

Social Work Senior Managers as Street-Level Policymakers

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Abstract

This study enhances the knowledge regarding the role of senior managers of street-level organisations in reshaping social policy on the ground, a subject that has been side-lined in research. The study focused on the ways senior managers of local government social services in Israel, all of whom are social workers by law, implemented emergency material assistance (EMA). This form of assistance is formulated by the central government but administered by local government. A qualitative research design based on semi-structured interviews with sixteen senior managers from diverse localities was employed. Findings showed that senior managers played a major role in the reconstruction of EMA on the ground. They reshaped policy in some or all of its major aspects. Both contextual factors and ideological factors impacted their policy decisions. The contextual factors were budgetary constraints, accessibility of resources from localities or charities, and socio-economic status of the locality. The ideological factors were managers' attitudes towards the policy, the place of material assistance in the social service, risk, and perceptions of poverty and people living in poverty. These factors led to divergences in material assistance across localities, while conservative and poverty-aware attitudes guided managers as they navigated between state-agent and citizen-agent roles.

Keywords: Israel, local social services, policymaking, social work discretion, street-level managers

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Introduction

Public policies are often reconstructed during their implementation by street-level organisations (Lipsky, 2010). Street-Level Bureaucracy theory underscores that street-level bureaucrats (SLBs) create policy on the ground by translating ‘policies-on-the-page’ to ‘policies-in-practice’ (Maynard-Moody and Portillo, 2010; Brodtkin, 2016). The capacity of SLBs to adapt, change and redesign official policy stems from their discretion, expressed in intentional and unintentional actions and decisions (Evans and Harris, 2004). As de facto policymakers, SLBs have the power to determine who benefits from social provisions as well as the nature, number and quality of social services provided (Lipsky, 2010; Tzadiki & Weiss-Gal, 2021). By constructing policies on the ground, SLBs affect the well-being, rights and quality of life of citizens, their relationship with the state and policy outcomes (Brodtkin, 2016).

The study of the role of street-level managers in reshaping social policy on the ground has been side-lined in research, only recently garnering attention (Evans, 2016a,b; Gassner and Gofen, 2018). The current study addressed this lacuna by exploring how senior managers reformulate social policy on the ground. Specifically, the study focused on the ways senior managers of local government social services (LGSSs) in Israel, all of whom are social workers by law, implemented the emergency material assistance (EMA) policy. EMA is formulated by the central government but administered by local governments. This provided us with a unique opportunity to examine the process of policymaking by senior managers, who embody the intersection between managerialism and professionalism (Evans, 2016a).

Why is policy reformulated during implementation?

Street-level bureaucracy theory posits that SLBs reformulate policies during implementation due to the nature of public policies, the work environment and their motivations (Lipsky, 2010; Maynard-Moody and Portillo, 2010). Space for the reformulation of public policies by SLBs emerges because these policies are often general, vague, inconsistent, contradictory and sometimes impractical. Moreover, public policies cannot be adapted to cases with unique circumstances or rapid contextual changes (Lipsky, 2010). At the same time, public policies frequently grant practitioners ‘authorised discretion’ and the ability to incorporate their professional expertise (Ellis, 2007; Barberis and Boccagni, 2014). Therefore, the discretion of SLBs is necessary to operationalise formal policies and translate them into pertinent services for specific individuals (Baker Collins, 2015).

Street-level organisations are frequently underfunded. Often, there is a wide gap between ambitious policy goals and the resources available to achieve them (Lipsky, 2010). Due to this ‘public service gap’ (Hupe and Buffat, 2014), these organisations operate in an extremely demanding and challenging work environment (Lipsky, 2010). Alongside large case-loads and limited resources, SLBs assist with emergencies, people suffering from personal distress, and complex social problems while complying with the rules, procedures, incentives and paperwork rife in New Public Management culture (Brodkin, 2012). Therefore, SLBs adopt diverse coping mechanisms to maintain control of their work, deal with high pressure or frustration, and serve as the gatekeepers of limited resources. Coping includes strategies, routines and decisions that reinterpret official policy (Evans, 2016a). Although functional for bureaucrats and organisations, these coping mechanisms are detrimental to citizens and decrease the chance that the policies accomplish their goals (Brodkin, 2012).

Finally, policies are also redesigned by SLBs due to their own values and agendas. SLBs have agency, ethical codes, professional values and ideologies. These generate perceptions of their clients’ needs and deservedness, their roles as well as desirable and meaningful interventions (Hasenfeld, 2010; Evans, 2011, Altreiter and Leibetseder, 2015). When SLBs perceive policies as clashing with their values, they can, overtly or covertly, avoid or deviate from them during implementation (Kjørstad, 2005; Gofen, 2014; Schiettecat et al., 2018; Trappenburg et al., 2020).

These conditions are all highly evident in the social services, in which SLBs are required to implement vague policies and lack sufficient resources. Indeed, there was an assumption that the widespread adoption of New Public Management in different countries would severely curtail professional discretion within the social services and require professionals to adhere to clear-cut rules and regulations. In contrast, studies have shown that social workers still enjoy a degree of discretion in these services (Evans, 2013; Nothdurfter and Hermans, 2018). Typically, they continue to deal with the public service gap by narrowing eligibility requirements or the types of interventions available (Evans, 2011), creating waiting lists or refraining from suggesting support services to eligible service users (Ellis, 2007).

Street-level managers as policymakers

Street-level managers are required to confront built-in tensions and dissonance in their daily work as their managerial position intersects with formal policymaking, local target populations and ever-changing and highly contextual work (Gassner and Gofen, 2018). Most of their subordinates are professional SLBs whose work involves a large degree of discretion and autonomy while being accountable to central and local

governments. Furthermore, street-level managers in LGSSs are often responsible for controlling expenditure and meeting performance targets set by the government (Evans, 2011).

Three groups of street-level managers have been identified in the organisational chain of command (Evans, 2016a,b; Gassner and Gofen, 2018). The first of these, front line managers, comprise the lowest tier of management and front line workers report directly to them. For example, team heads in LGSSs who are social workers supervise front line workers (Tzadiki & Weiss-Gal, 2021). Second are middle managers. Placed between top and front line management, they are the link between the strategic and operational levels. This includes regional managers of LGSSs in large cities.

The third group comprises chief executive officers or senior managers. Occupying the highest position in the organisations, they work closely with politicians and make strategic decisions. They are responsible for designing, executing and assessing street-level delivery and are accountable for the related outcomes (Gassner and Gofen, 2018). The prime goals of street-level managers at this level, as viewed by Lipsky (2010), are to implement formal policy and narrow the gap between the policies and actual practices of their subordinates. Though they lead social work organisations, these managers are not necessarily social workers (Evans, 2016a,b).

Evans (2011, 2016a) suggested that the lack of interest in senior managers in street-level theory and research is due to management decision-making not being seen as flexible. Thus, unlike SLBs, street-level managers are perceived as refraining from changing formal policies according to their interests, perceptions or attitudes. Yet, Evans (2016a,b) challenged this by demonstrating that senior managers, from the perspective of front line workers, created rules and policy directives inconsistent with formal policy. He concluded that senior managers not only transmitted formal policy but also reformulated policy on the ground and that their discretion 'is not located at the end of the chain of implementation but at points all along it' (Evans 2016a, p. 611).

Senior managers in LGSSs in Israel

In Israel, there are 253 LGSSs in which social workers provide social services to individuals, families and communities. The Ministry of Welfare and Social Services (the Ministry) funds the LGSSs in partnership with local authorities and sets policies and regulates LGSSs' provisions. It funds 75 per cent of the service costs, while localities provide the remaining 25 per cent. Localities can, and do, add additional resources (Gal et al., 2017). The LGSSs operate in localities of diverse sizes and, thus, also vary in size. In some of the largest LGSSs, there are three managerial levels.

Senior managers of LGSSs are required by the Social Work Regulation (No. 2.4, 1998, updated in 2015) to be registered as professional social workers and, preferably, to have an advanced degree in social work or another relevant field, such as public administration. They are also required to have at least five years of social work experience, be graduates of an LGSS management course and have previous management experience. Often, they moved into management after serving as social workers and front or middle-line managers in LGSSs. Their role is to plan and organise the work of the LGSSs. They are accountable to the local authority and are also responsible for implementing the Ministry's policies and regulations.

EMA policy

Complementing Income Support, the national safety net programme, EMA is limited to emergencies (Gal et al., 2019). It is regulated and funded largely by the Ministry and provided by LGSSs. Eligibility is initially based on means-testing. The Ministry's Social Work Regulation 3.16 defines five main categories of material assistance: functioning capacities, household, monthly rent, health and exceptional help. In each of these broad categories, the regulation defines what can be provided, the assistance level, frequency of help and additional conditions for material assistance. Under functioning capacities, the LGSSs can provide material assistance for an occupational assessment, a parental assessment, travel costs and work-support services. The regulation also defines the level of client co-payments, related procedures and limitations of the level and duration of assistance. Other official directives relate to various aspects of EMA provision, including the link between material assistance and social work interventions (Weissberg-Nakash, 2017).

Five main features make EMA policy a useful arena to better understand the place of senior managers in the reformulation of policy on the ground: (i) EMA is based on regulations rather than legislation and does not offer service users legal claim to it; (ii) The gap between the broad policy goal ('to provide material assistance for a variety of needs in order to treat, protect, rehabilitate, support and enhance the wellbeing of individuals and families') and the available budgets to implement EMA is wide (Gal et al., 2019); (iii) The policy is explicit regarding social workers' discretion. The policy also specifically notes that the provision of EMA is subject to LGSS priorities and budgets; (iv) There are contradictory directives. Regulation No. 316 emphasises that EMA is an integral component of intervention. However, a directive concerning family social workers' interventions in LGSSs (Weissberg-Nakash, 2017) notes that receiving EMA cannot be dependent on the service users' agreement to collaborate in psychosocial interventions; (v) The policy contains unclear

concepts and internal ambiguities. For example, although the regulation details the list of equipment that can be funded by LGSSs, this list includes ‘basic furniture’ without further details.

The current study

This study aimed to enhance the knowledge regarding the role of senior managers of LGSSs in formulating bottom-up policies and the impacting factors. By examining senior managers’ accounts of their implementation of EMA policy, we endeavoured to further understand if, how, and why they reconstructed formal policy. This was done by examining: (i) the content of on-the-ground policies and (ii) the factors that shaped the contents of the policies they formulate.

Methods

Participants

A qualitative research design based on interviews with senior managers was employed. Sixteen LGSS managers participated in the study. Initially, twenty-three LGSSs managers were approached to ensure a purposeful sample (Emmel, 2013). They represented localities that varied regarding numbers of residents, their nationality, municipality size and socio-economic ranking. Ten managers agreed to participate in the study. We then employed a snowball methodology to reach out to ten additional managers based on the recommendations of colleagues and managers who had already agreed to participate. Six more managers were then recruited, for a total of sixteen participants. The managers were from localities in two of the four districts in the country and included a town, a regional council and large, medium and small cities. The socio-economic status of the inhabitants of the localities was also diverse, ranging from very low to high. Two Arab managers were from predominantly Arab municipalities, one Jewish manager was from a mixed Jewish–Arab municipality, and the remainder were Jews from municipalities with a Jewish majority.

Ten of the sixteen managers were women. All participants were senior managers for between one and twenty-two years, with a mean of 8.6 years ($SD = 7$); most had master’s degrees. Prior to their current role, 81 per cent worked in LGSSs.

Research tool

Three-part semi-structured interviews were administered. The first part consisted of general questions that covered the managers’ seniority, prior

roles, the number of social workers in the department, and service users' socio-economic status and nationality. The second part consisted of questions concerning EMA implementation, addressing the extent to which the manager influenced it and aspects of the actual policy, consisting of areas and levels of assistance, recipients, how assistance was provided and whether the assistance was conditional. The third part of the interview related to factors that the managers regarded as crucial in shaping the department's EMA policy.

Procedure

The study was approved by the Tel Aviv University Ethics Committee and the Ministry. The interviews took place from February to July 2019, after participants signed an informed consent form. The interviews were held in the managers' offices and lasted between fifty and eighty minutes. All participants agreed to have their interviews recorded, which were then transcribed without the participants' names and personal details. Before the interview, the procedure was described by the researcher, who conducted the interviews, and participants were guaranteed confidentiality.

Analysis

The interview transcripts were analysed using inductive thematic analysis based on a semantic approach involving analysis of the explicit content of the managers' answers (Braun and Clarke, 2013). Patterns and repeating themes were identified. Initially, the two researchers chose five interviews with managers from diverse departments, according to department size, the dominant nationality of the population served by the LGSS and the municipality's socio-economic ranking. The first researcher read the interviews and identified repeated codes for each research question. The two researchers then discussed the codes, reformulated them when necessary, identified patterns and formulated the main themes for each question. Based on the initial category index for each question, the first researcher analysed the remaining eleven interviews. Several additional themes were identified by the two researchers and added to the analysis. The first researcher then reanalysed all sixteen interviews using the expanded category index.

Findings

Diverse bottom-up policies

All the managers reformulated EMA policy with regard to the range and level of assistance, monetary participation, qualification conditions,

ways of payments and possibilities to bend the rules. In each of these, the managers' policy decisions created a diverse range of bottom-up policies.

With regard to the range and level of assistance, six (38 per cent) excluded some types of assistance, commonly the purchase of clothing, footwear and some household appliances (typically air conditioners and clothes dryers), or subsidised dental treatment. Five managers (31 per cent) adhered to the types of assistance outlined in the regulations. Three managers (13 per cent) excluded some types of assistance while incorporating others not included in official guidelines, such as after-school activities for children or electrical appliances. Finally, two (12 per cent) decided to include additional types without excluding others. Regarding the level of assistance, seven (44 per cent) limited assistance to below the set amount, while six (38 per cent) adopted a personalised policy, by which requests were considered on an individual basis and support was determined by need and availability of budgets. This led to assistance levels below or above the regulated amount. Five of the managers (33 per cent) adhered to the levels set by the regulations.

Different approaches emerged regarding the monetary participation required of service users. While six managers (38 per cent) adopted official calculation guidelines, five (31 per cent) based the amount on service users' specific circumstances. Another five managers (31 per cent) required similar levels of participation from all service users.

Qualification for assistance was reconstructed by six managers (38 per cent) who prioritised families with children at-risk or people with severe medical conditions. Managers also adopted different policies regarding the conditions to receive EMA, beyond means-testing. Seven managers (42 per cent) limited EMA to existing LGSS clients or made eligibility conditional on participation in psychosocial interventions. Five (31 per cent) decided to base eligibility only on means-testing, while four managers (25 per cent) adopted personalised policies, including the condition of participating in psychosocial interventions to receive EMA, on a case-by-case basis.

The regulations enable LGSSs to decide between direct payments to suppliers or to refund service users after they acquired the agreed upon products or services (SWR No. 3.16, 2018, Section 8). The policy adopted by eleven managers (69 per cent) was to fund suppliers directly. Three managers (19 per cent) adopted a policy of direct payments to service users, while two (13 per cent) implemented a personalised policy and decided on the form of payment on a per case basis.

Five managers (31 per cent) reported that they knowingly adopted policies that enabled service users to bend the rules. This included asking suppliers to note approved products on receipts rather than the actual products provided or granting assistance to seemingly purchased products when the social workers knew that the funding was for

something not included on the official list, such as daycare or debts. This was justified as helping service users attain what they needed, even if it was not according to the official policy.

Factors affecting policy decisions

Both contextual factors and ideological factors impacted the managers' policy decisions.

Three contextual factors were identified: budgetary constraints, accessibility of resources from localities or charities, and socio-economic status of the municipality.

Budgetary constraints were a consistent factor in the managers' reconstruction of policy, especially when they narrowed provision:

If we follow official policy directives, we will exhaust the annual budget in a few months. The municipality can't fund the assistance and the Ministry of Welfare will not provide any more money, so I set different directives.

Additionally, the availability of supplementary financial resources from the municipality or charities affected policy decisions. Thus, one manager discontinued assistance for the purchasing of clothing when the LGSS opened a thrift shop. When a second manager succeeded in raising philanthropic funds to cover dental treatment, dental funding from the EMA budget stopped. On the contrary, when localities increased LGSSs' EMA budgets, managers expanded the range of assistance or avoided limiting them:

The previous mayor was a person with a strong social understanding and commitment. I could get whatever I wanted from him. If the budget ended, I would come to him and say, I need more. Even if people did not ask for material assistance, I suggested it to them.

The locality's socio-economic status was also associated with policy decisions. Managers from higher socio-economic localities refrained from excluding areas of assistance and tended to fund service users directly. In contrast, those in poorer localities were more likely to limit the types and amounts of assistance and prioritise assistance based on risk.

All participants reported that, on the whole, neither local politicians and professionals nor the Ministry supervisors intervened in their policy-making. Only in one case did a manager report that the municipal treasurer forced him to require service users' monetary participation. Others noted that if intervention occurred, it was when leading municipal figures asked them to reconsider decisions concerning specific service users or supervisors asked about specific cases.

Ideological factors were related to the managers' attitudes towards EMA policy, its place in the LGSSs, risk, and their perceptions of poverty and people living in poverty.

The first attitude was the managers' views on adherence to official rules. Some thought that the vagueness of policy and the absence of a right to EMA or a formal obligation to provide it could increase inequity in its provision. As such, they adhered to official directives and consciously curbed their own discretion. Even if their budget was insufficient and they might be unable to provide assistance at some later stage during the year, they preferred to stick to the rules as much as possible.

We have discretion, but what is its impact on the population? The consequence is that in different places service users receive different material assistance. This is not justice, there is no equality. I don't think this is good. This is the reason I set a policy – to stick to the regulation's directives.

Other managers decided to adhere to the official rules as this provided them with boundaries regarding responsibility and a means to deal with the overwhelming demand for EMA.

I accepted the official rules because they set clear limitations on our responsibility and provision. The regulations enable us to set clear guidelines and to determine to whom assistance is offered and to whom not.

For other managers, the vagueness, inconsistencies, frequent changes and contradictions in the policy were a reason not to stick to the rules:

I don't care what the official policy is because I don't think the Ministry knows what it is. The regulations change all the time, so we don't relate to them seriously. I ignore official policy.

Some managers asserted that the policy failed to meet the needs of service users and, thus, they felt that they were duty-bound to change policies to better address these needs. This led to widening the scope of assistance by adding new types of assistance, such as transportation to women's shelters.

The second influential attitude was towards the role of EMA in the work of LGSSs. A residual view was adopted by some managers who saw EMA as a last resort. This view emerged in their explanations for limiting types of assistance:

Assistance is intended to address basic needs. Some departments fund the purchase of air conditioners, but I won't as they are too expensive and not essential. I provide assistance for basic house equipment only.

For some managers, EMA was a means to accomplish other goals. For instance, it enabled the social workers to support and control those who otherwise would not have approached the LGSSs, despite their

individual and family issues. Providing EMA enabled them to form relationships with these families and offer other social services. This led some managers to refrain from requiring previous registration in the LGSS or to require the families to agree to psychosocial intervention to receive EMA, if the social workers felt it necessary:

Sometimes when dealing with a family's request for material help, it emerges that there is a catastrophe in their relationships, in their treatment of their children or of family members with special needs. Material assistance is the first step in establishing a professional relationship with these families and initiating psychosocial intervention.

Other managers had a slightly different attitude. They viewed EMA as a vital intervention that could help service users deal with their poverty. They did not see it as a component in a broader psychosocial intervention or a means to achieve other goals. They regarded combating poverty as an important LGSS role and perceived access to EMA as a human right. These managers broadened the scope of assistance and did not make receipt of EMA conditional on participating in psychosocial interventions:

Clients should get material assistance regardless of their psychosocial intervention. Does a low-income person whose child needs a bed or a desk really require therapy?

Lastly, some managers thought that not all types of assistance included in the official policy needed to be under the responsibility of LGSSs (e.g. dental treatments), but rather should fall under other state agencies. In these cases, the managers tended to refuse to provide assistance in these areas:

I think that some of the things that the LGSSs are supposed to provide according to the regulations are not part of their responsibility but of other state institutions. For example, equipment for school is the responsibility of the Ministry of Education, and transportation to chemotherapy and dialysis is the Ministry of Health's responsibility.

The third ideological factor was attitudes towards risk. When confronted with the need to limit the population eligible to receive assistance, they adopted risk criteria and targeted families with children at-risk, women being abused and service users with severe health problems or life-threatening diseases.

Cancer and dialysis patients are matters of life or death. I can't tell them that I can't fund transportation to their treatments because I want to give someone else a fridge. You can live without a fridge or a washing machine. However, without dialysis, it is impossible. You can't disparage humans' lives.

Finally, the managers' attitudes towards poverty also impacted policies on the ground. For some, poverty was a consequence of individual or

family pathologies, such as irresponsibility, laziness or irrational priorities. This attitude, coupled with a lack of trust, led to policies that emphasised suspicion, control, restricted assistance, providing funding only directly to suppliers and mandating psychosocial treatment as a condition for receiving EMA:

It is rare that poverty is a family's only problem. Usually, we see parental dysfunction, unemployment, doing nothing. Even if they receive a disability allowance for their child, they abuse it. If we see a problem in the relationship or neglected children, we condition the material assistance.

Another example:

We avoid giving money directly to clients because they can manipulate us. They receive money for a stove and buy a flat-screen TV. If I've seen it once, it means it happens a lot more. I always tell my workers – supervision and control.

This individualistic view on the causes of poverty was also reflected in the assumption that EMA should be limited to people who take responsibility for their economic deprivation. Thus, EMA was conditional upon an applicant's participation in an intervention programme and actively engaging in job search efforts.

If the client decides not to work and stays poor, he will remain poor all his life. I am willing to help, to assist and to extract someone from poverty, as soon as they cooperate and show me that they really want to change.

This perspective also reflected a conviction that people seeking EMA were not 'normative':

I don't want people to receive only material assistance. Only families that we know that are really in economic crisis, you know, normative families, get unconditional material assistance.

Other managers expressed a different view that avoided otherness and emphasised that people living in poverty are like everyone else, except that they are struggling to combat poverty:

Some workers tell me, "If she does her nails, why should we give her material assistance?" Well, I teach the perspective that poor people have the right to do their nails or have a smartphone, and they still need material assistance.

This view complemented a basic trust in service users who requested EMA. The managers saw EMA claimants as citizens who truly needed the assistance they requested and were unlikely to abuse the system. Managers who adopted this perspective were more inclined to increase the possibilities or levels of assistance and to set policies that gave money directly to clients:

When we give them a direct payment, they manage the assistance themselves. It is more respectful and gives them more autonomy.

Some of the managers who expressed attitudes of trust in service users and perceived them as people struggling with poverty, linked their attitudes to their participation in training on the poverty-aware paradigm (Krumer-Nevo, 2020), provided by the Ministry:

My perspective over the years did change; within the academic community and the Ministry, there are many movements. We took courses with a professor from the university about poverty-aware social work.

Furthermore, some managers adopted a personalised attitude to poverty and people living in poverty. They did not regard service users as a homogeneous group and established policies that assessed each case individually, according to the social workers' perceptions of the applicants as trustworthy or not.

It depends. It very much depends. If we trust the service user, we give him the money directly. If we trust him less, we give money directly to the supplier...this is a professional decision, according to our previous knowledge about the family.

Discussion

Senior managers have traditionally been absent from the street-level bureaucracy discourse as it was assumed that their position in organisational hierarchies placed them firmly in the managerial corner of the ring. The findings of this study join a small number of previous studies (Evans, 2016a,b; Gassner and Gofen, 2018) that contradict this assumption. Social workers holding senior managerial positions in Israeli LGSSs played a major role in the reconstruction of EMA policy on the ground and, indeed, become de facto local policymakers who reshaped policy in some or all of its major aspects: who receives what, how and under which conditions (Brodkin, 2013). They both constrained and expanded on formal policy. While some senior managers restricted support by narrowing eligibility criteria or decreasing the amount of assistance, others expanded it by adding new types of support or increasing the amount of assistance.

The managers formulated policies using their authorised discretion, what Baker Collins (2015) called 'the space in the rules' (p. 223). For example, when regulations enabled LGSSs to choose between direct payments to suppliers or refunding service users after purchases, managers made diverse policy decisions. They also used their authorised discretion in interpreting official regulations. A good example is their interpretations regarding the conditions to be met to receive EMA, such as psychosocial interventions. On the other hand, managers used 'discretion as space outside the rules' (Baker Collins, 2015) when they forged new

rules, while ignoring official rules. This was the case when they decided to omit certain types of assistance while identifying new types or when they capped the level of assistance below the amount set by the regulations.

The current study indicates that social workers serving as senior managers in LGSSs enjoy a relatively wide degree of discretion and autonomy when implementing state policies. One explanation for this is the apparently limited impact of New Public Management in LGSSs in Israel. While the strict adoption of New Public Management principles in social services in other welfare states has led to the prioritising of organisational over service user needs and reduced professional discretion (Rogowski, 2011), this does not appear to be the case in Israel. Thus, although neo-liberal policies have led to limited welfare spending and widespread outsourcing of services, there is disagreement among scholars concerning the impact of efforts to complement these actions with the introduction of New Public Management into the social service sector in Israel. The claims by some scholars that managerial principles, primarily cost reduction, have dominated the management and design of social services (Timor-Shlevin and Benjamin, 2021) have been rebuffed by others (Cohen, 2016). It is argued that New Public Management rhetoric and attempted reforms have not led to an increase in the central government's oversight and regulation of local public services or a reduction in local managerial capacity through narrowed discretion and flexibility.

A second possible explanation for senior managers' capacity to reformulate policies is linked to the fact that, unlike other welfare states (Evans, 2016b), regulations related to the Social Work Law mandate that Israeli LGSS senior managers must be social workers (Weiss et al., 2004). Therefore, all managers are social workers and affiliated with professional bodies, such as the social workers union. Due to their professional social work affiliation, the managers do not necessarily see themselves as state agents tasked with implementing policy as is. Rather, they perceive themselves as social workers who are required to negotiate between formal policy goals, service users' needs and their own attitudes, while still serving as the gatekeepers to the limited state and local resources earmarked for EMA (Nothdurfter and Hermans, 2018).

Not only was there extensive use of discretion by senior managers, but this led to divergent bottom-up EMA policies. As shown elsewhere (Kjørstad, 2005), the local policy variations found in the different localities in this study emerged due to contextual characteristics and, importantly, due to the managers' attitudes. The diverse environments in which managers operated influenced the magnitude of the public service gaps, which then impacted their policy decisions (Hupe and Buffat, 2014). This included the socio-economic status of the municipality in which the managers were employed, the readiness of mayors to fund

social services, or the availability of charitable funding for material assistance. All of these factors determined the volume of demand for EMA and the level of budgeting. Limited resources and high demand forced managers to deal with a greater public service gap and be stronger gatekeepers (Kjørstad, 2005).

The policy decisions of managers were also influenced by their values and attitudes (Hasenfeld, 2010). Thus, the ways in which managers viewed EMA's rules guided its translation and adaptation (Evans, 2011, 2013). While some regarded the rules as necessary in setting boundaries for assistance provision or ensuring fairness, others saw them as open to interpretation as they lacked clarity or did not address the needs of service users.

How managers perceived the role of material assistance in the functioning of the LGSSs, as well as their views on poverty and the role of material assistance in its alleviation, were also critical. Conservative and poverty-aware perspectives emerged. Interestingly, the same managers sometimes appeared to embrace both. A conservative attitude towards poverty was reflected in views regarding material assistance and the depiction of service users as 'others' (Krumer-Nevo, 2016, 2020) who were undeserving or unworthy (Altreiter and Leibetseder, 2015) of public assistance or professional trust. This was the case when EMA applicants were portrayed as seeking to deceive the system and attempting to dodge their own responsibility for their economic situation (Krumer-Nevo, 2016). Managers 'othered' service users when they expressed a reductionist view of what was vital for living (e.g. air conditioning not being considered a basic need in a country as hot as Israel). This attitude led managers to formulate policies that narrowed types of assistance, required payments to go to suppliers, provided EMA with the condition of psychosocial intervention and demonstrating specific behaviour, such as work search.

The poverty-aware attitude draws on the poverty-aware social work paradigm (Krumer-Nevo, 2020), which has been the subject of training recently offered to LGSS managers by the Ministry (Weiss-Dagan and Krumer-Nevo, 2021). This attitude emerged when managers regarded material assistance as an unconditional human right and as a way to join the struggle of the service users. It was reflected in the managers' attempts to formulate policies that minimise otherness and perceived citizens applying for EMA as deserving (Altreiter and Leibetseder, 2015) and trustworthy. One manager commented that assistance in the form of direct payment to service users is 'more respectful and gives them more autonomy', suggesting an understanding that people in poverty struggle with a lack of symbolic capital and that this assistance offers not only resources but also dignity. Regarding EMA as a stand-alone intervention, these managers avoided making material assistance conditional upon agreeing to other interventions or behavioural changes.

These findings suggest that senior managers operated both as state and citizen agents (Maynard-Moody and Musheno, 2000). They served as state agents when they acted according to official policies, rather than in response to the individual needs of EMA claimants, and when they were more stringent gatekeepers, limiting eligibility criteria and assistance. However, they were citizen agents when their policies improved access to EMA, they prioritised claimants' needs, saw them as deserving of assistance or decided to formulate policies that adapted to service users' needs and circumstances.

The current study's findings have consequences for policy development and implementation as well as service users and social workers. The creation of policies by managers can facilitate professional input in the implementation process. Through their involvement, managers are able to adapt policies to the circumstances of service users and empower professional social workers to craft policies that better reflect their ideas and perceptions. At the same time, diverse bottom-up policies may lead to outcomes that do not necessarily match with the intended policy goals but rather lead to the unintended consequence of restricting public resources for people living in poverty (Baker Collins, 2015). From the perspective of service users, the bottom-up creation of policies on the ground can also lead to territorial inequality in access and levels of assistance. Fragmentation and divergences may impede the ability of service users to understand what they are entitled to and the related eligibility conditions. For front line social workers seeking to implement both official and local policies formulated by their managers, the multi-layered process of implementation can be overwhelming (Evans, 2016b). When policies created by senior managers bend official policies, this can create an environment of confusion, conflicts, contradictions and ethical dilemmas for front line social workers (Evans, 2016a).

Before concluding, it is important to identify the study's limitations. Our efforts to obtain documents reflecting managers' policy decisions were unsuccessful, therefore, the study is based only on their accounts. Additionally, reporting on the implementation of state policies is a sensitive subject matter, as the interviewees were asked to criticise or describe the changes they made to state policies. Although participants were promised anonymity, the managers' concerns in this regard may have affected their responses. Although cultural factors can affect the policy practice of social workers (Nouman, 2020), due to the limited number of Arab managers in the sample, we did not explore the differences between policies formulated by managers in predominantly Arab municipalities and those in predominantly Jewish localities. Examining the potential impact of culture is an important issue for further research.

In conclusion, when professionalism meets bureaucracy in the form of senior social work managers of LGSSs who are required to implement governmental policies, policy is extensively reformulated on the ground.

The managers who were de facto EMA policymakers sometimes followed the rules but often ignored and/or reinterpreted them, both by expanding and narrowing official policy. Context and attitudes led to divergences in EMA across localities, while conservative and poverty-aware attitudes guided managers as they navigated between state-agent and citizen-agent roles.

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