lipsky, 1980: 115).

Thus the helping workers and the public often have an identical understanding 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 work service people in modern society. Street-level bureaucrats *"are expected to treat all people in common circumstances alike"*. (Lipsky, 1980: 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. A "professional" 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 their 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 work service people 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 so 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 legislative 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: 114–115; 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". (Lipsky, 1980: 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 information 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 among their own, in their own social environment. (Lipsky, 1980: 114–115.)

Social work service people typically hold the view that "*experience provides the basis for knowledge in assessing the client world*" (Lipsky, 1980: 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 ...*" (Lipsky, 1980: 115.) 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!"

According to Lipsky, the justification leaning on generally accepted prejudices is used in the U.S. by street-level bureaucrats to justify an unequal approach to the poor and black people. From the conviction of many Americans that "*poor people at some level are responsible for conditions in which they find themselves*" and that "*receiving benefits labelled 'for the poor' is shameful*", it is not far to accepting the idea that "*public programs for poor people are [...] costs to society, not benefits*". These prevailing attitudes to the poor make it possible to justify behaviour that leads to their being neglected by the authorities. Prejudices about racially and ethnically different clients are connected with attitudes to the poor in America. These make it easier for public employees to place a large number of poor clients among the "less socially worthy", on the basis of which lesser attention is paid to them. The fact that these ideas prevail in America strengthens the conviction that such an approach is correct and makes us forget the sin against the bureaucrat's loyalty, professional ethics or the idea of equal civil rights. (Lipsky, 1980: 181–182.)

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 varying 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.

table No. 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
	<i>coping with the dilemma between complex and simplified goals (Chapter 2)</i>	<i>coping with the dilemma between the service quality and the number of clients (Chapter 3)</i>	<i>coping with the dilemma between neutrality and favouritism (Chapter 4)</i>
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

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 idea that the effectiveness of the patterns of workload control, conception of goals and prejudices about clients is given by their mutual interrelatedness, seems important to me. It points to the fact that the resolutions of different dilemmas of work with the client are connected. I therefore want to try and give a comprehensive interpretation of the meaning of different practices of prejudiced differentiation. Since the 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, one has been recorded. Lipsky (1980: 102) gives the example of a U.S. agency that got rid of a part of clients by failing to print and post posters offering its services in Spanish. Lipsky notes that by this approach the agency managed to limit demand for its services. The Hispanic part of potential clients simply did not learn about them or was able to learn about them with a significant delay.

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 (Dodson, 1970: 91–92). 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 then become a *"racist dogma"*, *"mythologies"* hindering effective work of agencies in *"black neighbourhoods"*. (Dodson, 1970: 94–95.)

Dodson (1970: 95) gives a list of characteristics that accompany a black complexion according to the mentioned dogmas and myths. They are: *"low I.Q."*, *"low social class"*, *"weak ego strength"*, *"lack of the father with whom to relate"*, *"inability 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 statement 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"*. (Dodson, 1970: 89–90, 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"*. (Dodson, 1970: 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. (Lipsky, 1980: 107.) 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.

The conduct of job counsellors sending "employable" clients to apply for vacancies is usually given as an example of creaming off. While the chances are rather high for such clients to get a job even without the help of the department, they take away the opportunity from people more difficult to place. (Lipsky, 1980: 108; Hasenfeld, 1983: 6, 100.)

Another example of creaming off has to do with preferring children and their families and disadvantaging elderly people and people with a handicap. Cypher (1980: 80–82) and Howe (1986: 5–19) 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 and people with a handicap. There was a hierarchy of cases and workers at the Departments of Social Services, which at the time employed 75% of all social workers in Britain. At the top of the hierarchy were cases of children dealt with by qualified and experienced personnel. At the opposite end of the hierarchy were the cases of elderly people and people with a handicap 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.

Cypher and Howe identically state that there are more reasons for this differentiation between clients of Departments of Social Services. These 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 them 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*" (Cypher, 1980: 81; Howe, 1986: 128).

Repairing the credit of personal social services that was found to be failing by the press became an important strategic issue (Howe, 1992) for the representatives of social services sector and its frontline workers. 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 were therefore entrusted to workers with a higher professional competence (Cypher, 1980: 81). The prejudice about a greater "risk potential" of children's cases for the department and the ensuing emphasis of professionally more competent workers on the cases of problem families was gradually "*accepted as natural*" by frontline workers (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 and people with a handicap 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 categories of clients (Cypher, 1980: 82; Howe, 1986: 27–28). 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*"³⁹ 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: 491–492).

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 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. (Lipsky, 1980: 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 happens 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

³⁹ 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.

workers of the feeling of responsibility for some failures of social work services (Lipsky, 1980: 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. (Lipsky, 1980: 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 (Lipsky, 1980: 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 (Lipsky, 152–153; 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 prejudice 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: 159–161; 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 (Laan, 1998a: 47–48, 194–199). "Dialogue" stands on the other side, according to Laan (1998a: 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 Úlehla⁴⁰. 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).

⁴⁰ Úlehla makes reference to Gordon. Unfortunately he does not publish full bibliographic information on the original text by Gordon.

Úlehla (1999: 28–31) 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 (see the 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 (see the 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".

table No. 2
"Help" and "control" by the "principle of problemholder"

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

source: Úlehla, 1999: 31 (reviewed, extended)

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". "Help" to the client can then become a rather unintended effect of the worker's action.

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: 232–233.) 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: 233–235.)

"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 a 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: 33–34) 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." (Fielding, 1984: 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." (Fielding, 1984: 34.)

A worker not aspiring to "inherent authority" can rest their influence on the client in nothing but "constituted authority". They expect 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 the worker wants 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" between worker and client 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 social environment as "*community*". Some authors stress the heterogeneity of "community", which consists of a large number of interest groups with heterogeneous and conflicting requirements for worker and client alike (Ohlin, Piven, Pappenfort, 1965: 533–535). 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 the task of their organisations is to ensure balance between the expectation (morals, law, habits) of the community and the problematic conduct of the client. Dilemmas emerge if the following question is asked: "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 of community. The different evaluations of conformity cause the advocates of either view to deal with different dilemmas in their everyday work.

How to avoid disciplinatio

If workers regard the client as the "victim" of his or her environment, 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 "disciplinatio".⁴¹

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 "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 disciplinatio of clients, they expose themselves to the risk of a 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 disciplinatio of their clients whom they perceive as 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. They believe that the 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 disciplinatio of their clients, i.e. to remedy "defects in their socialisation" and to strengthening their conformity. For them, the opposite of "disciplinatio" 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 "disciplinatio" 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 the trust of the client and 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 client, 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 "disciplinatio". The worker is not sure whether the price for the trust of the client will be "solidification" of their problematic, non-conforming habits.

⁴¹ The terms "emancipation" and "disciplinatio" are used by Laan (1998a).

"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 and Dutch sociologists who follow his argumentation 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. (Laan, 1998a: 15–16.)

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 in conflict with the said dilemma of the agent of conformity.

Laan (1998a: 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 (Laan, 1998a: 207), they were shocked after a time to find out that dialogue could be an instrument of one-sided influence (Laan, 1998a: 15–16). 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.

table No. 3

Communication between worker and client from the perspective of the worker's goals and the way of obtaining co-operation with the client

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

source: Laan, 1998a: 110–111, modified

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.

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" (the 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 (1998a: 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: 206–207.) 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 (Laan, 1998a: 99).

TBR⁴² 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. (Laan, 1998a: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 public agencies they could be participating in "controlling clients by means of dialogue". (Laan, 1998a: 206–207.)

⁴² "TBR" is an acronym for the Dutch "*Ter Beschikking van de Regering*", which means "*under the supervision of the government*" (Laan, 1998: 99).

Laan (1998a: 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 (see the 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 happens even in situations where the worker to some extent proceeds in a one-sided manner, according to Laan.

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. (Laan, 1998a: 213–214.)

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. (Laan, 1998a: 223–224.)

"Clients' infantilism" 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.

A study of community care services (Musil, Hubíková, Kubalčíková, 2001: 31–39) suggests that elderly people too may be given the role of "children" unable to fend for themselves and of a somewhat diminished responsibility who need to be cared for by the "adult" worker and whose "aberrations" must be benevolently supervised by them. The carers with whom the quoted researchers spoke placed themselves in the role of "parents", seeing

their clients, prevailing pensioners, as "children" of sorts. Like the above British officers, they stressed the "infantility" of the elderly users of care services. They saw them from the perspective of "adult offspring" who care for their decrepit, lonely and dependent parents, benevolently tolerating their infantile confusion, freakishness and quarrelsomeness. Entirely along the lines of the "parental analogy", they care for their "infantile parents" and help them avoid risks that already evade their attention. The important thing is that 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".

The "parental analogy" and the idea of "elderly people's infantility" are both based on defining the client as both helpless and irresponsible, both baffled and of diminished responsibility. If the workers define the client in this manner, it serves them 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: 40–41, 50–51; Musil, Hubíková, Kubalčíková, 2001: 31–39).

Surveillance as part of "parental" care for "children"

Fielding, from whose text all the quotations in the following five paragraphs are taken (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 or 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"* in the framework of the "parental analogy". In their usual work, probation officers 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 their own hands and it may be more difficult for them to satisfy their own needs.

Fielding describes the "parental analogy" as a way of delimiting the supportive role of supervision and punishment which is characteristic for the culture of British probation services. He has established that probation workers think of the meaning of the "parental analogy" from the perspective of the dilemma between strengthening dependence and supporting the client's independence, that is – in more general terms – from the perspective of the methodology of work with client. Among the workers he has spoken with, Fielding does not mention any other reason for using that analogy than clarifying an efficient approach to the correction of errors in the socialisation of clients. Other authors on the other hand ask the question as to whether stressing the client's infantility has some other meaning for social work service people than the methodological one.

Frontline workers as "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 two circumstances arose: firstly if the workers managed to maintain a distance from the clients that prevented establishment of tighter links, and secondly if the workers were able to believe that the authoritative decision somehow satisfied the client's expectations or contributed to managing their situation.

The workers employed various practices to maintain a distance from clients. When visiting their households, they refused every display of the client's hospitality except for

drinking a cup of tea. While themselves addressing clients by their first names, they would not let clients do the same. They showed displeasure at displays of the clients' interest in the worker's own personal, non-work matters. They would not let clients linger elsewhere within the department than in the waiting room if not accompanied by the worker.

To gain the impression that their official interventions were justified in terms of contributing to their clients' benefit, 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"*.

In the culture described by Satyamurti the workers were dealing with their own dilemmas rather than the client's problems using "parental analogy". By questioning the clients' status as adult and responsible persons, they 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.

A similar use of the "parental analogy" was described in a study of a Czech half-way-house in 2001. Musil, Hubíková, Kubalčíková and Hamarová (2001: 20–34) describe a design of intervention towards former charges of children's homes based on a *"motherly approach"*. Their findings are in many aspects similar to those of Satyamurti.

As did the workers of the London department, the workers of the Czech half-way-house "questioned the status of their major clients as adult persons", stressing their inability to fend for themselves. Without reflecting specific characteristics of individual clients' situations, they saw the clients as inexperienced children *"incapable of independent life"*. Unlike children growing up in a family and *"learning lots and lots of things during the long process until they're twenty"*, "children" from the children's homes *"don't know lots of things"*. It is therefore necessary *"to train them in normal living so that they can operate fending for themselves, just like a normal twenty-year old"*.

The workers regarded themselves as a substitute for a normal family for the insufficiently mature clients. They said that based on "[their] own experience from home" they would try to figure out *"what the kids might need"*. Maternity became a model of intervention for them. They referred to one former half-way-house employee's approach as their model of providing a *"motherly background"* to the clients. *"When they needed to be dressed down, she would dress them down, and when they needed a cuddle, she would cuddle them"*. She had a pure *"motherly approach"*. This was supposed to help the workers illustrate for the clients how *"the home of ours"* works, because *"they have got no family model"* and nothing to follow to find their bearings.

Within a "motherly approach" perceived in this way it seems obvious to combine a genuinely experienced responsive communication with one-sided promotion of the workers' "motherly" views. The workers found friendship, openness, trust and understanding to be important principles. They said *"whenever kids come home, they can have a chat with the*

parent about the problem they have". The clients therefore "have my home phone number as well, and if they had something to sort out they call me at any time, and it happens that they call me in the evening or when they just need to have a chat and there's nobody around to chat with". Clients should be "trusted", there must be a "friendly approach" towards them, one should be trying to realise "what they must have gone through in their lives", thus gaining "a completely different view of them". Understanding is required too, "because when I'm twenty or twenty five years older than them, they again see it completely different".

If we understand these responsive features as a display of "motherly benevolence" of the workers, it is little surprise that the workers did not take the views of their "children" seriously. Instead, in the case of a disagreement, they were looking for a way of talking the clients into accepting their own view: according to the workers' statement, the clients would want *"friends to stay overnight there, which really isn't possible in our facility, and so that's what they'd definitely want. They'd like to smoke in the rooms, while we don't want them to smoke. They'd like to walk everywhere in shoes, and we want them to take shoes off just like kids at home. When it's explained to them they realise after a time that we mean it for their own good."*

The workers often regarded differences of opinion between themselves and the clients as a display of pubertal defiance rather than an entirely premeditated clients' attitude. They approached arguments over the spending of the clients' savings and, in particular, complaints about the regime in the facility *"like when children at home complain about their parents": "[...] sure they don't like to tidy up and to follow rules, just like kids at home [...] They bitch about everyone, that's for sure. Because parents are dumb and stupid, and we substitute the parents' position here, we're dumb and stupid too. They come to see it once they later live alone you know, when something just happens and something doesn't quite end up well they just come to see that we're not that dumb and silly, that we could've been right in some way, and that's it. You just have to forgive them" and "talk them out of it [...], so that they simply come to see that yes, it's bullocks". It is like "when they bitch about Dad for forbidding cinema or disco until eight in the morning, then one or the other tries to explain to them why that's impossible. Simply get them to find out that that's probably impossible really, that they can't do whatever they want to".*

The workers were convinced that utilising a responsive means of communication in one-sided persuasion of "immature" clients corresponded with their maternity experience. Since benevolence and gradual direction served the timely socialisation of their own children, it had to be an equally good means of the delayed socialisation of "children" at the half-way-house. Just like in the case of the British parole officers, the "parental analogy" served the workers at the half-way-house to justify the idea that close observation and one-sided persuasion were a logical part of support of socialisation in allegedly or actually non-adult clients.

In addition the "motherly approach" was a framework in which even banning visitors to rooms and handling dormitory furnishings, room inspections while clients were absent etc. were justifiable. The reason for these limitations is to control the part of the clients' behaviour that might bring about conflicts between the half-way-house and the surrounding community or reservations of municipal authorities about operation of the facility. (For example the ban on visitors in rooms came as a response of the personnel to discovering that a person subject to criminal prosecution dwelt in the facility thanks to the clients' hospitality.) Under the logic of the "motherly approach", one-sided bans of this kind are an unpopular but effective measure taken by "parents" whose "children" are not yet able to think of the consequences of their unpremeditated steps.

Above, Satyamurti pointed to the fact that the social workers in London regarded the client's dependence to be synonymous with a good relation with the client and that they

regarded displays of the client's dependence to be recognition of the quality of their work. The study of the Czech half-way-house established something similar. Its workers perceived contacts with former clients as proof of a positive personal relation. What might be marked as a symptom of continuing dependence of some clients was regarded by the workers as a desirable continuity of the relation between "parents" and "children": *"Well [...] they have nobody else. She buys curtains, but she doesn't know how to cut them, she doesn't know how to mend them, so she comes to me. Or I just go to her, so simply this is like home to them. Run out of money, they come here. Anything, at all times. Simply every week. [...] you just can't leave them. That just can't be, they don't have anybody. And sometimes even if you think they're good and will cope in life, they still need somebody. That person, that is simply a friendship that will be there at all times, [...] they don't have anybody, which is why they really stick to this friendship."*

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

Baldwin (2000: 40–41, 50–51) 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.

This way of using references to "elderly people's infantility" is also found elsewhere. Musil, Hubíková and Kubačková (2001: 31–39) encountered it during the study of community care services in a Czech town. They found out that in communicating with clients (elderly people), the carers built on the assumption that the clients should be taken with a pinch of salt, because they are *"sick"*, *"confused"*, *"peevish"*, *"unrelenting"*, and they tend to have *"that bad temper of theirs"*. The carers perceive these qualities as a sign of the clients' dependence and reason for their own benevolence. They face the problem of how to respect the clients while politely ignoring them:

"[...] they are old people and one takes them so. So they complain and you listen, that's what you do."

"Well, [...] like they can be telling you off but you can't tell them off. You just have to take it and drop it, which is often hard but there's nothing you can do about it. They are old people, that's what they are."

"[...] they are old people and I have to take them as such. And they see it as their problem and they explain to me what happened as if it was a terrible catastrophe."

"[...] you know it's like, she tells you one thing this time and next time it's the other way round [...] she says: 'That could wait,' and suddenly she could say: 'But I wanted it straight away.' So how shall one know?"

The carers categorise their clients into "*chronic complainers*" who are difficult and "*those who do not complain and are happy*". "Chronic complainers" with their complaints are those, according to the carers, who are "*almost self-sufficient*". In other words, "whims" have usually those who are almost entirely able to fend for themselves in the eyes of the carers and do not need care so much. This view and the associated tendency to reject displays of clients' capability of managing their own affairs resemble the above-mentioned aversion of the workers in London for displays of clients' independence. They can also be regarded as a display of an attempt to question the reasonability of proposals or clients' objections under any circumstances: a dependent client is grateful and content, but his or her opinions are not to be taken seriously, because he or she is "*confused*". A client showing discontentment complains for no reason because he or she is "*almost self-sufficient*" anyway and they just come out with "*silly things*"⁴³. Both decrepitude and relative self-sufficiency are excuses for not respecting the views of clients and reasons for "polite monologue" from the perspective of the carers:

"[...] I know upfront that we will definitely turn it down or that we simply won't accept it, but I still have to sort of wrap it up smooth in a way, I can't simply say it to him [...]" (carer)

"[...] I will recommend the carer to bite the bullet and apologise. If she doesn't apologise, it's up to me to apologise [...], but then I already direct it towards where the problem was. That in fact the carer was right, and I sort of describe it to them in a decent way [...]" (manager)

"Polite monologue" serves the carers and their manager in two ways. Firstly it helps prevent demands of the clients upsetting the carers' work schedule, and secondly, it helps maintain complaints and the processing of unpleasant demands "within" the organisation, thus reducing the outlet of the clients' complaints and proposals to the public:

"[...] we really kind of try to find agreement [...] We don't misuse it, like that when they need us we will dictate the rules [...], instead we try to sensibly explain them that simply if I have to go over there in the morning [...], he's stiff, I have to wash him and give him breakfast. Then I have a gentleman whose feet must be bandaged before he's able to get up from his bed. So I have to do these two first, which is a must whatever happens, and only then can I go shopping, which is not so urgent at all [...] so it doesn't matter whether he gets it at quarter to eight or at half past nine, you see?" (carer)

"[...] we say: 'Okay, that's fine, we're taking a note, from now on this operation is void, just say when you want to restore it.' [...]" She says: 'Yeah, good,' but in five minutes she

⁴³ This way of thinking is illustrated by the following fragment of an interview: ... employee of community care services (further "CS" only): "Don't fear that people wouldn't make sure they're heard – sure they do, they telephone – let me say it straight – for whatever silly thing there is." Researcher: "And don't you think that those who make sure they're heard are mostly those clients who...?" CS employee: "Chronic complainers!" researcher: "And don't you think that the 'chronic complainers' usually come from among those clients who are sort of...?" CS employee: "Almost self-sufficient!" ...

forgets it anyway. But in the ruling it remains [...], it's not made void there [...], because that would involve papers every week." (carer)

"[...] if the client wants [...] I go to him and we have a talk [...] I'm sort of trying not to give the girls in to the client [...], like apologise but at the same time sort of excuse the girl in the sense that the work is really demanding psychologically and that it is not sunny every day as they say [...], that we sometimes simply loose our nerves you know, so I try to find some excuse for it [...], like that the carer didn't have a good day, that she's certainly sorry for it [...] So I try to stand up for the girls to show the clients that they are no bad girls, that it's not that the carer is bad you know, that unfortunately these things really happen sometimes, we're not robots, we're people you know, and on that day it simply didn't work [...]." (manager)

The desired effect of this polite effort is that *"for example we haven't had a single complaint here the whole time you know. It's more like trifles, minor things in fact, nothing official like that he would go and complain officially, nothing like that."*

The threat of court as a part of support

A solution to the dilemma between "constituted" and "inherent" authority is described by Fielding (1984: 71–78). He gives the example of a student attending practical training in the probation service. The student told clients at the very beginning of his training in the service that *"he would not use breach"*, which means that he never would send them back to court for re-sentencing. The response of the officers was clear: *"That's crazy. That's insane. He's breaching the contract himself. What kind of example is that? What does he expect his client to do with that information?"*

It was a response based on the conviction that "breach" should be used as a tool of client support. The student was confident that *"it was the relationship which was having an effect, not the officer's power"*. The parole officers did not understand *"why a person is going to trust you any more because you say that"*. They believed that this would mean to *"breach your part of the contract"* and *"they'll trust you less"*. To ask a client to meet the conditions of a court ruling without enforcement from the outside means to the probation officers that *"you put a lot of responsibility on the client"*. In addition the absence of a sanction makes the impression that the mutual obligations between the officer and the client are unclear.

The parole officers believed that *"cognisance of the conditions represents consent to their fairness. [...] If you go through the conditions in advance then you are merely doing what you said you would do [...]"*. Under these circumstances the client knows the rules and the requirements to keep up and has boundaries of acceptable behaviour clearly set out for them. Delimiting these is an important element in the process of support for the parole officers. The officers therefore do not use "breach" as a "weapon", but instead as "an important symbol" setting mutual obligations: *"Not used that often but we've got to have the power to do it. You've got to have the power to breach; they expect it even if you use it very seldom."* British statistics show that "breach" occurs in two per cent of probation cases.

Is there "wise use of authority" in practice?

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" (Ohlin, Piven, Pappenfort, 1965). On the other hand, those 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" (Couse, 1971).

The insoluble dilemma of the agent of conformity

Ohlin, Piven and Peppenfort (1965: 528–230, 236) claimed in 1960s that social caseworkers were trained to work under the following terms: firstly, the client chooses the agency himself or herself and asks for the provision of the service; secondly, the client is aware of what the service involves; thirdly, the client is acceptable for the agency in terms of his or her motivation and ability to receive the offered services.

Social work in the criminal field however does not take place under these conditions, according to Ohlin and his colleagues. Clients are not sufficiently motivated, they are not capable of co-operating in the intervention, and sometimes they want no care and refuse to accept that they have a problem. Hence the worker must – usually against their own will – aspire to "*converting a relationship of control and authority*" into which it is placed by the expectations of the agency as well as the clients' expectations, into a relation of "*consent and treatment*". The problem is that the worker has not studied dealing with that task, according to the authors of the quoted study.

While expecting a "*warm, neutral and non-judgemental relationship with his clients*", the worker comes to realise that the clients perceive them as a "*participant in the punitive and condemning system*", that they feel "*hostility*" towards them and attempt "*concealing facts and feelings*". As a probation officer the worker has the power to revoke court proceedings and finds it to be "*an initial obstacle*" in the relation with the client. However, nobody has taught them how to deal with it. Advice from older colleagues stresses protection of the community against the "offender" and protection of agency against compromised prestige in the eyes of the public. Instead of helping to solve it, such advice further escalates the dilemma. The worker realises that he or she would like "*to overcome hostility toward him as an authoritarian figure in order to establish conditions requisite to treatment*", and at the same time he or she should "*satisfy the pressures of the community [...] for client conformity*".

Being aware of no conception that would make it possible for him or her to integrate the role in the field of control with the role in the field of care, the worker tries to "*play*" each of the two roles separately. They usually do not succeed though. In school they were taught a non-authoritarian and non-judgemental approach, but not how to practice "*wise use of authority*". Their further career therefore aims towards one of two possibilities. Either they divert from social work and identify with the performance of surveillance over clients who they believe show a "*lack of capacity to adjust to society*", or they try to "*reject what he regards as 'anti-professional' demands*" and try to evade the expectations of the surroundings. The worker becomes isolated, "*blames both the profession and the agency for his predicament*" and hopes to be able to transfer to a penal institution, the culture of which will be more favourable for case intervention.

"Controlled use of authority"

A few years after Ohlin and his colleagues presented the proposition that there are not suitable conditions for the "wise use of authority" in justice, Couse (1971) came up with a case study of "controlled use of authority" at a non-governmental agency in Ontario.

Couse states that the goal of the *"socially conscious"* citizens who had founded the agency was to assume responsibility for the entry of released prisoners into the community and provide to them *"preparatory services in penal institutions prior to release as well as after-care services"*. Authorisation to this operation is given by the community that has established the agency and supports it. The goal of the workers of the agency is to provide 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.

Couse claims that the relation between "control" and "care" under the "controlled use of authority" may vary depending on the client's personality. On the one hand there are clients who *"express little guilt"*, *"whose behaviour has been influenced markedly by the sub-culture of prison"* and the conflict with the expectation of the community is *"open and conscious"* in them. In these clients the role of using "constituted authority" and "control" is more significant than in those who themselves are *"seeking limits"* and *"continuing on from a*

relationship formed under parole supervision to a completely voluntary relationship". Couse's findings suggest that "controlled" use of authority is one that applies to both "constituted authority" and "control" as well as "inherent authority" and "care" appropriately to the situation – on a case-to-case basis.

"Double bond", 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 here 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.

In the TBR facilities, the worker maintains a "dialogue" with the client, the result of which – forced "confession" – is known beforehand. Although the convict, a person "under restraint", may present their definitions of their personal situation to the therapist, the precondition is that in the end they accept the therapist's view. The carers are polite to the elderly people and show them their attention, but they only do so to keep up "appearances" while disregarding the "confused talk" of clients. The social workers in London and the English probation officers justify official interventions in a legally defined situation of the client with the client's infantility, believing that this way they will make it possible for the client to become mature, able to fend for themselves and to achieve an equal position of an adult individual. In distress, a depressive client can be "slightly pushed in the desired direction" to find determination and present his or her feelings and problems. Parole workers in Canada present to clients "basic rules and values" of the community in a one-sided manner, in which framework they maintain a dialogue with the clients about the possibilities and ways of accepting them.

The function of dialogue differs in the individual instances. For example in the TBR facilities, at the department of social services in London or in the Czech community services, the workers use dialogue more as an instrument of promoting their ideas. In these cases their

approach is "by dialogue to monologue". In work with depressive clients or in the above examples of probation work, dialogue is understood more as the outcome of previous pressure on the client. Hence the workers go "by monologue to dialogue". Whatever the case, it seems that the workers at social work service organisations commonly build on their own deductions subsequently extended by inductive procedures to ensure the client's co-operation in solving his or her problems.

I believe that this way of combining inductive and deductive thinking makes it possible for the workers of social work service organisations to cope with their *"double bond"* to society. Laan (1998a: 225) describes it in the following way: as the employee of an agency, the social worker on the one hand serves *"the social facilities"* that have given stimulus to his work and set up the preconditions for it in society. On the other hand *"he feels connected with people who have got into a state of distress"*. Laan says that as an accompanying phenomenon of that equivocal situation, there is a need to send *"equivocal messages"* to the client, showing them on one hand that improvement of their situation is possible *"solely within the society"* in which they got into trouble, and on the other hand *"taking seriously"* the client's view of their own situation and a society in which they *"cannot find their way"*.

When the worker mediates to the client findings about the "framework of the society" in which the client has so far been failing and where the client can try to anchor themselves, the worker takes the deductive approach: along the lines of his or her understanding of society, the worker explains to the client why the surroundings have not accepted the client's way of life. For the client to co-operate in searching for his or her own way to the social framework defined in this way, inductive thinking is given room: the idea of solving a situation defined in a one-sided manner is put together piece by piece in the process of confronting how the possibilities of the client are seen by the worker and what the client thinks about them. So the client gets a message that makes it possible for the worker to keep both sides of his or her "double bond". The message is: "This society does not accept your way of life for such and such reasons. Therefore you got into trouble in it. Yet there is no other option for you than to try and find your possibilities and make some of your wishes come true. If you accept what I have told you about it, I can help you with it and pay regard to you."⁴⁴

⁴⁴ The message given in the last lines of the fifth chapter is a paraphrase of Laan's phrasing of the *"equivocal message"* for a social work client (see Laan, 1998a: 225).

chapter 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".

The interesting thing is that the dilemma between these two approaches does not attract the attention of researchers because they would be troubled by a lack in sensitivity of clerical workers to the specificities of individual cases. A lack of sensitivity 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 with a predefined approach is fertile soil for this sort of mistaking instrument for goal.

If officers only concentrate their attention on the implementation of predefined solutions, it would be reasonable to expect that social work service researchers will note the impact of this approach on the way workers treat the client. Instead, their attention is more attracted by the endeavour of politicians and managers to promote a procedural approach in the activities of public administration workers, and in particular impacts of that endeavour on the position of social worker (see for example Clark, Newman, 1997; Harris, 2000). Readers learn many interesting things about the effect of the proceduralisation of social services on the autonomy of social workers. However, the displays of the ritualisation which usually accompany emphasis on predefined procedures, and the effect of such displays on interaction between social worker and client, remain beyond focus. The above authors mention work with the client on the margin. It seems that the interests of social workers are what they have at heart.

They deal with the solution of the dilemma between procedural and situational approaches in this context because it significantly influences the possibilities of professional treatment in bureaucratic organisations. The very existence of "professionals"⁴⁵ has to do with

⁴⁵ As a "professional" is regarded a person in an occupation the members of which have successfully 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 "professions" the

the question as to whether the social work service agency's frontline worker is expected to process a problem of the client using official manuals and procedures or to approach the solution as a specialist who himself or herself, using their professional competence, sets the direction in which the given case should be solved (see Scott, 1969).

Another reason for the interest of researchers in the dilemma is the politicians' and managers' orders. Politicians and managers try to influence decision-making by frontline workers and hence control the operation and budgets of social work service organisations. Endeavours for straightforward control of social workers' decision-making are generally not given much hope for success (Lipsky, 1991). Nevertheless, it is thought that the potential for influencing their decision-making is greater if the problem-solving approaches are predetermined than if determining the intervention approach is a matter of professional decision-making by frontline workers – professionals (Billis, 1984: 232–236).

From this perspective, the dilemma between procedural and situational approaches came into the limelight in connection with what is called the "crisis of the welfare state" and attempts to solve its economic consequences (Lipsky, 1991; Clark, Newman, 1997, etc.). Apart from the problems of public budgets, public accusations of the inability of the social service sector to appropriately respond to current social problems became one of the reasons for the increased interest of politicians and managers in proceduralisation. Howe (1992) for example describes an increased tendency to place work with the family under an array of new regulations when the British media raised the alarm around tragic cases of child abuse.

Both the above authors as well as other Anglo-Saxon authors (Fabricant, 1985; Harris, 1998, 2000, etc.) point out that the proceduralisation brought about by political and economic reasons restricts the "situational" and hence professional work of frontline workers in the social work service organisations. It is worth noting that however serious this concern may be in the Czech environment, apprehension of a restricted situational approach is not the topic of the day here. Practice that follows the terms of the situational approach – and professional practice in this respect – is relatively rare in Czech social work even where applying it would be appropriate. Czech social workers can therefore hardly resist proceduralisation by referring to the fact that it would restrict their complex approach to individual work with unique cases. If they wanted to approach the life situations of individual clients in a complex way – and to be professionals – they would face the following question: "How should a 'situational' approach be at all promoted in a society where such an approach is unusual, let alone in political and economic conditions that do not really favour such a change?" I believe that the main obstacle to promoting a "situational" approach is the fact that most Czech social workers do not ask the said question by themselves.

I unfortunately do not have systematic data available, but even separate findings (see Musil, Hubíková, Kubačková, Hamarová, 2001) suggest the hypothesis that although accustomed to responding to the specific circumstances of individual cases, Czech social workers usually do so in predetermined ways, in the short term and without attempting to look for the broader context of the client's acute difficulties. They do not respond to them until they confront the point stretched by the development of the individual case. Hence although individual, their approach is neither complex nor long-term. Rather than "situational", it could be labelled "partial" and "random".

It is not impossible that a similar situation exists in other countries or perhaps in some specialised branches of social work – regardless of the level of professionalism prevailing in the given country. It may therefore be useful if I define the dilemma between "procedural" and

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).

"situational" approaches more precisely and demonstrate with examples 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

If workers of an organisation are used to applying a procedural approach, they 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 clients⁴⁶. They examine whether the client can be provided with what he or she is asking for. For example, 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. In short, they respond to the requirement by choosing or carrying out a measure that has been more or less precisely known beforehand.

Under these circumstances 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

⁴⁶ 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 something in common with the "medical-like approach" discussed in the second chapter.

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. This reflection is shown in table No. 4.

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.

table No. 4

Different amounts of proceduralisation in implementing the provisions of a single law in different organisations

Department of social assistance in a town where a large factory has gone bankrupt	Department of social assistance where the manager has been replaced due to breaching the law and a media scandal	Department of social assistance where workers have professional ambitions
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elements of "procedural" approach increase towards the top end of the figure		
<p>----- the workers do not manage to process applications from a large number of clients; in an attempt to reduce their numbers, they promptly turn down applications that fail to meet legal requirements in negligible details -----</p>	<p>----- the workers fear that they would be under focus; the law is "sacred" for them, and trying to comply with it, they proceed precisely under its rules -----</p>	<p>----- the workers think that the determined approach makes them "accountants", that it prevents them from applying their professional skills and harms clients; as a result they pay attention even to those difficulties of clients the law does not order them to look for -----</p>
elements of a "situational" approach increase towards the bottom end of the figure		

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"⁴⁷ 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) clearly 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 situation where frontline workers are accustomed to making reference to "orders from above" as a defence against the pressure of persistent applicants⁴⁸.

⁴⁷ 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 supervision, I refer to the aforementioned professional partner by using the term "supervisor" in inverted commas.

⁴⁸ On the referring to orders "from above" and regulations, see the dilemma between complex and simplified goals (chapters 2 and 4).

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 situation⁴⁹. 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 problem⁵⁰. 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, managers 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 set⁵¹ (Howe, 1986: 65), and secondly, if the worker follows a 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 procedures. 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; Clarke, Newman, 1997; Harris, 1998; Laan, 1998a: 138–139, 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.

⁴⁹ 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).

⁵⁰ 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: 65–66).

⁵¹ 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 problem 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 "unreasonably complicated", while people regarding clients' life situations as inherently unique and complicated find every predetermined solution to be "brutishly simplifying" and "inappropriate".

Two propositions stand against each other here. On the one hand there is Howe with his opinion that it is managers who allow frontline workers to proceed in a situational manner if it serves or does not oppose the managers' interests. On the other hand there is 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 procedures regardless of 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 findings, 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.

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". 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 happens in practice should be established by further research.

Response of frontline workers to prescribed procedures and possibilities of situational approach

In the second part of this chapter, I will begin describing the findings of Knegt (1987) on general features of handling cases with set procedures by frontline workers. I will proceed by giving two examples of modification of procedures that took two opposite directions. In the first case, frontline workers used reinterpretation of decreed approaches in order to simplify overlooking the clients' life circumstances (Lipsky, 1991; Brodtkin, 1997). In the second case on the other hand, they sought room for individual work with clients within procedures (Howe, 1986: 91–94).

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 fictitious 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 everyday 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 necessary living costs in another way. This assistance "*should be attuned to the circumstances and abilities of the client and to his 'shown sense of responsibility'*". (Knegt, 1987: 119.)

Knegt (1987: 120–121) 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 (Knegt, 1987: 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 situation. 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"*. (Knegt, 1987: 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 (1987: 121) 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.

How to meet quotas when there is nobody to meet them with?

Focusing attention on decision-making criteria set by procedures tends to result in overlooking a number of circumstances of clients' lives. Frontline workers sometimes modify predetermined approaches in a way that even magnifies such reduced sensibility. An example of this way of dealing with the dilemma between loyalty to procedures and individualised help is the American programme of "transfer" of passive welfare benefits recipients to the process of active job integration. After its launch, the programme was staffed by employees of routinely operating income maintenance departments with personnel with low qualifications. Politicians and managers addressed them with a request to ensure the transfer of people depending on welfare benefits to employment in a situational manner, on a case-by-case basis. The politicians had economising on welfare expenditures in mind. What the low-qualified personnel of the welfare departments had primarily in mind was coping with the unusually difficult task in a way that was usual for them. By their solution they significantly strengthened the unperceptive effect of the new programme's procedures set by the managers.

Lipsky (1991) outlines how proceduralisation of the culture of American welfare departments took place in the past and what happened when politicians decided to "reverse the points". Brodtkin (1997) shows independently of Lipsky how the workers tried to cope with the difficulties brought by these events.

In his study from 1991 Lipsky shows how the managers of the Department of Public Welfare in Massachusetts dealt with the politicians' requirement for reducing the number of welfare benefit recipients in the late 1970s and the early 1980s.

The department management initially chose a just procedural strategy. They tried to make the workers be "*tougher*", turning down applications that would arouse the slightest of doubts, wanted them to try and initiate more frequent reviews of already approved applications, and to be stricter about adherence to various procedures, in particular if the applicants were to present documentation. (Lipsky, 1991: 218.) They chose this strategy because they believed that qualified social workers process applications to the benefit of clients and that too much discretion makes it possible for them to side with clients more than was reasonable. In order to put an end to this, the managers decided to "*deprofessionalise*" the personnel. They ceased to recruit graduates of social work schools and demanded accountancy skills from new candidates. (Lipsky, 1991: 221.) It can be said that they wanted to reduce situational solutions, believing that this was a prerequisite for successful savings. They believed that proceduralists were, unlike professionals who used to follow situational terms, able to better serve in unveiling the applicants' "half-truths" and "lies".

This "anti-situational" strategy was abandoned in 1983 for political reasons. Governor Dukakis took office after a four-year pause, favouring opponents of conservative solutions and advocates of social rights. Dukakis' commissioner for public welfare Atkins declared that the right way of reducing the number of welfare benefits recipients meant "*to help people who wanted to leave the roll get off welfare*". Following this, the Department of Public Welfare announced a new programme. The goal was to win people for "transferring" from the welfare benefits programme to the programme preparing for future job by offering them favourable conditions for preparation and transfer to the labour market. (Lipsky, 1991: 222.)

The role of the social worker changed dramatically at the Department of Public Welfare in Massachusetts. Now the former accountants had to persuade the welfare benefits recipients to voluntarily transfer to the new job integration programme. Most clients were black mothers. It was necessary to tug them into discussing things they had not come to the department for. They had come for welfare benefits and the workers persuaded them to familiarise themselves with the new programme, assuring them that it was favourable to "transfer" and try to gradually give up welfare benefits. (Lipsky, 1991: 223.)

Instead of strictly applying an established, prevailingly accounting procedure, it was necessary to individually discuss with every single person their situation and offer an appropriate solution. The department had to transform the professionally decimated staff which until recently had been forced to fight "misuse" of welfare benefits into a labour force for which helping the clients was a priority. Responsiveness of workers to clients became the slogan of the day. Workers able to listen and understand what the individual clients thought were welcomed. (Lipsky, 1991: 223–224.) Professionally oriented situationalists began to be seen as able to assess the welfare benefits recipients' situation and to offer them support in childminding, compensation of travelling costs, health care provision, appropriate educational services and a realistic plan of transfer to an acceptable job that would increase the willingness of clients to give up benefits.

Lipsky does not describe how the frontline workers responded to the situation, but we can form a picture thanks to a study of a similar programme by Brodtkin (1997).

The idea promoted by Dukakis in 1983 was enacted at federal level in 1988 under the title "Job Opportunities and Basic Skills" or "JOBS" in short. Brodtkin (1997: 3, 7–8) mentions that the legislation gave the states a considerable level of independence in implementing the federal reform. It was expected that state agencies and their caseworkers would use the newly obtained powers to increase the employment rate of public assistance clients. The states became obliged to define the rights of public assistance clients for employment-related services and to provide schooling, training for jobs and other support services (transport, childcare, health care, etc.) to welfare benefit recipients. Clients capable of doing so were obliged by the legislation to become involved in education, training and job seeking programmes. The states were given the

right to withdraw benefits from those clients who would not be up the requirements of the programmes.

Funding proved to be important for the further implementation of the programme. The federation subsequently covered (reimbursed) to the states the expenses of the above services insofar as they were meeting set quotas. There were two types of quota: firstly quotas for participation of clients in programmes – in 1995 the U.S. Federation subsequently covered expenses if half of parents depending on welfare benefits participated in the JOBS activities, and secondly quotas were set for the provision of JOBS services to specified groups of public assistance clients. The reimbursement of expenses was made conditional on expending 55% of the JOBS expenses on services for long-term benefits recipients, parents under 24 years of age without school-leaving examination and parents of young children.

Between 1991 and 1993, Brodtkin (1997: 6) conducted an in-depth study into the implementation of the JOBS programme in Chicago, Illinois. She asked what direction the programme will take once *"routine interactions between frontline workers and their clients"* occur during its implementation.

She established that the Illinois politicians resisted increasing public expenditures on the JOBS services even at the expense of threatened meeting of the above quotas, i.e. the risk that a part of the federal funds would be inaccessible. Wanting to draw the federal funding in full, the management of the public welfare department followed the policy *"to minimise program costs while maximising federal reimbursement"*. A gap opened up in the original idea of a flexible, individualised solution of the individual clients' situation. The managers' strategies were operationalised by the *"slot model"*. Every worker was allotted a prescribed number of vacancies in education and training programmes, preschool facilities, etc. Metaphorically, the allotted vacancies served as *"slots"*. If the worker inserted a "slot", the system of services – similarly as a slot machine – responded and served the client. If for example "slots" for preschool facilities ran out, a young mother had a vacancy left in a training programme, but her child did not get to crèche and the mother's participation in the training was compromised. This way the management ensured the participation of clients prescribed by the quotas while making sure that they would not be offered costly services. The most remarkable result was that the clients' interest in secondary education greatly exceeded the number of costly vacancies in schools, while the vacancies in the programme of independent job searching were much more abundant than the clients needed. (Brodtkin, 1997: 8–10.)

Thus the situational solution of a number of cases was restrained by limiting the range of services available to each worker.

Similarly as Lipsky above, Brodtkin (1997: 10–11) also stresses that the departments of public welfare in Illinois were *"deprofessionalised"*. Although the JOBS programme required that the clients be given comprehensively designed social services, the latter were to be provided by personnel lacking sufficient qualifications. As in Massachusetts, most workers transferred to the JOBS programme directly from the counters of income maintenance departments. This showed itself in a lack of willingness to change the accustomed "accounting" practices and focus on employment of clients as an important goal.

The goal of frontline workers was *"meeting caseload quotas"*. They followed the principle that those *"who met the numbers"* and *"provided the paperwork necessary to document case processing for federal reimbursement"* were given sovereignty in other matters. Instead of dealing individually with the clients' situation, they began to play the *"numbers game"*. To meet quotas, they became accustomed – as one of them put it – *"to put clients into components they don't belong in"*. To put it simply, they allotted the available services to those clients who not only had not asked for them, but were not even entitled to them under the JOBS rules. Asked whether their superiors objected, they answered: *"When we talk about quality, they tell us, 'You are crazy. We're talking about quantity.'" (Brodtkin, 1997: 11.)*

In her study, Brodtkin (1997: 12–18, 31) circumstantially discusses the way in which the JOBS frontline workers dealt with the tension between the "slot model" and the expectations of both clients and policy-makers that the welfare benefits recipients would receive individual support in seeking and finding jobs. The most difficult task for them was to assign clients to the available services and meet the set quotas while keeping within the limited programme resources, i.e. to cope with the lack of "slots".

To manage it, the "*caseworkers*" claimed that their task was not to provide the services asked by the participants. According to them, their main task was to ensure "transfer" of clients from the welfare benefits programme to JOBS and to meet quotas. Clients who relentlessly tried to demand services were perceived by them as "*troublesome*". When the clients insisted on their demands, the caseworker temporarily placed them in the relatively available "*independent job search*" column (see below). By doing so the caseworker contributed to meeting quotas while holding up a bit the ambitions of the "troublesome client".

The lack of resources was followed by the fact that the caseworkers had a reason not to try and get information about the needs of the clients. An identified need could be causing difficulties – the client could require a service that was impossible to provide. This happened most frequently when clients – quite logically given the content of the programme – required job opportunities. When asking whether the caseworker had "*a list of any jobs*" available, the client was told: "*I wish.*" "*That's life,*" responded a caseworker to a woman with experience "*in moving in and out of low-wage and temporary jobs*" pleading to be offered a more lasting one. Another time a caseworker said in a similar situation: "[...] *it's beyond my control*". Frontline workers therefore preferred not to identify the clients' needs. Instead they "*tended to define client needs to fit available slots*", forcing them to accept what they had to offer. To make it easier, they reminded clients of their right to take away welfare benefits from those who "*refused to co-operate*". Brodtkin adds: "*What constitutes satisfactory co-operation is [...] matter of caseworker discretion, e.g., a recipient who rejects a proffered training slot as inappropriate to her needs or interests could be regarded as uncooperative, rather than asserting a right to suitable training.*"

The cheapest thing to do was to place the client in the "*independent job search*" column. As already mentioned, this category presented the most abundant "slots". The difficulty was that it was a category of services reserved for "*job-ready*" clients, and these were not in excess. The job-ready quotas therefore needed to be cared for in a different way. Under official criteria, people with a school-leaving examination or a lower, precisely defined level of literacy were considered to be "job-ready". In fact however, the slots of "independent job search" were routinely used even for people who did not meet these criteria. Brodtkin once asked whether it perhaps would be better to send a poorly literate client to a "*literacy programme*" first. "*I didn't even think of it,*" answered the caseworker concerned who had placed the woman in the "job search" column. The author had had many similar responses.

Meeting quotas by placing clients of all kinds in the "independent job search" column was limited by a federal instruction according to which a client had to give that activity a maximum of eight weeks a year. Complying with the rule while meeting quotas would mean creating more costly vacancies in schooling and training programmes, which was not feasible given the financial restrictions imposed by the Illinois politicians. A solution was found anyway: the department defined a new category of services entitled "*job readiness*". Asking how it differs from "independent job search", Brodtkin was answered: "*Not much, except it can go on and on forever.*" Clients placed in that column spend four hours three times a week in a classroom with the caseworker; for the rest of the time they were obliged to "*be engaged in independent search*", contacting twenty employers per month. This way, the federal

requirement was met for the activity to take at least twenty hours per week, and it could be reported as falling within the JOBS programme.

Establishing the new column was also advantageous because caseworkers were able to place clients who had left the "independent job search" category without success in another column for some time and – as they themselves put it – *"forget about them for a while"*. The number of participants in the programme remained unchanged and quotas kept being met. In addition, the frontline workers were able to abandon *"troublesome"* clients in this category to avoid being burdened with their relentlessness, without these *"hard to serve"* clients losing their welfare benefits.

It is hard to imagine a neater way of ignoring, for state funds, the individual life circumstances and needs of clients under the brand of official slogans about *"individual needs"* and *"paths to self-sufficiency"*, and creating ever more sophisticated ways of "meeting quotas" in a clearly administrative manner instead of solving their situation.

How to overcome Billy's aversion to a family – fostering as the department's priority and the reason for the child's depression

Insensitivity of intervention to the fate of an individual can be the result of stubborn promotion of a certain type of solution by the department. In fact even a service that is highly individualised in its nature can be used insensitively. It suffices if its application ceases to be considered as an instrument and becomes a goal, which is how the management of an English department of social services used fostering. Howe (1986: 91–94) describes how the local social workers managed to cope with the situation. For them, the clients' needs were the primary guideline rather than the department's priorities.

The social worker whose case was recorded by Howe noted that the official policy of the local department was *"very pro fostering"* at the time she was given the case of Billy. Where children were concerned, major steps were not allowed to be decided without the consent of the district manager, and if the solution was not placement in a foster family, this had to be justified before the department manager's deputy. Fostering had to be the *"first choice"* under all circumstances. A decision was not made by comparing equivalent alternatives – instead it was necessary to challenge placement in a foster family, a solution seen almost as natural.

Under these circumstances the social worker was charged with the eleven-year old Billy. Placed in a temporary foster care at the time, he had gone through all sorts of things as one of four children of a single mother. He had unsuccessfully waited for adoption in an institution's crèche. He had lived several years with his mother and stepfather. The mother had left the family several times and for a brief period Billy had been officially placed into the care of his stepfather. Subsequently he had been placed in a children's home and provided with psychotherapeutic care. Before placement in temporary foster care, he had gone through an unsuccessful attempt at placement in a foster family.

The three years spent with the mother and stepfather had been accompanied by the consequences of alcohol abuse by both parents. The mother would repeatedly disappear for longer or shorter periods of time. Billy and his sister Kelly had been looked after by their sister Mary, not much older than the two of them. From this period, Billy had taken the concept of mother as a violent wrongdoer. After placement in the children's home Billy had been visited by his grandfather who had unfortunately died.

When attempts to place Billy, Kelly and Mary in a single foster family had failed Billy had been placed separately. He had gone to a foster home of six related and one adopted child. Three months after his coming to the family, the foster father had died and the family blamed Billy: *"Billy arrives, father dies."* Both the other adopted boy and Billy had begun to lose self-

control. Billy had behaved in a destructive way and fallen into a deep depression just like his widowed foster mother, who had sought psychiatric care. At her request Billy had to leave the family and was placed in temporary foster care. In this way he had come into contact with the social worker whose response to the policy of the department's management is at the core of this joyless story.

The worker soon realised that the short-term foster care had not been a very positive experience for Billy. The boy had been very restless and kept being mischievous. Although given systematic advice, the foster parents had been managing Billy with great difficulty. The mother had cared for him, but the father would reproach him and be aggressive to the boy. After four months they had rejected Billy.

Another attempt at placement in a foster family seemed too much of a risk to Billy. But the social worker wanted to avoid conflict with the central commission of the department and organised another attempt at contact between Billy and new foster parents as well as another attempt at contact with adoption candidates. The potential foster parents rejected Billy after two meetings, and the adoption candidates did the same thing after several more meetings. This meant another two rejections for Billy.

Gradually the social worker became firmly convinced that the boy was not fit for adoption by a family. His experience with his mother and foster parents resulted in his responding by depression and disorderly conduct to contact with any family. In her own words the worker *"couldn't imagine a family coping with [...] the more disturbed side of him"*. She decided that it would be suitable to work with Billy for some time and prepare him for entry to a family. She believed that the boy needed to get a clear idea about what his original family meant for him – his sisters and especially the violent mother, at the moment serving a prison sentence. The worker therefore began to look for a vacancy in a home with a therapeutic community.

She wanted to protect Billy against another hasty placement and decided to put her proposals through before the central commission, but without success. The management realised that another temporary placement in a foster family would mean stress for the boy and promoted a more lasting alternative, placing Billy under the care of a single male applicant for adoption. Knowing the man concerned, the worker did not regard him as a person capable of caring for Billy and coping with Billy's difficulties and behaviour. The commission interpreted her position as prejudiced towards the single foster father and ordered her to place Billy with this potential adoptive father regardless of her opinion.

The worker found herself in a deadlock: *"I was told if I didn't do it then someone else would."* There was a risk that the case would be forwarded elsewhere. She obeyed the order and justified the step to herself as follows: *"I felt at the time that what I was doing was wrong for Billy and I shouldn't, but, well, if it was going to happen I could perhaps protect him a little bit because he knows me and I would actually stick with him rather than someone else handle it."*

The potential adoptive father was very manipulative, according to the worker. He had bought a lot of things for Billy. This was alluring for the boy, but he revealed to the worker that *"he hated it"*. In her words Billy had gone through perhaps the worst month of his life with the man. The worker proposed a compromise: she persuaded the manager of her district that it would be better for Billy to go to a home where the adoption applicant would be able to visit him. Their relationship would be allowed to develop gradually and the situation would be assessed after six months. When Billy showed aversion to staying in the adoptive father's house, the central commission accepted the worker's proposal. They did not omit to note however *"that I was making the wrong decision"*.

Still difficult to cope with, Billy gained *"security and relief"* in the home according to the worker. As she had expected, the adoptive father visited him very little. The home personnel confirmed that the man had not had a positive influence on Billy.

The social worker concluded her story by saying: Billy's *"really 'naughty' behaviour ... acting out, just being able to express his anger and things. I see him once every week or two and we talk around his family, his mother and he feels potentially very violent and it's to do with having internalised this myth about her rather than the reality. I'm trying to make her a real person ... she's not a monster [...]."* So far Howe.

The social worker did not deal with the dilemma between procedural obedience and concerns about the child's mind by openly challenging the pro fostering strategy of the department's management. She herself mentioned that she *"wasn't in a position to question it"*. Instead she accepted a decision she believed would surely hurt Billy, in order to maintain contact with the boy and be able to follow him in the future. Thanks to this she was able to influence Billy's situation. She used what she had learned about the boy's relationship with the potential adoptive father in formulating a compromise solution that on the surface did not question the decision of the central commission, but in fact made it void in the near future.

As with the JOBS programme, acceptance of set procedures created room for their reinterpretation. This time however the modification of the prescribed approach took an opposite direction. In meeting the JOBS programme quotas, the redefining of the "binding" classification of clients resulted in a magnified insensibility to entire categories of people. Billy's social worker managed to redefine the decision on "placing into foster care" into a decision on commencing a long-term process of creating the relationship between the foster father and Billy. In this way she made possible a more sensitive, individualised work with the particular client.

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 1972⁵², income maintenance workers still provide "*social services*" to their clients.

By means of survey⁵³ 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: 265–268.)

Hagen summarises his findings by stating "*service provision survived the mandated separation between services and income maintenance*" (Hagen, 1987: 270). In fact, according to Hagen, services concentrating on socialisation, rehabilitation and therapy were separated from income maintenance (Hagen, 1987: 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.

"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: 25–28): 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

⁵² See the second chapter for more details about the separation of welfare departments and personal social service agencies.

⁵³ In the mid-1980s, Hagen (1987: 263–264) conducted a survey of 120 frontline workers of departments of public welfare in the state of New York.

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. (Laan, 1998a: 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. (Laan, 1998a: 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 be the cause of the conflict between the client and his or her surroundings, "*narrowing help down to the psychological dimension*". (Laan, 1998a: 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 (1998a: 39–41) 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 rather 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 immaterial 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.

Therefore the nature of the dilemmas dealt with by frontline workers depends on whether the respective organisation builds on the idea that "material" and "immaterial" help are separable (see Hagen above), or the idea that in practice the earlier is inseparable from the latter. Laan offers empirical examples of both. Before mentioning them, I will briefly explain the circumstances under which the dilemma of "material" and "immaterial" help or indeed between narrowing help down to an income or a psychological dimension came into prominence in the Netherlands in the 1980s. Laan (1998a: 13–34) mentions three reasons for this: the unclear design of social work in Dutch society, an influx of poor clients at a time of economic depression and criticism of individualisation of social problems in the process of personal social service provision.

In 1980s, social workers in the Netherlands began to feel tension between a conception of social work common until that time that did not limit itself to dealing with material problems, and a fear that social work was threatened with extinction, because it offered a "product" that was not very clear to society and clients. There was a peril that if social work fails to appeal to society with a comprehensible definition of its task, it would be affected by the cost reduction measures that were on the rise at the time. It seemed that identifying social work with well definable "material" help would help solve the problem. These thoughts were supported by a growing demand for material help by citizens who faced economic difficulties more often as a result of economic depression.

The apprehension of the unclear task of social work and the arrival of clients with material problems were accompanied by doubts among social workers concerning the sense of their own work, the reason being that critically tuned sociologists contested immaterial help that had long been regarded by social workers as an instrument of emancipation of the poor (see the fifth chapter about this). They came with an assertion that in fact it was an instrument meant to distract attention from the consequences of the inequality in power economics. Immaterial help was said to disguise these consequences by transferring them to the level of psychological problems of an individual. From this perspective, an attempt to offer clients understanding and an opportunity to learn new skills, especially communication skills, might have appeared to be disguising political and economic imbalance. Instead of openly naming and solving the social consequences of hegemony of one group over others, social work was said to teach clients to cope with the personal consequences of social imbalance by training individual skills and overcoming conflicts in personal relationships. Social workers felt uneasy about the thought that by concentrating on "immaterial" values such as dialogue and mutual understanding, they might have unsuspectingly contributed to disciplination and discrimination of their clients.

According to Laan the social workers dealt with the consequences of these circumstances in three ways: firstly by resigning with regard to immaterial help, secondly by identifying features of material help with the quality criteria of any help, and thirdly by radically rejecting the narrowing of help down to an income dimension. The important thing is that the first and second reactions ("resigning with regard to immaterial help" and "identifying features of material help with quality criteria") stem from the "illusory" idea that material and immaterial help can be separated. The third response ("radical rejection of narrowing help down to an income dimension") is based on an idea that material and immaterial help should go hand in hand.

"Material help", solidarity with the poor and the "new objectivity"

Laan describes two examples in which social workers in the Netherlands found it possible to separate "care" from "cure", and therefore in their eyes the circumstances as described above stirred the dilemma between providing either "material" or "immaterial" help. In both cases they decided to provide purely material help. The same decision however did not have the same meaning for them.

Resigning with regard to immaterial help

The first example refers to workers at the Department of Social Assistance in West-Utrecht (Laan, 1998a: 23–24, 34–37, 55) who faced a growing influx of clients with material problems 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.

Deleting immaterial help from the services on offer

At a department in Groningen (Laan, 1998a: 53–55), workers also limited themselves to material help and the reduction too had been immediately preceded by a mass influx of poor clients. This was accompanied by unmanageable working situations, depression and aggression. In 1986 an interview was published in the press with Joope Van der Meché, a social worker of the Groningen department. Among other things Van der Meché announced that at their department *"immaterial help [...] will be deleted from the services on offer"*.

As opposed to what happened in West-Utrecht, this departure from "cure" to "care" was not a display of solidarity with the disadvantaged. Joope Van der Meché said in the interview that eight years earlier the opinion *"that immaterial and material help should not be separated from each other"* had been nearer to his point. After the mid-1980s experience however he was looking for a *"new approach"* with his colleagues. In a situation where it was *"necessary that we managed the whole large group of clients daily streaming into the building"*, they began to perceive material and immaterial help as two parallel types of service. They concluded that, *"by removing immaterial help the quality of material assistance may increase."*

Joope Van der Meché stressed in the interview that in spite of this changed opinion he was not an *"apostate"*, because he still had *"a very nice job"* and wanted to *"provide better services"* to clients. Laan's explanation does not tell us what the workers of the Groningen department thought the "nice job" and "better services" were. All we know is that Joope Van der Meché mentioned these two values as the anchors of his "faith". We also know that in 1988, two years after the described change, a report was published in the local press that the social department in Groningen *"is among the best nationwide"* and that it excelled among 21 departments in the Netherlands especially in *"providing information to clients"*.

From the position of an external observer, Laan (1998a: 54–55) comments on this development as a practical illustration of culmination of a process against which the social workers' section of the "Inclusive Association" of unified social workers, administrators of social benefits and services from municipalities and socio-cultural workers warned in 1984: *"[...] in recent years social workers have been confronted with a growing number of the unemployed as well as such clients who find themselves in a difficult financial situation as a result of the national cost reduction policy of the present government. Social departments that increasingly resemble social help factories have ever less features of customer-oriented organisations [...] Personal support to customer is provided ever less."* The decision to "delete immaterial help" and hence "provide better services", "provide information to clients"

and preserve "nice job" resulted according to Laan in the Groningen department becoming "*an assistance factory*" (Laan, 1998a: 54).

We can only guess as to the meaning of the "better services" and "nice job" mottos to the workers themselves. It is certain that unlike West-Utrecht, the removal of "cure" was not taken as a "necessary evil" in Groningen. It seems to have been understood as an opportunity for "betterment" and presentation of clear results of the department before the public. For Joope Van der Meché and his colleagues, the notions of "deleting immaterial help", "better services" and "nice job" were not inherently inconsistent. Their mutual interconnectedness had some positive meaning for them. Our understanding in terms of what kind of a meaning it was can be helped by Laan's mentioning that in Groningen the motto of "*controlling the production process*" went hand in hand with the removal of immaterial help (Laan, 1998a: 53). The so-called "*new objectivity*" ideology, which according to its protagonists was to solve the problem of social work presentation before the public, associated the departure from immaterial help in the second half of 1980s with the same motto.

One of the representatives of "new objectivity", chairman of the aforementioned "Inclusive Association" Van der Ploeg published an article in 1987 entitled "*Product Betterment*" (see Laan, 1998a: 138–139). In it the author contests the tendency of the social service field to conceive of things too broadly. According to him, this broadness is "*instigated by idealism*" and is not suitable at all "*if we want to consider a better product*" and "*better quality*". Van der Ploeg believes that "*rational approaches*" should be emphasised and one should talk about "*procedures, tasks, responsibility, infrastructures, organisational structures, management, production, etc.*" This "new", "*matter-of-fact way of thinking*" should better serve those clients who do not look for "*discussion groups to find out together that they have a problem*". They are looking for "*a suitable product*" and do not want to hear "*about the abilities to understand a problem*". They demand "*a clear answer*", "*recommendation*", "*advice*", "*a specific attitude of help*". If social work wants to meet this expectation, it is thought it must be "*a perfectly functioning system*" ready to "*supply a completely finished product ready for consumption and nearly free of anything around it*", a system that "*mediates clarity instead of any subconscious stories, analyses and diagnoses*". This can be achieved according to Ploeg if social work focuses "*on tasks*" and if management becomes responsible for defining the product and hires professionally qualified personnel to supply the product set by managers.

The analogy between the solution of the Groningen department personnel and the position of the "new objectivity" ideology seems clear. Joope Van der Meché believes that "betterment of services" will take place thanks to "deleting immaterial help". Van der Ploeg maintains that the quality of services can be improved and clients satisfied if social workers avoid bothering them with "subconscious stories, analyses and diagnoses". Joope Van der Meché speaks about "controlling the production process", Van der Ploeg about "finished products", "production" and a "perfectly functioning system". It is also not without interest that Van der Ploeg stresses "advice and recommendations" and the department in Groningen became famous for "providing information".

Although Van der Ploeg does not speak about "nice job" in his article, Laan (1998a: 137) points out that "new objectivity" and its protagonist appeared on stage in mid-1980s when "*social work had to define a strategy of its survival*", and to do so, "*it had to lose the image of 'imprecision', 'non-specificity' and 'softness'*". I therefore dare to express my supposition that when Joope Van der Meché said in the quoted interview: "*I still believe that I have a nice job*", he had the "survival issue" in mind and its solution by "precise" and "specific" material help.

I believe that the core of the "new objectivity" ideology and the basic principle of the positions of Joope Van der Meché and Van der Ploeg is the identification of some features of

material help with the quality criteria of any social support. Both Meché and Ploeg found the possibility to define a clear product beforehand and to subordinate its provision to clear procedures that can be promptly processed to be the main benefits of material help. In short, what both the "new objectivity" ideology and the Groningen department appreciated in material help was the fact that it could be imprinted with a procedural nature. This makes material help an effective instrument of coping with large numbers of clients and makes it possible to present social work as a process of planned organisation, and exactly this is highly valued in the Netherlands society that credits "*rationality free of any imprecision*", according to Laan (1998a: 137). We can therefore think that it was an attempt to promote the desirable image of "rationality" and "precision" in the work of the Groningen department that lead its workers to "delete" immaterial help and to abandon the original position that had placed emphasis on connecting "care" and "cure".

However not everybody abandoned the position. The following example shows what may happen if a social worker thinks that effective support for clients cannot go without connecting material and immaterial help.

Rejection of narrowing help down to the income dimension

Some social workers in the Netherlands considered both material and immaterial help to be part of good intervention, from which perspective they rejected narrowing help down to the income dimension. This is how debtors' advisor Gread Janssen responded to the developments in the second half of the 1980s (Laan, 1998a: 21–22).

Unlike his colleagues, Janssen, a worker of the above-mentioned West-Utrecht department, did not give up on immaterial help. Instead he preferred to abandon his advisory for debtors. He explained his decision by saying that he was unable "*to deliver the goals of social work*" at the department. Janssen was convinced that in social work "*the process of client learning must be in the centre of attention, otherwise one is an accountant instead of a social worker.*" In addition to "*providing information and advisory*", this must be "*a lengthy process in which we intensively deal with the person*".

In 1985 Janssen was gradually finding out that his workload and the hopeless financial situation of his clients made it impossible for him to provide effective help to clients. He himself noted that when dealing with financial problems he was gradually finding himself "*under such strong time pressure that it is no longer possible to mediate to the client as to how they should manage their households*". He commented on the impact of the debtors' financial situation as follows: "*If people are at the very bottom and live on social benefits, then it is late for any remedy. Banks are relentless [...] The reducing incomes of our clientele bring a turning point [...] in terms of methodology. It is nonsense to mediate abilities if one has nothing left.*"

Janssen realised that under the existing conditions he was not able to do for his clients what he considered essential: "*How shall I act in my work with the family system, how can I emotionally accompany its members in their farewell with all those things they feel happy about, how can I implant in them certain abilities that are necessary for them to go further once the pressure somewhat abates? I am no longer able to answer these questions.*"

A clear conclusion ensued from that for Janssen: "*I probably had to give my job up in order to be able to pursue it again. I can better employ my abilities in representing the interests of the group I now belong to, the group of social assistance recipients.*"

For Janssen, social work ends where the working condition limits worker solely to dealing with the momentary financial situation of client, or in short, when social work is

narrowed down to the income dimension and learning new skills makes no sense. Laan (1998a: 33–34) points out that this happens in two ways, according to Janssen.

Narrowing help to the income dimension occurs firstly in work with clients who have a low income and cannot win subsistence without extreme efforts. This factor prevents client learning, in which situation work with the client limits itself to providing "first aid". Janssen clearly rejects this and promotes immaterial help to these people. If the worker lacks the conditions for providing this type of help, social work can no longer be done according to Janssen.

Secondly, attempting a "cure" encounters obstacles if the client's income is so small that *"there is nothing left to manage"* given the client's debts. Janssen believes that the high level of marginalisation of these clients was due to a *"conglomerate of social factors"* which the worker cannot influence from the position he or she possesses. However, he or she can try to influence it as a citizen. Janssen did this when he left the department and decided to represent the rights of the poor as a member of the group of social assistance benefits recipients.

Janssen's story is a nice illustration of an individual's dependence on the culture of his or her organisation. Janssen stayed alone with his opinions in West-Utrecht. He did not find allies and left. There were departments however at the time in the Netherlands where he would have found his kinsmen and could have stayed. Laan (1998a: 55) mentions the example of the social department in Drachten, which unlike the departments in West-Utrecht and Groningen *"kept sailing against the tide"*. Only a *"core"* made up of a tenth of clients requested material and immaterial help to be provided in parallel in Drachten. These clients however were given forty per cent of the total time. There were people at the department who wanted to begin dealing with the organisational changes brought by the conditions in the 1980s by providing appropriate help to the "core" with *"connected"*, i.e. both material and immaterial problems.

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: 123–125.)

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 (1998a: 119–122) 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. (Laan, 1998a: 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 than 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 (1998a: 121–122) 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, in particular children.

Although the dilemma as to whether to intervene or not to intervene is a routine part of social work, it is mostly discussed in literature once a social worker appears before a court or a disciplinary commission. The following examples will therefore be "court-room reports". The first one is about disciplinary proceedings, the result of which was influenced by the evaluators' benevolence for negligence and their pressure towards avoiding unreasonable

intervention. The second example will introduce us to the very opposite situation in which an American court punished negligence. Through the third example I will attempt to show what numerous social workers experience. The public never learns about these frontline workers' dilemmas between unreasonable intervention and unreasonable non-intervention. The reason is that their cases never come before a court.

Benevolence for negligence and cautiousness towards unreasonable intervention

Laan (1998a: 120–121) describes the case of a social worker reprimanded in 1977 by the superintendent commission of the Association of Social Workers in the Netherlands (NVMW) for helping a client conceal the address of the place where she wanted to escape torment from her husband. The complainant was the husband who had been a client of the social worker together with his wife in 1976.

Great tension existed between the married couple. The wife of the complainant had escaped from the family's household several times, both with her children and without them, and had a history of repeated suicide attempts. The social worker agreed with the couple that a gradual "*cooling down*" of their relationship was desirable and that he would later speak with either of them separately about who should leave the apartment during the "cooling down" period. This decision was important because everybody found it obvious that the children would stay at home with one of the parents after the parents' divorce.

At the time the agreement was meant to apply, the accused social worker was contacted by telephone by the general practitioner of the couple who insisted that "*something has to be done immediately*". Shortly after that the client contacted the social worker as well, telling him that she wanted to leave the household for good. In contravention of the agreement the accused worker decided to help find a refuge for the client and accompanied her and her children at her express wish to the refuge address in a car the client herself drove. In the evening he called the husband, but refused to disclose the wife's current address, in spite of the husband asking him to do so. The social worker was convinced that he was not allowed to do it, because the complainant's wife did not wish it and had emphatically asked him not to do so when he was leaving.

Hence the worker had not regarded the doctor's urging and the wife's decision to be a "false alarm" and had intervened energetically. What did the superintendent commission say?

The inquiry commission assessed his approach as "*inadmissible*". They found him at fault in that by providing support to the wife and concealing her address he had violated previous agreements with the husband and his wife. In contravention of his profession's principles, he had undertaken to keep silent instead of preserving openness towards both partners. By doing so he had become "*part of the family system dynamics*" and acted as a participant in an intra-family conflict in a way that was partial towards one of the partners.

The commission justified this view by the text of article 14 of the association's standards. According to the article, a worker is obliged to act in everything that relates to support "*with the client participating in it or after agreement with the client. Only if the client is obviously unable to state his or her will or if somebody else's interests or interests of society are seriously put at risk, it is acceptable to act outside the above framework.*"

Laan identifies the commission's decision as a result of its one-sided and excessive cautiousness towards the fault of unreasonable intervention, but he does not explain this view in any more detail. (Laan, 1998a: 120.)

I personally believe that the commission could regard for example the children's interest in preventing their mother being threatened as "somebody else's interest seriously put at risk", set out in the above fourteenth article. The immediate risk for the mother confirmed by the

practitioner's appeal could also be interpreted by the commission as the "interest of society put at risk" regarding the citizens' security. Had it done so, it could have found the accused worker's approach legitimate. In other words, the commission could have interpreted the intervention of the accused worker in various ways: as an illegitimate violation of the agreement with the married couple, as a legitimate attempt to defend the interest of the children "seriously put at risk", or as protection of the interest of society in keeping general standards of citizens' safety "seriously put at risk". In either case the evaluation could have been justified by the text of the fourteenth article of the association's standards.

One can argue in the following way: The fact that the commission had considered just one of the available interpretations or in fact that some of the interpretations had not even come to its members' minds was probably the result of its being prejudiced. The commission had sought the attributes of unreasonable intervention in a one-sided manner and was therefore unable to appreciate that the worker had had reason to fear that by neglecting security he could miss the opportunity to protect children or their mother against violence and its consequences. The commission justified its final position "de iure" by referring to article fourteen while in fact it referred to just one of its interpretations. As a result of prejudice among some of its members, the commission a priori eliminated some of the available alternatives of evaluating the approach of the accused worker.

Protection of a "third person" and duty to intervene

In an article aptly entitled "*Do social workers have a duty to warn?*" Kopels and 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 and 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 and Kagle (1993: 102) 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. (Kopels, Kagle, 1993: 102–103.)

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.*" (Kopels, Kagle, 1993: 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. (Kopels, Kagle, 1993: 119–121.)

Kopels and Kagle (1993: 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"*. (Kopels and Kagle, 1993: 113–114, 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 and Kagle, 1993: 103, 112–118.) This way of obtaining authorisation for intervention is recommended by Laan (1998a: 232–233) and could be termed "preliminary legitimising" along the lines of Laan's opinions. In addition Laan speaks about *"subsequent legitimising"*, which would be the case if we warned somebody against the attack of a currently "insane" client and tried to get consent subsequently, as soon as the client was capable of reasoned discussion.

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 leaving 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 losing 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 "demagoguery" in more sophisticated language. A social worker should avoid demagoguery, 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: 227–228). If we accept Laan's definition, the "*responsible effort to understand how the worker intervenes in the situation*" (Laan, 1998a: 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 to 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 seriously. 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 research⁵⁴ 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*".

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.*"

⁵⁴ 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: 402–403), Hadley and McGrath (1984: 165–166), Bok (1988), Morrissey (1990), Savaya, Malkinson (1997), Murray (1998: 7–42), and others. An interpretation of the said authors' findings is presented by Musil (2004: 198–208, 216, 220–223).

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 desirability 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. 5).

table No. 5

Comparison of the strategies of coping with the dilemmas of work with clients

comparison aspects	strategy for coping with dilemma	
	<i>avoiding dilemmas</i>	<i>Changing conditions</i>
<i>response to uncertain working conditions</i>	perceived as natural	must be removed
<i>response to dilemma</i>	perceived as natural	its emergence ought to be prevented
<i>way of coping with the dilemma</i>	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
<i>response to ethical problems associated with coping with the dilemma</i>	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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