Angie Ash

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Ethics and the street level bureaucrat: implementing policy to protect elders from abuse

Angie Ash

Abstract

As an independent researcher, registered social worker and erstwhile long-term, long-distance carer, the care of older people and protection of elders from abuse had been constant professional and personal foci for me for many years. Commissioned to review a case involving the serious abuse of an elder where official safeguarding procedures had not been used, I puzzled why had this been managed 'informally' by social services and partner agencies (i.e. outside adult safeguarding procedures), with vague unspecified 'monitoring' (AEA 2006). Why was there this apparent gap between policy intention and implementation? That question led to research on which this essay is based.

Introduction

This essay describes a research journey that discovered ethics at its core. The abuse of older people, and other groups of vulnerable adults, crept over the UK professional and policy radar in the 1990s (Homer and Gilleard 1990; Slater and Eastman 1999; SSI 1993). In 2000, governments in England and Wales issued guidance on the protection of vulnerable adults (DH 2000; NAfW 2000); local policies deriving from that guidance required staff to implement adult safeguarding (or protection) procedures when abuse was disclosed, suspected or witnessed. This 'implementation' may

not result in intervention, but it required agencies to communicate under the procedures, pool information and reach a decision about action to be taken. However this did not always happen (Preston-Shoot and Wigley 2002).

For example, commissioned to review a case involving the serious abuse of an elder where safeguarding procedures had not been used, I puzzled why this had been managed 'informally' by social services and partner agencies (ie, outside adult safeguarding procedures), with vague unspecified 'monitoring' (AEA 2006). Why was there this apparent gap between policy intention and implementation? What factors influenced whether or not social workers used adult safeguarding procedures?

In trying to figure out why what happened, had happened Lipsky's (1980) thesis of street level bureaucracy seemed worth a re-visit. This 'street-level approach' to examining policy implementation has been held to be useful in situations involving the use of discretion by front-line workers, and complex decision-making in a context of ambiguity and uncertainty (Brodkin 2000). Lipsky argued that the routines and devices street level bureaucrats (who include social workers) adopt to manage the ambiguities and dissonance arising from their implementation of public policy in human services, effectively become the policy implemented at local level. This seemed to offer some analytical potential in understanding the case I was reviewing. However, had Lipsky's thesis of street level bureaucracy contemporary relevance more widely?

The research this question prompted was carried out in a statutory social services department in Wales. The accounts of social workers and their managers in this authority were riddled with the dilemmas and accommodations they made in planning, managing and delivering services to older people generally, and when dealing with potential elder abuse in particular. Rare however, was reference to these dilemmas being matters of ethics and morality: rather they were framed, variously, as problems of inadequate or inappropriate service provision, poor service standards, or difficulties of multi-agency joint working.

This paper considers this missing ethical dimension in implementation of policy to protect elders from abuse. Firstly, Lipsky's thesis of street level bureaucracy is outlined, to situate what follows within its originating context. Secondly, some research findings are described leading, thirdly, to consideration of Tronto's (1993) four elements of an ethic of care, and the location of the missing ethical voice within those findings. Finally, some ways are proposed by which a stronger ethical presence can be imprinted into policy making, regulation, planning and delivery of services to older people, as well as safeguarding more specifically. The terms 'adult protection' and 'adult safeguarding' are used interchangeably; the former is more commonly used in Wales.

Street level bureaucracy and a corrupted world of service

Although published in 1980, Lipsky's *Street-Level Bureaucracy* (subtitled *'Dilemmas of the Individual in Public Services'*) has a contemporary ring to it. Lipsky said policy-making was insufficiently understood by looking at the

actions of policy makers as, what he called, street level bureaucrats have to exercise discretion to undertake their work. Instead, he claimed policy is actually made in the crowded offices and daily encounters of street-level workers and that insights are gained into how and why organizations often perform contrary to their own rules and goals by discerning how the rules are experienced by workers in the organization (Lipsky 1980:xi-xii).

Lipsky's thesis was, essentially, that:

> the decisions of street level bureaucrats, the routines they
> establish, and the devices they invent to cope with
> uncertainties and work pressures, effectively *become* the
> public policies they carry out.   (Lipsky 1980:xii, emphasis in
> original).

He suggested street level bureaucrats experience dissonance as they struggle with dilemmas inherent in the structure of their work and "a corrupted world of service" (Lipsky 1980:xiii). People enter public sector work with some commitment to service, but become disillusioned. Aspirations are defeated by large workloads, inadequate resources, and ambiguous, conflicting or vague agency policy. Agencies devote energy "to concealing lack of service and generating appearances of responsiveness" (Lipsky 1980:76) perpetrating a "myth of altruism" that remains unexamined within the street level bureaucracy (Lipsky 1980:71).

This provided the conceptual framework for the research which set out to understand the dilemmas social workers faced when concerns about potential abuse of an older person were raised. It aimed to understand

factors influencing social workers in their implementation of safeguarding procedures to protect older people, and the extent to which they and their managers shared similar understandings of the intention and implementation of the procedures. Using a mixed methods design, national and local statistical data and relevant internal documentation were analysed, and all staff and managers working with older people and in adult protection were interviewed, either individually or in focus groups.

The following section describes some of the research findings, and the discovery of the missing ethical voice within them.

Missing ethics

'Ethics' and 'ethical' were not an initial focus of the research design. References to an ethic of care in social work (for example, Houston 2003; Parton 2003; McBeath and Webb 2002) made only fleeting appearance in the research proposal and early literature review. Nor did the findings suggest that the words 'ethics' and 'ethical' were much used by the social workers and managers in this study.

As data analysis got underway, the silent 'ethical voice' in the stories and accounts of street level bureaucrats and their managers became audible. Elder abuse referral rates were low in this authority; domestic abuse in old age was rarely mentioned, despite Wales having the highest UK rate of reported elder abuse, and of physical, sexual and emotional abuse perpetrated by partners and those known to the elder (O'Keefe 2007). Respondents in the study spoke of 'barely acceptable' care homes – "the whole place is an abuse" was a social worker's chilling description of one; of

home situations where care arrangements were fragile and prone to collapse; of a lack of appropriate continence pads for older people (who had to make do with unsuitable alternatives), or of domestic abuse in old age that was neither recognised nor supported by age-appropriate services. The culture of the authority was, intriguingly, described as 'encouraging challenge' and 'questioning', and as one where the exercise of professional discretion was valued. Yet none of the dilemmas recounted by social workers were framed as *ethical* dilemmas, still less ones requiring an assertive professional voice to challenge.

Instead, such situations were construed as ones that, day in, day out, social workers had to deal with and manage in a 'make do and mend' mode of practice. Social workers tolerated lengthy police investigations into alleged abuse, health colleagues not showing up to adult protection meetings, and poor quality care homes. This was, *pace* Lipsky, their 'real world'. A manager summed it up: "*you've got somebody broken down at home, the carer can't possibly cope anymore, you're going to make a placement, it meets regulatory standards, it's acceptable, but well … that's a very real world for people*".

As Banks (2008) has observed, how practitioners frame 'the ethical' influences their perceptions of their ability to act. In social work, 'ethical issues' are usually raised in relation to difficult cases or decisions, or as something found in the profession's code of practice. The context framing ethics and decision-making is often viewed as 'policy' or 'politics' (the world of hard choices, tough decisions and the like) happening 'out there', rather

than here and now (Lloyd 2004; Sevenhuijsen 1998). However, 'ethics' cannot be demarcated out of decision-making around elder abuse and elder care, or when securing justice for and rights of the older person. Tronto's (1993) work on moral boundaries differentiated care and protection, and its relevance to these findings is considered next.

Tronto's four elements of an ethic of care

Care, Tronto suggested, involved taking the needs of the other as a basis for action; 'protection' presumed bad intentions from another and was a response to potential harm. Defining care very widely as a "species activity that includes everything that we do to maintain, continue and repair our 'world' so we can live in it as well as possible" Tronto (1993:103), delineated four elements of an ethic of care that resonated with many of the themes of this research.

Firstly, that of *attentiveness* — noticing needs is a primary human task. *Not* seeing, *not* attending, *not* noticing are, within an ethical framework, moral failings.

Secondly, *responsibility* is central to a care ethic. Tronto suggested that this is embedded in cultural practices, not in rules, obligations and duties.

The third element — *competence* — is necessary to counterbalance notions of 'taking care of' with those of 'care-giving'. Tronto suggested that "intending to provide care … but then failing to provide good care, means that in the end the need for care is not met" (Tronto 1993:133).

The fourth moral element is *responsiveness*; that of the care giver to the care receiver. Needing care places a person in some vulnerability: the response made to that vulnerability has moral consequences. The moral element of responsiveness requires we stay alert to "the possibilities for abuse that arise with vulnerability" (Tronto 1993:133).

Finally, for Tronto, good care required that the four phases of care (caring about, taking care of, care giving, and care receiving), and the four elements of an ethic of care (attentiveness, responsibility, competence and responsiveness) should form a whole: that is, they should *have integrity*. The means by which this happened must be more than beseeching others to do this or that, or codifying rules into policies, procedures and professional codes. This is where an ethic of care gets *personal*. 'Personal' in that caring practice requires, in Tronto's words, "a deep and thoughtful knowledge of the situation, of all the actors' situations, needs and competencies" (1993:136). 'Personal' caring practice derives from social, cultural and political contexts bearing on the care giver, the care receiver, and the exchange of care. Caring involves complex judgements about needs and how to meet them; such judgements derive from personal awareness of the construction and manifestation of needs within wider social, cultural and political contexts.

Whilst open to reasonable criticism for defining care very broadly (Sybylla 2001) or for locating it too closely in the perspective of the carer, not those cared-for (Lloyd 2006), Tronto's four elements of care opens up some ethical space to see the social and political context of care and justice as

matters of morality. Street level implementation of policy to protect vulnerable elders takes place within this context: implementation has a moral dimension.

Ethical dilemmas - everyday practice

Firstly, this was not a failing agency, its organisational culture was described by those working in it as supportive and collaborative; it had been open to learning from this research exercise; the outputs of regulatory and inspection activity had not found it wanting. However, the social and political context of the work of social workers and their managers mitigated their alertness, or attentiveness, to barely acceptable situations for older people – "*you calibrate what's acceptable to what you know … you operate in that real world*" as one manager put it, became the operant conditions of their 'real world'. Constructive critical challenge was not embedded into discussions, whether of elder abuse, or of service planning, management, delivery and regulation. As one manager observed "*all this activity that goes on often doesn't seem to get to the heart of how people are living and being cared for*".

Secondly, professional ways of 'seeing' and 'not seeing' elder abuse or how life was for very vulnerable older people, masked what we might call the 'real world' of elders. A team manager described an 85 year-old woman with unexplained bruising, who was cared for by her 93 year old husband – "*you go from 'this is abuse and is being done deliberately' to hang on a moment, to care for someone who's elderly is quite hard work*". Here, the either/or of abuse (and no doubt in other situations assessed daily by social

workers) masked the 'real world' within which two very old people were living. Attentiveness and responsiveness to the lived reality of these two older people (that care of another dependent being *is* 'hard work') were constructed in the policy paradigm that social workers as street level bureaucrats operated, and the rules — the procedural processes they followed.

Thirdly, vacant safeguarding posts and shortfalls in services for older people were a day-to-day reality in this authority and familiar to most people working in human services. They also say something more about attentiveness to elder care and elder abuse. As a senior manager recognised: "*you can add all the usual money and things like that but I think … strategically it's about giving it attention*". The moral responsibility to challenge poor practice, delays, not accepting the 'barely acceptable' requires opening up "space as a moral agent" (Øvrelid's (2008). This was not identified as practice social workers as street level bureaucrats or their managers routinely engaged in. Questioning *why* referral rates for elder abuse were low relative to other authorities and to the national prevalence rate, or *why* people living in some care homes would be destined to die in a place where staff swore in front of them, were not a feature of everyday discourse.

Tronto's four elements of an ethic of care therefore provided some ethical purchase in grasping how constraints and realities experienced by social workers and their managers. For Lipsky (1980) 'dilemmas of the individual in public services' are also dilemmas of ethics - although in this research

they were rarely construed as such.

Street level bureaucracy, policy-making and morality – what do we do?

Towards the end of *Street-Level Bureaucracy*, Lipsky deliberated about the potential for reform of street level bureaucracies but returned in the end, to considering strategies to make them 'work better' The ethical dimensions of human transactions within these strategies were not directly mentioned. To be fair, Lipsky was under no illusion that organisational 'solutions' such as more training would be more than palliative in effect, because street level bureaucracies were part of "organizational relations in the society as a whole" (Lipsky 1980:192).

However, if ethics are not placed in the centre of policy design and implementation to protect elders we are likely to witness a search for ever more rules, protocols and procedures, designed to make service and regulatory systems function 'better', and for responsibilities to become ever more rule-based, rather than ethically-driven. Tronto (1993) was perceptive in her location of 'responsibility' in cultural practices, not rules. Lipsky, too, concluded that developing more rules was likely to be futile; rather he saw the need to "secure or restore the importance of human interactions in services that require discretionary intervention or involvement" (Lipsky (1980:xv).

Mainstreaming ethics at the heart of policy formation, implementation and service delivery, holds out the possibility that inadequate resourcing, poor care and "people-processing" practices (Prottas 1979) of social workers as

street level bureaucracies can be exposed to ethical, as well as rule-based, scrutiny. Rational, rule-based policy making may be necessary, but it is not sufficient to safeguard vulnerable elders if resourcing (cash, people, bricks and mortar) do not emanate, as it were, from a 'morality-based duty of care' to the vulnerable elder at risk of abuse. If, as Lipsky suggested, the problems of the street level bureaucrat lie in the systems and structure of their work, then in social work those need a clear, unblinking gaze. Social workers have an ethical and moral duty to safeguard older people; the organisational and policy context within which they operate must similarly manifest this ethical and moral obligation.

Locating an ethic of care at the centre of everyday practice demands organisational cultures that not only encourage challenge to everyday (not just poor) practice, *but expect it.* Such cultures would invite *and require* critical thinking and questioning: where managers ask, routinely, why there are few, if any, whistle-blowers; and where staff would feel professionally confident in constructively challenging each other, their agency, and other professionals.

Finally, this research journey started with speculation about what influenced social workers' implementation of policy to protect elders from abuse. It found Lipsky's street level bureaucracy has continued salience in understanding how the problems of social workers as street level bureaucrats lie in the structure, system and organisation of their work. Along the way, the author woke up to the ethical dimension of what she was learning: Tronto's four elements of an ethic of care illuminated the

need for attentiveness, responsibility, competence and responsiveness in adult protection, and older people's services more generally.

The journey ended when I had a feedback meeting with a senior manager in the authority after the research was completed. We talked about low elder abuse referral rates, 'domestic violence grown old' (Straka and Montminy, 2006), about ethics and morality which include 'big' questions, hard to peg down in the action-planned, task-listed world of a street level bureaucracy. Then the manager mentioned the old, caked vomit found on the slippers of a person living in the 'whole-place-is-an abuse' care home investigated for abusive practices that came to light when this research was being done.

We fell silent, considering this. Lipsky's 'corrupted world of service' and the missing ethical dimension of this research journey suddenly collapsed into one image: that of old, caked vomit on an elder's slippers.

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