

## Team Managers in Local Social Service Departments in Israel as Bottom-Up Social Policy-Makers

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### Abstract

Following on Felice Perlmutter's work on the managerial role of social workers in social services, this article contributes to the still limited knowledge on the role of social workers in middle-management positions in formulating new policies 'on the ground'. The study expands knowledge about policies determined by team managers in local social service departments in Israel. It occurs in the nexus between street-level bureaucracy, professionalism and managerial positions. Semi-structured interviews with 28 team managers revealed that they formulated 'new' policies with regard to the provision of psychosocial services and material assistance (who gets what, when and how). This occurs when they resist official policy, when it is vague or non-existent. Most of their policy decisions are not documented and draw upon consultations with colleagues and superiors though not with clients. The team managers perceive these policies as a means for achieving balance between clients' well-being and budgetary constraints. Yet their decisions lack transparency, are decided upon without public discourse and may lead to greater inequity between clients

**Keywords:** Social workers, social policy, street-level bureaucracy, team managers, policy implementation, policymaking, Israel

### Points for Practitioners

- Team managers in Local Social Service Departments do not only implement policies set by others, they also determine 'bottom-up' policies.
- Team managers play a policy role, in particular, when they oppose official policy or when there is a lack of formal policy. They are guided by considerations of clients' well-being and budget considerations.
- Policy decisions made by team managers tend to lack transparency and as a consequence can lead to inequity between clients.
- In the process of training social workers to management positions, it is important to increase their awareness to their political role and their power to determine policy.

### Introduction

A prime focus of Felice Perlmutter's studies and professional activity was the role of social workers as managers within social service agencies, the professional challenges they faced due to dramatic political, societal and economic changes, the barriers that distance social workers from holding leadership positions in social service agencies, and the necessary professional education and skills for social work administration (Perlmutter, 1980, 2006; Perlmutter & Adams, 1994; Perlmutter, Bailey & Netting, 2000). In doing so, she explored

the impact of the political environment on their work and, in particular, she sought to better understand (and to convey to her students and colleagues) how social work goals and values can underpin the practice of social workers holding administrative posts. As a pioneer in developing the nexus between policy and social work administration, she underscored the ways in which social worker administrators endeavor to influence policies by providing testimonies or advocating for people and communities at risk (Perlmutter & Adams, 1994; Perlmutter et al., 2000). These issues are also the focus of this article, which seeks to shed light on the policy role of social workers in middle management positions within local social service departments.

The current study sought to expand knowledge on a less studied route for influencing policy, that of middle-management social workers, who serve as team managers (TMs) in Local Social Service Departments (LSSDs) in Israel, and determine social policy on the ground (Evans, 2016a; Weiss-Gal, 2017). As such, the study enables us to better understand the phenomena of social policy formulation during implementation at a juncture where street-level bureaucracy, professionalism and managerial position interface (Evans, 2016b; Perlmutter et al., 2000).

## Literature Review

### *Policy Implementation*

Implementation is a crucial stage in the policy formulation process (Kraft & Furlong, 2018) though, until the end of the 1960s, it was seen as the "missing link" in policy research (Hargrove, 1975; Palumbo & Calista, 1990). At the time, the assumption was that policy implementation accurately reflects the intentions of legislators and executive policy-makers. Politicians determined policies that bureaucrats and professionals implemented (Hill & Hupe, 2002). Implementation was perceived to be a consequence of the policy formulation process rather than a part of it.

This changed during the 1970s. It became clear that research could not remain focused solely on the decisions made by legislators and executive policy-makers but needed to explore the level at which public services were actually provided. In other words, in order to understand policy we need to examine also the actions and decisions made within the bureaucratic organizations responsible for policy implementation (Jann & Wegrich, 2007). This led to the opening of the black box of policymaking and the study of implementation as policymaking (Barrett & Fudge, 1981; Hjern, 1982).

### *Street-Level Bureaucracy Theory*

Central to a better understanding of public policy during implementation is *Street-Level Bureaucracy* theory (Maynard-Moody & Portillo, 2010), which emerged from Lipsky's path-breaking work (1980, 2010). This theory is grounded in the understanding that "street-level bureaucrats" (SLBs) in public services (social workers, teachers, nurses and other officials) have direct contact with clients and enjoy a degree of autonomy and discretion that allows

them to make decisions and act independently. Their decisions and actions, in bureaucratic organizations that are responsible for implementing public policy, determine actual policies to a large degree. These bottom-up policies are not necessarily consistent with official policies and they are clearly political since they pertain to fundamental policy questions: who gets what, when and how? (Brodkin, 2010). As such, they have a significant impact on clients (Lipsky, 2010; Maynard-Moody & Portillo, 2010).

A literature review of street-level bureaucracy theory in the field of social work reveals that it has been employed to shed light on diverse issues (Nothdurfter & Hermans, 2018). These include the dilemmas and complexity of social work practice ;the impact of managerialism; the complex and multilayered factors that influence the exercise of discretion, with particular attention to the role of professionalism ;and the role of social workers as policymakers. This body of literature focused on the discretionary activities of front-line social workers and not on social workers in managerial positions. In his pioneering work, Tony Evans (2010, 2016) extended the SLB framework to exploring the role of managers in the specific case of adult services in England. This study contributes to this discourse by looking at the policy role of social worker managers, the issues that they address, the forms that their policy engagement takes and the factors linked to their policy decisions. It does so by exploring the use of discretionary spaces and powers by social workers to negotiate between policy goals and clients' needs and to interpret and adapt policies to concrete individual situations.

### *Discretion in the Policy Implementation Process*

The discretion exercised by SLBs, among them social workers, results from four main factors (Lipsky, 2010): (1) SLBs are responsible for the implementation of policies, which are formulated in an ambiguous, vague or conflicting manner. Indeed, implementation decisions often derive from official policies that are unclear or require adaptation in order to be implemented (Brodkin, 2010; Evans, 2013; Nothdurfter, 2016; Perlmutter, 1980); (2) SLBs operate in organizations characterized by limited and inadequate resources, leading to gaps between intended solutions and those that can actually be provided. SLBs must exercise discretion and decide on the allocation of resources in order to address these gaps (Evans, 2010; Lipsky, 2010); (3) SLBs deal with clients with specific needs and unique circumstances that are not explicitly covered by formal policies and this ambiguity requires SLBs to employ discretion in addressing these needs (Jessen & Tuffe, 2014; Maynard-Moody & Portillo, 2010); (4) SLBs work in organizations, such as social services, health clinics and schools, which find it difficult to supervise, monitor and evaluate their actions and decisions because the interactions between SLBs and their clients often take place in a personal and discrete setting (Gofen, 2014).

The increasing dominance of neoliberalism and New Public Management has raised the question of whether the level of discretion exercised by social workers is being maintained or reduced (Evans & Harris, 2004; Nothdurfter & Hermans, 2018). It is unclear

whether market-influenced managerial approaches that emphasize outputs, the definition of targets and the evaluation of performance in the social services (Harris, 1998; Siltala, 2013) have limited or even eliminated the ability of social workers to apply discretion. However, there is a growing consensus that social workers still enjoy a not insignificant degree of discretion and agency, which allows them to make independent decisions and to impact policy on the ground (Brodkin, 2015; Ellis, 2007; Evans, 2011).

Various motives underline the discretion exercised by SLBs. Lipsky (2010) and others (Brodkin, 2015; Ellis, 2007; Murray, 2006) found that SLBs do not use their discretion only when dealing with outlying cases not covered by official policies. They are also driven by rational motives of time and resource management in order to respond to work conditions that make it difficult to fulfill their jobs as required. Discretion is a means to protect their interests or to enable them to operate under conditions of a gap between policy goals and available resources. Yet critics note that Lipsky failed to take into account that SLBs are often professionals who are motivated not only by self-interest but also by the values and principles of their profession and a sense of professional responsibility (Carson, Chung & Evans, 2015; Evans, 2011).

Maynard-Moody & Mosheno (2000) identify two narratives that describe the motives underlying the use of discretion by SLBs. The first sees SLBs as “state agents” operating according to rules, procedures and laws. Their discretion reflects a personal interest, namely, the desire to lighten their workload and make their work safer, more lucrative or more fulfilling. The second views SLBs as “citizen agents” responding to the needs and circumstances of their clients and operating out of a commitment to their welfare. It assumes that when SLBs oppose the goals of a policy or its implementation, they will tend to diverge from what is required of them and adhere to their professional values. This will reflect a commitment to their clients, even if it makes their work more difficult and jeopardizes them (Dias & Maynard-Moody, 2006; Evans, 2016a; Gofen, 2014; Schiettecat, Roets & Vandenbroeck, 2018). This discourse underscores the importance of SLBs' beliefs, attitudes and values in understanding bottom-up policymaking.

SLBs—including social workers—adopt various strategies when required to implement policies that they cannot, or do not want, to adopt. Street-level bureaucracy theory's main claim is that SLBs use strategies that limit the scope of official policies due to working conditions in the organizations. These include limiting access to services in order to reduce demand (limiting reception hours, creating a waiting list, limiting access to information, etc.) and transferring resources from one budget line to another. In other cases, they prioritize the implementation of one policy over another, allocate time or provide services differently according to population group (for example, a decision to respond to clients who are perceived as “easier”) even if the service is intended to be provided to all individuals equally (Allen, Griffiths & Lyne, 2004; Brodkin, 2015; Ellis, 2007; Lipsky, 2010; Murray, 2006). However, other studies have emphasized strategies that expand services by loosening eligibility criteria, extending the duration of care, and expanding areas of responsibility (Evans, 2013; Gofen, 2014; Schiettecat et al., 2018).

Policy decisions taken by SLBs can be either visible or concealed, documented or undocumented, and characterized by different levels of partnership with colleagues and superiors. Studies have shown that SLBs, including social workers, are likely to conceal their decisions if they contradict official policy, typically by not documenting them. This has been attributed to an uncertain organizational atmosphere or a desire to avoid confrontation. Nonetheless, they are also likely to involve colleagues and superiors in their decisions in order to attain legitimacy (Dias & Maynard-Moody, 2006; Gofen, 2014; Schiettecat et al., 2018).

### *Social Workers as Managers of Street-Level Bureaucracies*

Lipsky's theory focused on bureaucrats at the bottom of the organizational hierarchy. This has generated critique due to its neglect of managers who exercise discretion in policy implementation. In Evans' study (2016a) of the discretion exercised by social workers in British street-level bureaucracies, he showed that managers do not necessarily adhere to the guidelines of official policies, as claimed by Lipsky. Rather, they seek to ensure that the social workers under their supervision implement the policies that they themselves determine, which are liable to diverge from official policies.

In recent years, scholars have distinguished between senior managers and frontline or local managers in social services (Evans, 2010, 2013, 2016a, b; Murray, 2006). They claim that senior managers (who are usually not social workers in the US and the UK but rather professional bureaucrats with an expertise in management) tend to work closely with local or national politicians, and make strategic decisions in the organization. They participate in the formulation of organizational goals and in the implementation of official policy, while minimizing the gap between the official policy and its implementation in practice. Local frontline managers are usually social workers and serve as both managers and as practitioners who provide services directly to the clients. It has been claimed that these managers may view themselves as committed to the clients and to the profession's values, and when they oppose the goals of official policies, will use their discretion to adapt, modify, or even undermine it. In other words, social workers serving as frontline managers may promote professionalism rather than managerialism (Aronson & Smith, 2010; Evans, 2010, 2013, 2016a, b; Murray, 2006, Perlmutter, 2006).

Perlmutter and her colleagues (2000) referred to the many inherent paradoxes and challenges facing professionals also serving as managers in social services. One is the conflict arising from their dual role as both social workers who are committed to the profession's values and the good of the client and managers who are committed to the organization's rules and procedures. They are likely to experience confusion and conflict between these two roles (Evans, 2010). This conflict has become even more challenging in recent years due to changes in social services, which are characterized by a contraction of government responsibility for welfare services and social responsibility, as policy may conflict with professional values and commitment (Aronson & Smith, 2010; Perlmutter et al., 2000).

*LSSDs in Israel as Street-Level Bureaucracies*

The Welfare Services Law provides the legal basis for the role of LSSDs in Israel in providing welfare and social services to residents of a certain locality. It requires all local authorities to establish a LSSD. The national and local governments split funding for these services between them. The LSSDs constitute the executive arm of the Ministry of Welfare and Social Services and are subject to government policy, as reflected in laws, regulations and directives. Yet, they are also subject to the policies and rules of the local authority, in whose jurisdiction they are located, which affect their activities and fund a proportion of their budget (Gal, Madhala & Bleich, 2017).

The LSSDs seek to improve the lives and functioning of individuals, families, groups and communities in distress or crisis situations. Assistance takes the form of direct (e.g. psychosocial treatment and support, child protection, family therapy, advocacy and take-up) and community practice. The areas of assistance include child welfare, disability, elderly and substance abuse (Ministry of Welfare and Social Services, 2010).

Academically trained and licensed social workers are the principle employees in the LSSDs. The organizational structures vary due to differences in size, the characteristics of the local population and the managerial approach of the department's director. In mid-sized and large departments, the basic organizational units are neighborhood teams, comprising of social workers providing services to diverse clients in a defined geographic area, alongside teams for designated fields or populations (e.g. elderly, people with disability) across the locality.

TMs head these teams and report to the service director. As managerial supervisors, they combine professional, leadership, administrative and supervisory roles (Perlmutter et al., 2000). They often provide direct services to clients, acting both as managers and as practitioners. According to bylaws drawn up by the Ministry of Welfare and Social Services, they are responsible for service provision by the team and they are expected to participate in the determination of the LSSD's policy and the work plan to implement national policy. They are also responsible for guiding social workers in their teams (Social Work Bylaws, 1999).

The LSSDs are classic example of street-level bureaucracies (Evans, 2016a). They are characterized by both a rhetoric of expansion of services and a chronic shortage of workforce and budgets. The LSSDs are expected to achieve a wide range of social goals in a large number of domains and among diverse population groups (Ministry of Labor, Social Affairs and Social Services, 2017), but suffer from limited resources and continual growth in the number of individuals in need of welfare services (Gal et al., 2017).

In addition, the statutory basis for the operation of the LSSDs are the Welfare Services Law and the Social Worker Bylaws that provide partial, and not particularly clear, legal underpinning for the provision of services. The Welfare Services Law does not define all of the LSSDs' areas of responsibility, nor does it specify the rights of the various populations to receive social services or detail the services to which they are entitled (Doron, 2012). The detailed instructions in the bylaws do not have a binding legal status



with regard to the local authorities. Thus, the LSSDs have significant discretion in determining the types of assistance they provide and to whom (Shnit, 1988).

Finally, the organizational structure of the LSSDs creates obstacles to efforts to supervise, monitor and evaluate the implementation of official policies. A report found that in 48 LSSDs sampled, in nearly half of them there was no structured supervision method or that it was used to a very limited extent (Ofek, 2009). Another study found that systematic reporting of the interventions by the social workers was often problematic in LSSDs, as was the measurement and evaluation of the interventions (Katan, 2012).

### *The Current Study*

The literature has devoted limited attention to the manner in which professionals, who are also managers in the social services, use their discretion to formulate bottom-up policies (Evans, 2016b). This study sought to expand knowledge on the dynamics that emerge in the interface between social work (professionalism), middle-level administration (management) and social service departments (street-level bureaucracy) in policymaking during implementation.

Four questions lie at the core of the research: (1) Do TMs formulate new policies through new rules or procedures? If they do so, what are the issues and the areas in which they formulate policy? (2) What were the reasons that led the TMs to formulate new policies? (3) What considerations guided them in determining policy? (4) To what degree do they involve others in the policy process? Do they document and publicize the policies?

### **Methods**

The study employed a qualitative methodology based on the post-positivist paradigm (Guba & Lincoln, 1998). This is "qualitative research with a small q" using qualitative tools to examine a phenomenon that is perceived as existing in an external reality and to "search for answers" to predetermined questions (Kidder & Fine, 1987). Our choice of methodology was based on our assumption that the social workers do not necessarily regard themselves as "policy makers" and do not frame their decisions as policy. In order to overcome this, we assumed that qualitative tools would enable us to explore our research questions. Not surprisingly, these tools have also been employed by other scholars undertaking research on this phenomenon. The Ethics Committee of Tel Aviv University approved the study.

### *Participants*

Twenty-eight TMs employed by 16 LSSDs participated in the study. The departments were diverse in size, geographic location and the socioeconomic ranking of the local authority; 16 TMs were employed in services in mid-sized cities (30,000-200,000 residents), 10 TMs in

large cities (over 200,000 residents), one in a small city (up to 30,000 residents) and an additional TM was employed in a town. As noted, these included local authorities with divergent rankings according to the socio-economic index published by the Central Bureau of Statistics (2017), based on diverse social, economic and demographic indicators (e.g. financial resources of residents, housing, education, employment, and types of socio-economic distress). More specifically, 13 TMs were employed in localities ranked as having a mid-range socioeconomic ranking, eight TMs in localities with a high socioeconomic ranking, and seven TMs were in localities with a low socioeconomic ranking. The social services, which employed most of the TMs (16) were in the vicinity of Tel Aviv and the center of the country, six TMs were in the Jerusalem area, four in Haifa and the Northern district; and two TMs were in the south of the country. These 16 LSSDs served diverse population groups, among them Ethiopian Jews and ultra-orthodox Jews.

Recruitment of the TMs was by referral of their directors (21 TMs) or directly through personal connections (7). Unfortunately, none of the directors of LSSDs in the Arab sector approached agreed to participate in the research.

All the TMs were women with an MSW. Their seniority ranged between 11 and 40 years in social work and between 3 and 23 years as a TM. Nine of them led teams on the neighborhood level while the others led crosscutting teams dealing with individuals and families (7), the elderly (4), families with special needs (4), youth and young adults (1), violence (1), community social work (1) and addiction (1). The teams included between 5 and 30 social workers.

### *Tools and Process*

Semi-structured interviews took place between December 2016 and May 2017. The interviews began with general questions about the TM's job and position in the organization. These were followed by the question: "Tell me about a decision you made for your team. This should be a decision that applies to a population group rather than a particular individual." As it was unclear if the TMs perceived their decisions as "policy", the term "policy" was avoided nor were specific examples of policies given. Rather, the interviews took the form of a participatory search for an example that met the definition of a "policymaking decision". In some cases, several policy decisions emerged. Following this, additional questions reflecting the research questions were asked.

All of the interviews were recorded and transcribed, apart from two in which the interviewees did not agree to be recorded, and the content of those conversations was documented in writing. The interviews took place in the interviewee's office in the LSSD, at their request, and lasted between 45 and 90 minutes. All the interviewees consented to participate in the study. They were assured of anonymity and any personal details were removed during the transcription.



### *Data Analysis*

The data was analyzed by way of categorical content analysis, which identified recurring themes while relating to the parts of the interviews according to predetermined research questions (Leiblich, Toval-Mashiach & Zilber, 2010). The initial stage of the analysis included a reading of the interviews by one of the researchers and a decomposition of the texts and their grouping according to the four research questions. Relevant statements were linked to each one of the research questions. In the second stage, on the basis of the responses to each of the questions, the two researchers identified themes that emerged from the statements. Finally, the number of categories was whittled down by the two researchers to the point that they encompassed all of the content of the statements. The categories were then reorganized for each question to comprehensively describe the content of the responses to each question.

### **Findings**

#### *Policy Areas*

Fifty-nine policy decisions made by TMs were identified. Almost half of them (27) related to the scope and character of the psychosocial services and a similar number (26) concerned the allocation of material assistance. Work arrangements between the social workers and other professionals or officials were the subject of another six policy decisions.

The policy decisions regarding psychosocial services included: (a) Policies pertaining to the development, initiation or adoption of a new psychosocial program, such as the establishment of a guidance center for young individuals with special needs on their leaving the education system (9); (b) Policies expanding the social workers' intervention methods. For example, a policy to provide youth with not only occupational guidance, as defined in the model specified by the Ministry of Welfare and Social Services, but also to address their emotional needs (6); (c) Policies expanding the population eligible for social services such as a policy to place the children of migrant workers in daycare centers despite their lack of citizenship (6); (d) Policies relating to the provision of psychosocial services. For example, a policy to employ workers from the ultra-Orthodox community in order to adapt the social work services to the cultural sensitivities of this population (6).

The 26 policy decisions relating to material assistance included: (a) Policies on areas of assistance (14). TMs formulated policy prioritizing a particular area of assistance while limiting assistance in another area, though both were included in formal policy guidelines. An example is priority given to providing assistance to families unable to afford activity groups for their children over assistance in purchasing clothing and footwear. (b) Policies on eligibility rules (9). These policy decisions included policies limiting the target population eligible for material assistance, such as a policy to limit special food assistance for celiac disease sufferers only to children, even though the official instructions require that

assistance be provided to all celiac sufferers regardless of their age. (c) Policies on the scope of material assistance (2). For example, a TM set clothing or footwear assistance levels in the case of large families below that stated in official guidelines. (d) One policy decision was made in relation to the form of assistance provision: A TM decided to divide the 15 vacation days provided to families with children with special needs, as defined in the Social Work Bylaws (2009), into three rounds of five days each.

Most of the policy decisions relating to material assistance, and to its reduction, were taken in LSSDs in low-income localities.

Finally, six policy decisions related to working arrangements between social workers and other professionals or officials and included policies on working relations with organizations in the community (three decisions); working relations with partners in the LSSD (two decisions); and with philanthropic organizations (one decision). A policy to determine working relations between the team and the information center of the family court system with regard to statutory reports is an example of this.

### *Reasons for Policymaking*

Of the 59 policy decisions identified, in 41 cases there is data on the TMs' reasons to set policy. These included: The TMs' sense that a policy was problematic (20 decisions); a lack of policy (12); external forces (6); and vague policies (3).

Most commonly, TMs set new policies because they disagreed with official policies they found as problematic or unfeasible (20 policy decisions). In response, the TMs avoided implementing the policy or modified it. In one such case, a TM was critical of the policy that required LSSDs to provide economic assistance for the purchase of special food for celiac sufferers, believing that this was the responsibility of the social security system. This led her to decide to limit assistance to children only. She commented:

... Why should we be dealing with it? Let them go to the social security agency. If this is a state law, then it should provide funding to the agency and it would provide the NIS 105 every month. Why should I be involved with this? I have no discretion here. [...] Policy is also a situation where you say – OK, there is a policy, but I don't think it is right.

Another example is a policy to allow elderly individuals requiring long-term care to participate in activities at drop-in centers even though these are specifically intended for the independent elderly. The interviewee explained that:

... according to the Social Work Bylaws, an elderly individual requiring long-term care is not permitted to participate in the activities of a drop-in center for the independent elderly. What do we do when, let's say, things have worked differently for many years, if the elderly individual is accompanied by a caregiver, even though he is in long-term care, and he is brought to a drop-in center for the independent

elderly? [...] We turn a blind eye. Why? Because the drop-in center is in the neighborhood and all of the elderly residents go there. How can I tell an old lady – “don’t come”; how can I close the door in her face? It just won’t work.

A second reason was linked to situations in which there was a lack of formal policy addressing an identified need (12 policy decisions). For example, a TM decided to formalize working relations with the family court system concerning reports for legal guardianship of elderly individuals. She describes this as follows:

We don’t get any help from above. We don’t really have any working relationship or clear procedures. [...] It can’t be that in a matter that is so sensitive, namely appointing a guardian for a person, to deny him his rights as a human being, that someone else will make decisions about him and take responsibility for him. Yet, this is not grounded in any regulations, not even in the Social Work Bylaws. The Social Work Bylaws do include the certified court social worker but not the whole relationship with the court.

A third reason relates to the impact of external conditions (six decisions). Here the TMs formulated policies in response to exogenous developments. Thus, for example, a TM acceded to her director's request to draw up a policy to reduce eligibility for food assistance for the elderly due to excess demand:

They told us: listen, there is a huge overload and we need that some people be excluded. That’s it. It’s like they were asking me to do some kind of...that I made some kind of calculation.

A final reason was the vagueness of official policy (three decisions). For example, an interviewee recalled that due to the broad definition of criteria for receipt of daycare assistance by infants, she could set a policy more in line with her views. She determined that verbal violence is “violence for all intents and purposes” and thus justified daycare assistance:

In my opinion, as long as the legislator did not restrict it to extreme physical or sexual violence or some other type of abuse, then verbal [violence] can come under this category [...] I am taking advantage of the fact that it is stated in a general way.

### *Policy Considerations*

Three types of considerations guided the TMs in setting the content of policy: The well-being of clients (36 decisions); budget considerations (18 decision); and the well-being of social workers (5 decisions).

Central to the considerations pertaining to the clients' well-being was the quest to facilitate clients' access to LSSD's services (18 decisions). The TMs formulated policies that expand or loosen eligibility criteria, take into account the physical requirements or cultural sensitivities of service-users, or enhance the dissemination of information about the services. Another consideration (13 decisions) was an effort to adopt practices or approaches to improve services to clients. Prevention of distress was a major consideration in another five policy decisions. This is reflected in a decision to prefer assistance to families in the form of caregiver hours over the provision of basic household items as a means of preventing future distress:

Because this is about prevention [...] If we provide assistance today to this mother, we will not have to take her child away in three or four years. Because she will be a stronger mother, a mother with greater capability. That was the consideration.

Budget considerations (18 decisions) also guided policy decisions that reduced the scope of official policies. This refers particularly to situations in which TMs operated under conditions of limited resources that prevented the full implementation of the official policy. Deciding on a new policy enabled TMs to bridge the gap between needs and resources. An example is a decision to withhold homecare assistance:

[...] Because I have no budget. The proportions are such that I have a budget of 5000 shekels for 600 families. 5000 shekels a month. That's the rationale.

Yet, even when interviewees described budgetary limitations as a key consideration, they also emphasized that other considerations also guided them (13 decisions). One of the most common was the need to determine the limits of the responsibility of the social workers or of the LSSD. An example is the termination of a project to distribute schoolbooks to pupils following the drying up of external philanthropic funding:

And they decided that they aren't giving any more... then I said OK, I won't be giving either, because I don't have enough money... But in any case I didn't like the decision on schoolbooks. I felt like it was not connected to us, that it was unfair to me, that this project is taking it out of us... Everyone is coming to us with requests, and in the summer we will be here... it is simply a parade. And I said: I don't think that it is our mandate to provide books to kids. It is still related to education [...] I said: enough is enough.

Another consideration related to budgeting was prioritizing assistance to the most distressed populations. An example is a decision that children in families with the greatest socioeconomic distress would get preference on waiting lists for rehabilitative daycare.

An additional consideration was the preference for long-term solutions (funding caregivers or subsidizing an activity group for a child) over short-term assistance (cash for clothing or paying a debt to the electricity company). In addition to budgetary

consideration, these policies were justified as an investment in therapeutic rather than material assistance.

A third category of considerations related to the well-being of social workers on the team (5 decisions). For example, one interviewee decided on a policy that the phone numbers of the social workers would not be provided to clients.

### *Modes of Policymaking*

An analysis of 48 policy decisions sheds light on the policy formulation process. In most cases (42 decisions), the interviewees shared and consulted with the social workers in their teams, other TMs or with their superiors (department directors or supervisors). Consultations were perceived by interviewees as facilitating the expression of different views and opinions and as reflecting a need to set a uniform policy for all or some of the teams in the LSSD. For example, one interviewee described a policy not to provide rent assistance:

Look, with respect to the budget, the Social Work Bylaws provide you with a list of possibilities. In the context of my team and my budget, I set the priorities, of course with the backing of the LSSD head. Since we are three individual and family teams, we work in collaboration and set policy as to what is permitted and what isn't. [...] and we do this as policy; we do this on the level of a message that will be conveyed to the entire service and not something specific that I am providing but she isn't. [...] At least with respect to budgeting, this is something that we very much try to do as a uniform policy, both on the team level and on the LSSD level.

In order to obtain approval and therefore legitimacy for policies, the TMs most commonly sought legitimacy from the LSSD director and, less often, also from the Ministry of Social Affairs and Social Services supervisor (31 decisions). For example, an interviewee who sought legitimization from the department director and the supervisor provided the following narrative:

So we sat down and established criteria. [Interviewer: Who sat down?] The director of the department of course. Anything on that level, I get him involved. Anything... I know, the little things I take care of internally, but things on that level – I always get the director of the department involved and also the worker in [name of her specialization]. And I spoke with my supervisor and I told her: "Listen, how do I decide?" and she said: "Look, you decide. Either according to the directive or you decide." She told me: "You decide"; I obtained legitimacy. I obtained legitimacy. If she would have said: "There's no choice, you have to go according to the law..." [...] but they apparently understood the matter and relied on us and we work with them; we work together in close cooperation.

In other cases, policies were formulated without seeking approval from more senior managers or from supervisors (18 decisions, some which extended official policy and some of which limited it). The interviewees justified this by noting the autonomy provided to

them in their work (10 decisions), meaning that there are areas in which they can make decisions without the approval of the managerial level or of supervisors. Alternatively, they explained that they were aware that the policy contradicted official policy and thus they chose to act without their superiors' approval (8 decisions, most of which involved an expansion of services). For example:

There are things that don't need to be talked about. If other departments are also doing so, then perhaps I am not inventing the wheel but [...] to go the director of the department and say "Listen, this is what I am doing and you should tell the supervisor" – no. [Interviewer: Why not? What will the supervisor say about it in your opinion?] I don't know, I can't... not everything do I... sometimes I don't need... I have discretion and I don't need to... For that they gave me responsibility and I don't need to ask about everything. What isn't important – I don't ask about.

Of the 59 policy decisions analyzed, most (45 decisions) were not documented. Policies were disseminated among social workers in personal conversations, team meetings or briefings or by email correspondence. For example:

In my opinion, there is no organized file of procedures, with all sorts of things that we decided on. This is a tradition that sort of passes from mother to daughter. In general, the idea of working in a somewhat more organized way, with forms, or whatever, you know, because this is a small office so very often it passes by word of mouth, from one person to another.

Or:

Not formally, things are done while in motion... In team meetings, we talk about it. In my case, there is a worker who organizes the committee for infants-at-risk. She really understands the directives; she received the directives orally. [...] Look, there is what is called the "oral law". So things are expressed orally and in a clear manner.

Informing clients of formulated policy was relevant for 25 policy decisions. Typically, social worker did not inform clients of the policies even when this meant the termination of a service or a particular type of assistance. TMs explained this was due to the dynamic, temporary and variable nature of the policy decisions taken. One of the interviewees explained:

It was not written down anywhere because today this is correct and in another month they will say "Listen, we have received a huge donation, let's put more people in". So no one wants this to be written anywhere.



TMs also justified this practice as resulting from a concern that documented policy would be translated into rights and procedures that would obligate them. As a result, clients would demand the services thereby creating too great a demand. This would constrain the TMs' capacity to exercise discretion and a degree of flexibility regarding eligibility for assistance, a perceived necessity due to budget limitations. One of the interviewees noted:

[Interviewer: This is information that is also provided to the clients? How do the clients know about it?] No... Do you know how many there are? We can't handle the load. Look, there is also the matter that when I provide after-school care for children I am truly using my discretion. [...] I won't be able to manage it; I can't provide this to everyone. But I can't have something that is available to everyone. I am not a community center.

The TMs noted that policies were formally documented in only six cases. In all of these decisions, apart from one, the policy led to the creation of new services. As to eight more decisions, there is no data regarding documentation.

## Discussion

This study shows that, in the implementation stage of the policy cycle, middle-level managers in LSSDs serve as policy makers and their decisions inevitably have a major impact on service users. TMs employ their autonomy and discretion to not only find ways to operationalize official policies but also to create and formulate bottom-up social policies pertaining to diverse issues. They formulate explicit rules and procedures with a certain degree of permanence and continuity with regard to issues generally regarded as subject to official policy. Indeed, they determine who will benefit from public resources and services and what and how these will be provided (Brodkin, 2010). The findings underscore that the policy role of TMs is wide-ranging and they play an active role in formulating policies that cover the gamut of psychosocial and material interventions undertaken by social workers in LSSDs. Clearly, in the interface between service recipients and the state, the TMs have political power. This underscores the political nature of management practices in LSSDs and the understanding that these agencies are political organizations (Brodkin 2010, 2015; Lipsky, 2010; Maynard-Moody & Mosheno, 2000; Perlmutter et al., 2000). An interesting question for further study is do middle-level managers regard themselves as policy makers and, if so, do they perceive policy making through implementation as part of their professional job.

These findings contribute to an ongoing debate as to the continuing relevance of the SLB theory to understanding the relationship between policy and front-line practices in an era of New Public Management and its emphasis on the increased use of standardization and evaluation (Nothdurfter & Hermans, 2018). This study offers support for the claim that SLBs still enjoy a substantial degree of discretion (Evans, 2016a). The observed gap between declared policy goals, the needs of clients and the resources requires to address

these, and the ambiguous, vague or conflicting aims of formal policies and insufficient resources, create fertile ground for the use of discretion and for independent policymaking (Evans, 2016a).

The content of TMs' policy decisions both narrow and expand the formal policies. When TMs set policy for psychosocial services, they usually extend official policy. This is reflected in the creation of new solutions, the expansion of existing solutions or the extension of the eligible population. These decisions transform the TMs into active agents endeavoring to address lacunae in official policies and promote best practices on behalf of clients. However, these policy decisions expand services within the framework of existing resources but do not include a demand for change in the allocation of resources, and inevitably imposes additional work on the social workers.

By contrast, policies decisions regarding material assistance generally, though not always, limit the extent of this assistance. Due to the gap between the declared goals of policies explicated in the social work bylaws and the material resources at the disposal of the TMs, these decisions include the prioritization of one area of assistance over another, the termination of certain areas of assistance and decisions to limit the eligible population. Here TMs serve as "watchdogs" guarding limited public resources (Nothdurfter & Hermans, 2018).

Two main factors shaped the bottom-up formulation of policy by TMs and its content. The first is financial. TMs justify policy decisions (18 decisions) as a need to bridge the gap between official policy and budget limitations. These decisions tend to be taken by TMs in LSSDs in lower-income localities. Financial considerations also prevail in situations in which TMs formulate policy expanding psychosocial services. This type of policy is formulated when services do not require additional material resources, when assistance is based on legislation providing uncapped funding or when budgets are earmarked.

A second factor influencing policy is the TMs' attitudes and beliefs as professionals (Maynard-Moody & Mosheno, 2000). Twenty policy decision were explained as deriving from TMs' disapproval of official policies. An examination of the considerations guiding their decisions reveal that efforts to manage the gap between the demand for services and limited resources are informed by attitudes or beliefs as to how to allocate resources optimally, justly, fairly or efficiently.

The extent to which these views and beliefs are consistent with social work's values and principles is an important question. The findings showed that, in some cases, the TMs attributed their decisions to the values and principles of the social work profession. Yet, in others, the considerations underlying the decision did not necessarily reflect the professional values and principles that call for social workers to stand with their clients and to meet their needs. The findings also reveal a lack of uniformity of attitudes and beliefs among TMs (see also Maynard-Moody & Mosheno, 2000). Thus, a bottom-up policy is likely to vary due to differences in outlook, beliefs or priorities among TMs.

Most of the decisions involved policy making incorporating consultations with the team's workers, with other TMs, with department directors or with supervisors. In general, legitimization was obtained from senior management. Two explanations can be offered for

this practice. TMs may not feel the need to conceal policy decisions simply because they are convinced that it does not run counter to official policy. Alternatively, they could be seeking legitimization from colleagues and their direct superiors precisely because they feel their decision does indeed contradict official policy. In these cases, managers and supervisors are aware of the difficulty in translating official policy into action and the consequential necessity to change and adapt policies to suit local needs. As such, they legitimize a policy decision despite its diverging from official policy.

Yet, TMs do not always consult with their partners or seek legitimacy for their policy decision. These cases reflect a recognition of their power to formulate bottom-up policy and a willingness to act according to their beliefs in situations in which they sense that their managers or colleagues may disagree with them. A better understanding of the personal and organizational characteristics of TMs, who formulate bottom-up policy without obtaining legitimization, and when they chose to do so requires additional research.

The findings reveal that the policy formulation process by TMs is only partially participatory. This marginalization of clients and the public in this process deviates from the principle of partnership with clients that is central in the professional discourse in social work (Israel Union for Social Workers, 2018). This presumably occurs because TMs are reluctant to expose their policy decision to the public or to clients. It may also happen because TMs do not define their decision as policymaking or they feel it is inappropriate to involve clients in these decisions.

Generally, TM's policies are undocumented and social workers in the teams learn of them orally. This enables TMs to conceal bottom-up policy (Evans, 2016a). Interviewees explained their reticence to publicize policies as due to a fear that this would lead to greater demand from clients, thus widening the gap between resources and the capacity to meet clients' needs. As "watchdogs" protecting limited resources, TMs recoil from policies likely to have this impact. This practice also enables TMs to avoid direct conflict with their clients. Given the often temporary and variable nature of policies they decide upon, their concern is that making policies permanent through publication may lead to tension with clients. This conflict avoidance behavior is also based on the understanding that documenting and publicizing policies that limit service will arouse criticism from clients and from the public. A failure to document policies may also be the result of the TMs' fear that this would lead to direct conflict with their superiors in cases in which the policy they have decided upon strays from official policy. In other words, the lack of documentation reflects a dynamic of caution and a desire to avoid criticism. Concealing of policies by TMs is thus both rational (as it allows the TMs to deal with the gap between the demands of the job and limited resources) and functional (since it allows them to operate in a flexible environment) (Brodkin, 2016).

A conclusion that emerges from this exploration of the bottom-up policy formulation process by TMs is that they use their discretion both as "citizen agents" and as "state agents" (Maynard-Moody & Mosheno, 2000). When setting a policy that expands psychosocial services in order to modify official policy and adapt it to clients' needs, TMs are acting as agents on behalf of citizens. Yet, by not challenging official policy they are also enabling the state to maintain a less than optimal policy. When they set policies that

limits eligibility and areas of assistance, they are functioning more as agents of the state who are limiting social services. Essentially, they are translating unworkable official policies into workable practices and in doing so, contributing to the continuity of ill-suited official policy. National or local policy-makers conclude that they can provide services with insufficient resources, particularly if the TMs do not demand that the policies change or stop short of making policy-makers or the public aware of its negative consequences.

On a more critical note, bottom-up street-level policy is liable not to be uniform over time and space. Thus, it may lead to territorial inequity in access to welfare state services. Moreover, street-level policymaking, which is largely hidden from the public eye and from clients, is not transparent, and does not lend itself to public participation in its determination. Processes that are political slip under the radar and are not subject to public oversight.

The study has three main limitations. First, although the majority of the respondents were selected randomly, a quarter were recruited through personal connections. Second, the interviewees chose the policy decisions they discussed and may have tended more to mention "legitimate" decisions, such as policies that expand services that are motivated by the good of the client and enjoy organizational legitimacy. Third, although an attempt was made to include LSSDs from across the socioeconomic spectrum, there is underrepresentation of LSSs in localities with a low socioeconomic ranking and the efforts to include LSSs in the Arab community were unsuccessful.

The study's findings on the policy role of SLBs, who are social workers holding middle-level managerial positions in LSSDs, should lead to additional research on this subject. There is a need to continue examining the role of organizational factors that influence the bottom-up policy determined by TMs. These include the local authority's resources and its political environment, the population being served, the organizational culture in the LSSDs, and the specific characteristics of the team led by the TM. The findings as to the impact of professional motivations raise issues that also require additional research. This could include efforts to explore the degree to which social worker managers in social services are aware of their role as policy makers and the political aspects of that role and to study diverse facets of the impact of professionalism on their policy decisions.

The findings also have implications for practice and training. As Feline Perlmutter emphasized throughout her career, it is crucial that social work education relate to the policy formulation role of social work administrators when they implement policy. Her message that they will not be simply implementing policy decided on by others, but will be determining policies is a crucial one and it needs to be addressed before social work students reach the field and certainly in all educational programs for social work managers. More generally, social worker managers should be encouraged to develop an understanding of the ways in which they can deal with their dissatisfaction with official policy, not only by deciding on a new policy from the bottom up, but also through involvement in policy practice in order to influence the design of official policies (Lavee, Cohen & Nouman, 2018; Weiss-Gal et al., 2020).

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