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**PERSONALIZATION AND STREET-LEVEL PRACTICE IN ACTIVATION: THE
CASE OF THE UK’S WORK PROGRAMME**

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ABSTRACT

This article discusses factors shaping street-level caseworkers’ role in the ‘personalization’ of activation for people with employability and health-related barriers to work. Rice’s (2013) micro-institutionalist framework understands street-level bureaucracy as being defined across three levels: interactions between caseworkers and clients; the environment of the implementing organization that shapes, and is shaped by, these interactions; and the relationship between these two levels of interaction and the wider economic, policy and social context. While building on the foundations laid by previous scholars, we use Rice’s framework as the starting point for a preliminary study of street-level bureaucrats’ role in compulsory activation. We analyse in-depth interviews with caseworkers and clients involved in the UK Government’s main activation programme – ‘The Work Programme’. Our findings support other studies and add to the literature by suggesting that a number of organizational and high-level policy factors have contributed to an increasing standardization of street-level practice.

1 **INTRODUCTION**

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3 Successive governments in the UK – as in many other advanced welfare states – have
4 acknowledged the need for more tailored and personalized active labour market (hereafter
5 ‘activation’) policies to assist people excluded from the labour market to return to work. In
6 this context, personalization is understood as the tailoring of services to account for
7 individual clients’ needs, allowing for some degree of user participation and co-production.
8 Thus, ‘personalization is primarily a way of thinking about services and those who use them,
9 rather than being a worked out set of policy prescriptions... [it involves] starting with the
10 person rather than the service’ (Needham 2011, p. 55).

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12 Such assistance may be particularly valuable for welfare claimants facing a combination of
13 employability and health-related barriers. In the UK, the expansion of activation programmes
14 for this group has been accompanied by increased compulsion and conditionality. But there
15 remain concerns that those with multiple barriers may require specialist services and
16 personalized support if attempts to help them to progress toward work are to be effective. UK
17 policymakers have argued that such personalized support is available through the main
18 activation programme, ‘The Work Programme’ (WP), which is compulsory for many welfare
19 claimants. However, the ‘ambiguity and elasticity’ of personalization as a concept has been
20 acknowledged (Needham 2011, p. 54), and concerns have been raised that a reliance on
21 contracting-out the WP to mainly for-profit providers militates against the realization of
22 personalized services (Lindsay et al. 2014).

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24 One way of engaging with these issues involves exploring the practice of street-level
25 caseworkers who deliver services to clients mandated to participate in activation. This

1 approach is useful given that previous studies of street-level bureaucracy have emphasized
2 the importance of discretion in shaping how policy is delivered at the frontline. The street-
3 level bureaucracy literature is also concerned with the factors that facilitate and/or constrain
4 the scope for discretion and personalization. These debates provide the focus for this article.
5 We draw upon Rice's (2013) micro-institutionalist framework for exploring street-level
6 policy implementation in the field of activation to analyze the results of in-depth interviews
7 with caseworkers and clients within the WP. In this small-scale, exploratory study, we sought
8 to add to the existing literature and develop new research themes on the extent to which
9 caseworkers' interactions with clients amount to a personalized form of service provision,
10 and how organizational factors and the broader systemic context constrain or facilitate
11 caseworker discretion and personalization.

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13 Following this introduction, we outline the theoretical ground for our research – debates
14 around street-level bureaucrats' role in delivering personalized activation – and outline a
15 micro-institutionalist framework for considering factors that shape street-level practice. Next,
16 we describe the activation policy, organizational and governance environments that provided
17 the context for our research, followed by our methodology. We then report our findings,
18 before finally reviewing key themes from the research and their implications.

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20 **PERSONALIZATION AND STREET-LEVEL BUREAUCRACY IN ACTIVATION**

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22 Street-level bureaucrats are defined by Lipsky (1980, p. 3) as 'public service workers who
23 interact directly with citizens in the course of their jobs and who have substantial discretion
24 in the execution of their work, [and who] grant access to government programmes and
25 provide services within them'. Discretion is defined here as the tension between flexibility

1 and uniformity (Loyens and Maesschalck 2010); the area or space of autonomy where choice
2 is exercised by those delivering frontline services. Exercising discretion is seen as a defining
3 feature of street-level bureaucrats' practice for a number of reasons: as a means of
4 establishing routines through which public servants can 'cope with uncertainties and work
5 pressures' (Lipsky 1980, p. xii); the more general need to balance high levels of demand with
6 'unresolvable' resource constraints, requiring the rationing of time and effort; the extent of
7 regulations governing services, which 'may be so voluminous and contradictory that they can
8 only be enforced or invoked selectively' (Lipsky 1980, p. 14); street-level workers' own
9 sense of professional identity, which often assumes substantial autonomy and professional
10 discretion in decision-making (Watkins-Hayes 2009); and the inability of managers to
11 supervise multiple, diverse interactions between staff and clients at the frontline (Loyens and
12 Maesschalck 2010).

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14 Lipsky's (1980) ideas on street-level bureaucracy have been applied to analyses of the work
15 of public service professionals ranging from social workers to teachers (Harrits and Moller
16 2014). However, as activation programmes have grown in their scale and reach (engaging
17 groups previously considered economically inactive), there has been renewed interest in how
18 street-level bureaucracy shapes the delivery of these services (Brodkin 2013). As activation
19 grew as an agenda, and then an industry, the roles of street-level welfare administrators were
20 progressively redesigned around the competencies of 'caseworker' – a holistic professional
21 able to advise and support clients with the assistance of a range of referral routes.

22 Accordingly, for Borghi and Van Berkel (2007, p. 99) 'the role of street-level bureaucrats in
23 realizing policy objectives seems to be increasing, partly as a consequence of decentralization
24 and growing local discretion', but also due to policymakers' promise to provide

1 'personalized', tailored support in response to the complex barriers faced by individuals
2 excluded from the labour market.

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4 The street-level practice of activation workers is also likely to have been affected by two
5 trends that have increasingly defined labour market policies across nations, but especially in
6 'liberal' welfare states such as the UK. The first trend relates to the increasing dominance of
7 'work-first' solutions in the *content* of activation programmes; and the second trend relates to
8 the continued importance of New Public Management (NPM) approaches as a means of
9 organizing the *governance* of activation. Next, we develop each of these trends and their
10 impact on personalization in turn.

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12 Sol and Hoogtanders (2005, p. 147) have provided what is often cited as a standard definition
13 of work-first:

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15 'Work-first programmes seek to move people out of welfare and into unsubsidized
16 jobs as quickly as possible, and jobsearch itself is a central activity in these
17 programmes ... For those who fail to get a job straight away, work-first provides
18 additional activities directed at addressing those factors impeding employment... they
19 generally are short-term, closely monitored and either combined with or immediately
20 followed by additional jobsearch'.

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22 Work-first is often contrasted with more human capital-oriented activation strategies that
23 allow for clients to engage in training and personal development activities, which are seen as
24 more likely to produce sustained long-term employment outcomes for the most
25 disadvantaged (Sol and Hoogtanders 2005). The increasing dominance of work-first

1 activation in countries like the UK is of interest, because it appears to contradict the rhetoric
2 of a personalized approach to engaging with clients, so that caseworkers' discretion to offer
3 individually-tailored support – or indeed deploy their own routines of practice to arrive at
4 standardized ways of engaging with different client groups – may be over-ridden by their
5 organization's narrow focus on motivating and facilitating increased jobsearch and
6 compelling a quick return to work.

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8 Beyond the obvious constraints on street-level discretion implied by a singular focus at
9 policymaker and organizational level on a narrow range of service content, work-first may
10 also influence how the problems of clients are analyzed by caseworkers. Work-first activation
11 is informed by an assumption that individual failings – especially in motivation and
12 commitment – are crucial to explaining labour market exclusion (Dias and Maynard-Moody
13 2007). This explains why work-first content tends to focus on encouraging and compelling
14 people to 'do more'. The assumptions of work-first are therefore likely to shape street-level
15 practice in specific ways, for example through encouraging 'standardized, rapid-paced
16 programmes' underpinned by a focus on achieving quick entries into work (Dias and
17 Maynard-Moody 2007, p. 198); and in limiting opportunities for caseworkers to direct some
18 clients towards human capital or health improvement services as part of a more gradual
19 journey towards work (Ceolta-Smith et al. 2015).

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21 The second trend identified above relates to the continued importance of NPM as a means of
22 organizing services in the field of activation, and is exemplified in a number of ways. For
23 example, the contracting-out of the WP has resulted in the dominance of large, for-profit
24 organizations as providers of activation (Lane et al. 2013). There is limited state regulation of
25 the content or quality of provision (Ceolta-Smith et al. 2015) as, in the words of the Minister

1 for Welfare Reform, ‘the black box nature of the WP means that providers are completely
2 free to design the support they offer in order to maximize success’ (Freud 2011, p. 4). An
3 extensive systems of performance management and targets at the level of contracted
4 organizations and individual caseworkers is designed to incentivize performance (HoC 2011;
5 Lindsay et al. 2015). There are again implications for street-level practice. On the one hand,
6 NPM approaches ‘implicitly accept discretion as an inherent – at times even necessary –
7 feature of implementation in a devolved and decentralized policy world’ (Brodkin 2011, p.
8 i254). However, it has also been argued that NPM pressures to hit targets and minimize costs
9 lead to more standardized (rather than personalized) services and ‘reduce opportunities for
10 discretion’ in caseworkers’ interactions with clients (Grant 2013, p. 166)

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12 The two trends discussed above are inter-linked. Work-first’s focus on easily specified job
13 outcomes fits well with NPM practices of intensive performance management, targets, and
14 ‘payment by results’, and may also lead to a greater reliance on for-profit, private sector
15 providers. All of this matters, because our analysis below points to how the dominance of
16 work-first and NPM tightly constrains the work of street-level caseworkers, intensifying the
17 standardization of services. Street-level theory has always pointed to how frontline
18 caseworkers establish standardized routines and short-cuts as coping strategies. But we argue
19 that what is happening under initiatives such as the WP is quite different. Street-level practice
20 no longer reflects caseworkers’ ‘routines of practice’ (Lipsky 1980, p. 149) but rather, as
21 argued by Brodkin (2011) in the US context, the rigorous imposition of standardized work-
22 first approaches from the top-down.

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24 **A MICRO-INSTITUTIONALIST PERSPECTIVE ON STREET-LEVEL**

25 **ACTIVATION**

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Our research considers the extent to which street-level discretion, and a commitment to personalized services, have endured within the policy and governance context discussed above. Rice (2013) argues for a micro-institutionalist model of policy implementation that conceptually embeds caseworkers’ actions within a wider web of organizational, economic, political and social structures. This matters because such institutions ‘legitimize certain actions while prohibiting others’ (Rice 2013, p. 1041). It is important to note that Rice’s (2013) model builds upon previous analyses of street-level policy implementation – e.g. Maynard-Moody and Musheno (2003); Dias and Maynard-Moody (2007); Watkins-Hayes (2009); Loyens and Maesschalck (2010); and especially Scott (1997). Nevertheless, Rice’s (2013) model is a particularly good fit for our analysis given its multi-dimensionality and systematic focus on mapping of the interplay between individual and other factors shaping street-level practice; and its application to the specific policy arena – activation policies targeting those excluded from the labour market – that provided the focus for our research. We also view Rice’s (2013) comprehensive discussion of a number of factors influencing the caseworker-client interaction at three different levels – systemic, organizational, and individual – as a useful way in to exploring the views of caseworkers and clients. Thus, while acknowledging the important work that preceded it, we concluded that Rice’s (2013) framework was most appropriate for our needs.

Rice’s (2013, p. 1039) micro-institutionalist model suggests that street-level caseworkers’ management of their work, and how they ‘apply, creatively adapt, or undermine formal policy’, can be seen as a function of: **caseworker and client interactions** and characteristics; how these interactions are shaped by (and in turn inform) the **organizational context** within which activation services are provided; and how these two levels of analysis are in turn

1 framed by a broader **systemic context** for policy implementation. We now consider briefly
2 some of the literature that informed, and connects with, this model of exploring street-level
3 practice.

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5 **Caseworker-client interactions**

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7 Rice (2013) notes that caseworkers' judgements have the potential to influence their
8 interaction with, and delivery of services to, their clients. Caseworkers may adopt an
9 advocacy role, 'going the extra mile' and operating rules flexibly to assist clients whom they
10 judge to be cooperative (Maynard-Moody and Musheno 2003); or demonstrating a
11 professional ethos that emphasizes personalization (Skelcher and Smith 2015). On the other
12 hand, there is evidence of activation workers adopting 'an adversarial approach to working
13 with [perceived] 'hard core' customers' (Fletcher 2011, p. 450). These behaviours by
14 caseworkers are likely to reflect their own 'personal standards of whether or not someone is
15 deserving' (Lipsky 1980, p. 23), personal experiences and core beliefs (Watkins-Hayes
16 2009), and understandings of ethical decision making (Loyens and Maesschalck 2010). Such
17 judgements also tend to be socialized through professional identity and perceptions of
18 organizational values (Watkins-Hayes 2009). Thus, it can be argued that 'professional norms,
19 workers' beliefs and moral values of frontline officers are important determinants of street-
20 level decision making' (Loyens and Maesschalck 2010, p. 72). In summary, we might
21 normally expect client characteristics and caseworkers' professional norms and judgements to
22 result in diverse experiences of activation (Watkins-Haynes 2009). But there is also
23 consensus that the organizational context is crucial in providing the setting for these norms to
24 find expression.

25

1 **The organizational context**

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3 For Rice (2013, p. 1048): ‘organizations have institutional characteristics themselves, which
4 implies that any policy-implementing organization will add its own enabling and restricting
5 elements to the process [of delivering activation]’. Brodtkin’s (2011, p. i258) work with US
6 activation caseworkers concurs that ‘organizational conditions substantially affect the
7 parameters of choice... personal preference is not irrelevant but it is mediated by
8 organizational conditions’. Empirical studies of street-level activation have tended to focus
9 on a number of organizational context factors that shape caseworker practice, such as:
10 resource constraints (a key theme for Lipsky’s (1980) seminal study); the content and
11 objectives of formal policy, which in turn inform organizational priorities; and the
12 importance of performance management systems.

13

14 First, the resources available within activation provider organizations shape the context for
15 workload and resource challenges faced by street-level caseworkers. For Lipsky (1980)
16 resource pressures were important to understanding street-level bureaucrats’ need to use
17 discretion as a coping strategy. Resource limitations also clearly inform one crucial element
18 of discretion in the practice of activation – the ‘creaming’ of more able clients, on whom
19 caseworkers may focus their efforts, balanced by the ‘parking’ of (i.e. withdrawal of support
20 from) those clients judged as less willing and able to make progress (Sol and Hoogtanders
21 2005). Evaluation evidence from the WP has confirmed that ‘the prioritization of the more
22 job ready participants over those who are less job ready’ remains a consistent theme (Newton
23 et al. 2012, p. 107).

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1 Second, the *content* of policy and programmes, as understood at the organizational level, will
2 inevitably set the parameters of street-level practice. Jewell's (2007) comparative research
3 confirmed that caseworker-client interactions tend to be bounded by the practicalities of the
4 range of offerings (i.e. programme content) open to caseworkers and the planned duration of
5 their interaction with clients. A key argument in the UK literature is that caseworker
6 discretion is constrained, because activation programme content has been characterized by
7 increasing homogeneity around work-first interventions such as intensive jobsearch activities
8 (Grant 2013).

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10 Third, there is evidence that these work-first practices have been enforced by ever more
11 intrusive NPM performance regimes. While there have been examples of caseworkers
12 resisting the imposition of performance systems, there are many more cases of street-level
13 practice tending towards standardized, administrative interactions, partly because of
14 managers' preference for procedural 'must do' activities during performance appraisals (Grant
15 2013).

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17 Within US activation, Brodtkin (2011, p. i270) found that 'limited resources and unremitting
18 pressure to meet measured dimensions of performance' led to a reliance on coping strategies
19 of standardization and triaging (i.e. 'creaming and parking'). Crucially, Brodtkin also found
20 that caseworkers who wanted to offer more assistance to clients, but were denied resources to
21 do so, could deal with this cognitive dissonance by engaging in the 'delegitimation of clients
22 and their demands for help' – this led caseworkers to explain activation clients' worklessness
23 as a function of 'their own personal deficiencies in belief, attitude, or behaviour, not in terms
24 of their skills, health, family issues, the availability of job opportunities, or the difficulties of
25 managing work and family in the lower-wage labour market' (Brodtkin 2011, p. i270).

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It is again important to emphasize that, in line with Brodtkin’s (2011) US-based research, we want to argue that the pressure to standardize interventions under the sort of work-first activation discussed below may prove to be qualitatively different from the routines of practice – whereby ‘street-level bureaucrats develop routines... and their agencies impose standardized ways of processing people’ (Lipsky 1980, p. 61) – that we have long-understood as part of street-level bureaucracy. There remains scope for caseworkers’ routines to affect clients’ access to services, but ‘performance management alters the production of policy by biasing the exercise of discretion... such measurement creates incentives to pay attention to what is measured and to be less attentive to what is not measured’ (Brodtkin 2013, p. 26). All of the above leads to the conclusion that street-level practice remains an important aspect of policy implementation, but that under NPM performance regimes within work-first programmes, discretion will be subject to much more intensive forms of control and standardization – a ‘*routine discretion* that is constituted by a common set of informal decision rules that emerge from this street-level logic’ (Brodtkin 2011, p. i260). As we will see below, Brodtkin’s (2011) understanding of ‘standardization’ as tightly constraining caseworkers’ decision making, is central to our analysis of street-level practice under work-first activation.

The ‘systemic context’ of welfare policy implementation

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Both the caseworker-client relationship, and the organizational context within which that relationship occurs, in turn connect with the ‘political, social and economic conditions of the local environment’ which is ‘embedded in a larger environment’ in terms of social, economic and political context (Rice 2013, p. 1052). At a basic level, policymakers’ consensus around

1 work-first reform agendas sets the high level political context that shapes organizational
2 priorities and then street-level interactions. In welfare states such as the UK, high-level policy
3 decisions have produced funding regimes and programme content that has embedded work-
4 first activation as the singular supply-side policy response to the labour market exclusion
5 faced by many communities and groups – at the street-level this clearly has the potential to
6 constrain caseworkers’ discretion.

7

8 We may also seek to understand patterns of street-level practice within a much broader
9 context of institutional regime legacies. An obvious starting point in the UK case is the
10 legacy of its ‘liberal’ welfare regime, defined (in very broad terms) by modest social
11 protection, extensive means-testing, and the centrality of work rather than a commitment to a
12 decommodifying welfare state (Esping-Andersen 1990). More recent scholarship has sought
13 to identify much more specific ‘activation regimes’ – Serrano Pascual’s (2007, p. 301)
14 analysis of eight EU states argues that the UK’s institutional and labour market legacies place
15 it in a regime ‘where the main emphasis is on coercive aspects... and despite the provision of
16 tailored services by personal advisers hinting at a more therapeutic type of intervention, the
17 lack of funding for this type of measure makes successful implementation impossible’.

18

19 Lastly, to return to a key theme from above, some scholars seek to differentiate between
20 clusters of policies that belong to distinctive models of activation, with many juxtaposing
21 work-first approaches with ‘human capital development’ (Sol and Hoogtanders 2005). While
22 it is acknowledged that elements of both approaches are found in most welfare states, work-
23 first principles appear to have been long-dominant in the UK. The argument might be that
24 these principles have so dominated understandings of policy and practice that they provide
25 fundamental limits to how activation is conceptualized, practiced and evaluated.

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For Rice (2013), such systemic context factors form a milieu within which organizational constraints on street-level activation practice emerge. Thus, street-level practice is rooted in client-caseworker interactions, defined by the attitudes, norms and behaviours of each half of that relationship; but these interactions in turn must be understood in terms of responses to organizational resource constraints, policy-driven organizational priorities, and related performance management regimes; which are in turn shaped by long-stranding institutional and policy norms that have converged (in welfare states such as the UK) around foundational principles of work-first activation and NPM governance arrangements.

CONTEXT AND METHODS

Context for the research

Demanding more work-related activity of welfare claimants reporting employability and health-related barriers has been a shared policy agenda of successive governments since the early 2000s (Lindsay et al. 2015). The introduction of Employment and Support Allowance (ESA) as the main disability benefit from 2008 has substantially increased the number of claimants subject to compulsory activation. A stricter medical assessment – the Work Capability Assessment – has resulted in many people with health and disability-related being found ‘fit for work’ and transferred to the main unemployment benefit, Jobseeker’s Allowance (JSA). There is evidence that these clients – and many existing claimants of JSA – also face a complex combination of employability and health-related barriers to work (Beatty and Fothergill 2015; Ceolta-Smith et al. 2015).

1 In 2011, all major UK Government Department for Work and Pensions (DWP) activation
2 programmes covering both JSA and ESA claimants were amalgamated within the WP. The
3 WP follows the marketization trend of previous initiatives (Zimmermann et al. 2014).
4 Eighteen Prime Contractors have been commissioned by the DWP to deliver the programme
5 across eighteen contract areas. These companies hold contracts in one or multiple contract
6 areas where they are in competition with one or two other ‘Primes’. The financial model
7 follows the established trend of payment by results contracting: contractors receive an
8 attachment payment for every client, a job-outcome payment 26 or 13 weeks after entry into
9 work (depending on user group), and a sustainment payment every four weeks to a maximum
10 of 13, 20 or 26 payments respectively (again depending on user group) (DWP 2012). There
11 are more ambitious sustainability targets and payment differentiation according to clients’
12 age, benefit group and claim duration (with the highest payments for reintegrating long-term
13 ESA claimants)¹.

14

15 Policymakers have argued that a ‘black box’ funding model allows Primes the freedom to
16 personalize services to clients’ needs. The idea was to mitigate some of the shortcomings of
17 previous NPM arrangements, which were seen as encouraging standardized services as a
18 result of intensive performance targets (especially in relation to job entry). Nevertheless, it
19 has been suggested that a WP payment-by-results regime that offers limited up-front funding
20 means that there remains an incentive to target ‘quick wins’ through work-first interventions
21 (such as short, relatively inexpensive motivational and jobsearch courses) (Rees et al. 2014).

22

23 Due to limited published data, we lack full detail as to the type of support offered by Primes,
24 and if the programme offers, as the DWP (2011, p. 2) intended, ‘more personalized back to
25 work support for claimants with the aim of helping them into sustained work’. The DWP’s

1 commissioning guidance encouraged – but did not require – Primes to form partnerships with
2 other specialist providers (such as third sector organizations expert in assisting people with
3 complex health or employability-related barriers) through subcontracting arrangements (Lane
4 et al. 2013). Specialist providers have since voiced concerns that the level of subcontracting
5 is lower than expected (Lane et al. 2013). Information provided by Prime Contractors
6 suggests that specialist, personalized provision targeting the needs of people with health and
7 disability-related needs, and other complex barriers, is severely limited (Ceolta-Smith et al.
8 2015). The severity of the problems faced by many clients, the absence of specialist services,
9 and the resulting ‘parking’ of those with multiple barriers, may help to explain the
10 disappointing job outcome figures achieved by the programme for those furthest from the
11 labour market (HoC 2013).

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13 **Methods**

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15 This is a small-scale, exploratory study on the interactions between caseworkers and clients
16 within the UK’s WP. The aim is to develop useful, if limited, insights into the street-level
17 implementation of the programme, in the hope that we can add to current debates, and that
18 emerging theories can be tested and validated through future, large-scale research. Data were
19 collected in one Prime Contractor organization delivering the WP in a large urban area of the
20 UKⁱⁱ. In-depth interviews that lasted around 45 minutes were conducted with eight
21 caseworkers and nine service users/clients, during a three-day period in a private room within
22 the organization. The data represent interviewees’ recollection of activities and actions and
23 were analyzed using thematic matrixes. On a few occasions, non-participant observation of
24 caseworker-client interactions was also possible. Interviews were supplemented by a

1 preliminary analysis of organizational policy and strategy documents. Quotations and
2 organizational context information has been anonymized so as to protect confidentiality.
3

4 The caseworkers' interview schedule revolved around: professional background and role
5 within the organisation; the structure of everyday work and content of support, evaluation and
6 monitoring practices; and experiences of collaboration with other professionals and
7 organizations. Of the eight WP employees interviewed, half had worked with the
8 organization for more than two years. All but one were full-time caseworkers; the final
9 interviewee held line management responsibilities but had worked as caseworker for several
10 years. Caseworkers dealt with clients at different stages of the WP either classified as closer
11 to or further from the labour market: two were the first point of contact for clients; two dealt
12 with clients that were due to leave the WP in a few months; and three supported clients
13 classified as further from the labour market. In common with many activation caseworkers in
14 the UK, none of our interviewees had a professional background in social work or
15 counselling. However, half had substantial previous experience in delivering activation; the
16 remainder had been involved in the activation sector for less than two years.
17

18 Interviews with clients focused on questions about individuals' employment histories;
19 encounters with activation services; views of responsibilities and relationships with
20 caseworkers; and the impact of both worklessness and activation on confidence, well-being
21 and employability. Most of the nine clients interviewed self-defined as having health-related
22 issues (for example, drug addition, depression) as well as a range of other barriers to work.
23 Most clients were classified as 'further from the labour market' by the WP Prime Contractor
24 and were classified as long-term unemployed. Four clients were at the end of their two years

1 with the WP, two had been on the programme for one year, and three had been with the
2 programme for six months or less.

3

4 The range of data gathered allowed us to capture key dimensions of street-level practice
5 including the range of support available, and the factors shaping clients' and caseworkers'
6 interactions and experiences. We explored the extent of personalization by discussing: the
7 degree of flexibility, discretion and/or standardization in caseworker routines; the range of
8 support offered; and clients' perceptions of choice or compulsion. Below, we use Rice's
9 (2013) micro-institutionalist framework as a starting point for a discussion of our findings.

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11 **FINDINGS**

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13 **Caseworker-client interactions: client-focused rhetoric, work-first practice**

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15 A recurring feature of our interviews with a diverse group of clients and caseworkers was the
16 similar – indeed standardized – approach applied by caseworkers (irrespective of client
17 category/'diagnosis' or specific caseworker role). Almost every client and caseworker
18 defined their interactions as centred on a repetitive and narrow range of jobsearch activities –
19 client-caseworker relationships were clearly rooted in a standardized work-first approach to
20 activation. Although caseworkers discussed occasional cases of clients considered furthest
21 from the labour market being signposted to specialist provision, the vast majority of
22 interactions involved helping clients to polish their CVs or 'motivating' them to make
23 unsolicited, speculative 'scattergun' job applications by letter, telephone or in person. All
24 caseworkers described typical interactions with clients as consisting of meetings of less than
25 30 minutes, usually followed by clients pursuing jobsearch activities alone.

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'Typically I will have appointments for half an hour. It doesn't mean that I'll always see somebody for half an hour. I might see them for a short period of time or the whole half hour. Then after that it could be that they're working on the computers, the telephones, going out of the office to hand in CVs, a number of different tasks that are going to help them into employment.' (Caseworker 1)

We heard of similar practices from other caseworkers. These similar accounts demonstrate the prevalence of work-first practice. This was corroborated by all the clients interviewed, who consistently emphasized that the core services they received focused on very basic support with speculative applications, CV preparation and job interview practice. Evaluations of the WP (Newton et al. 2012; Lane et al. 2013) have similarly argued that the personalization achieved by the programme is more 'procedural' rather than 'substantive' – there is a degree of discretion in the frequency and amount of support offered, but a little scope for more intensive or tailored interventions. The type of support offered in the WP appears to be influenced by the resources available within the programme (see discussion of organizational context below), but is also informed by a dominant behaviourist understanding of worklessness, which was sometimes also reflected in caseworkers' discourses around clients' barriers to work. This was apparent when the majority of caseworkers repeatedly pointed to clients' motivation as among the most important factors in achieving positive job outcomes.

'So it's about changing and challenging the perceptions because often it's the client themselves that is stopping themselves looking for work and finding work, that's my experience.' (Caseworker 2)

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Similar explanations were voiced by many interviewees. These mantras around personal responsibility and improved motivation as a route to employability appeared to have been accepted by clients. Clients interviewed were keen to emphasize the importance of personal responsibility in explaining their predicament (even if they had claimed benefits following ill-health and/or redundancy) and as central to a return to work.

‘Me, oh yes it’s down to the jobseeker because it’s up to, I got myself in the position I’m in, it’s up to me to get myself out of it.’ (Client 1)

This focus on individual explanations concurs with previous findings on street-level practice under work-first activation (see e.g. Maynard-Moody and Musheno 2003; Brodtkin 2011). Caseworkers’ concern with the need to increase motivation and activity contrasted with their much rarer acknowledgements of complex personal or structural barriers to clients’ participation in the labour market (such as substance abuse, ill-health, employers’ reluctance to recruit people reporting complex barriers, or the lack of accessible and appropriate job opportunities). This is important because if there is convergence around a single, prominent explanation of the problem faced by claimants – i.e. their own motivational and behavioural deficits – then this might find expression in a form of street-level practice that focuses almost entirely on encouraging increased effort in standardized jobsearch activities.

We did find some evidence of the differences in understanding and attitude towards the client population identified by previous studies (Maynard-Moody and Musheno 2003). For example, some caseworkers exhibited somewhat authoritarian and didactic attitudes towards clients, with one describing his job role as:

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‘Teaching them to be responsible for themselves... coaching them to be responsible for themselves.’ (Caseworker 1)

Others were much more likely to use a language of empowerment, expressing an apparently genuine belief that clients had to be encouraged to take ownership of their own journey back to work. Nevertheless, our key finding remains that these differences of attitude among caseworkers appeared to have relatively limited impact on the support offered to clients, which was consistently rooted in a narrow, standardized form of work-first practice. It should be acknowledged that given the limitations of the study, these findings can be generalized only to the adviser role within this specific model of UK work-first activation. Our findings nevertheless add to recent US-based work by Brodtkin (2011) highlighting the impact of NPM norms in enforcing increasingly standardized street-level practice.

The organizational context: standardized practice under NPM

Previous studies have reported a number of recurring themes as to how organizational contexts shape street-level practice in activation (Dias and Maynard-Moody 2007, Brodtkin 2011). We found similar themes around the effect of resource pressures, the limits on discretion imposed by the ubiquity of work-first content, and the dominance of NPM governance.

First, resource limitations clearly informed the standardized, work-first model of activation that defined virtually all caseworker-client interactions. While the leanness of resourcing for activation can be seen as a *systemic* characteristic of liberal welfare states (see discussion

1 below), it remains important to recognize that these systemic factors are translated into a
2 model of practice at organizational level (in this case defined by lean staffing, short-term
3 interventions and inexpensive programme content). The daily routines described by
4 caseworkers appeared to be similar in content and based on turning over high quantities of
5 standardized client interactions. Caseworkers generally arranged around fifteen to eighteen
6 meetings per day of no more than thirty minutes each (and in most cases considerably
7 shorter), based on the assumption that they would actually engage with approximately twelve
8 clients. This highly structured, ‘busy’ day was necessary given caseloads of around 250
9 clients. The WP’s contractual model and payment structures (systemic factors discussed more
10 fully below) appear to have ‘locked in’ resource scarcity in Prime Contractor organizations,
11 with organizational-level resourcing and staffing structures in turn producing standardized
12 caseworker-client interactions.

13

14 While caseworkers accepted that limited resources and lean staffing provided the context for
15 interactions with clients, they struggled to engage critically with these issues – claiming that
16 programme content was adequate while describing standardized practice; acknowledging the
17 need for additional resources while querying the ‘realism’ of demands for properly-funded
18 services.

19

20 *‘I think we could always say there could be more [staff], you know it would be great if*
21 *we had it but we have to be realistic. I think we have a good provision of resources in*
22 *here. I think it satisfies clients on all parts of the programme’ (Caseworker 3)*

23

24 The street-level bureaucracy literature predicts that caseworkers will engage in the parking
25 of more disadvantaged and creaming the most work-ready clients in order to manage

1 workload pressures (Maynard-Moody and Musheno 2003), and we found some evidence of
2 such behaviour. While the content of interactions with clients tended to be similar, the
3 regularity with which meetings occurred varied. Some clients were required to engage in
4 jobsearch activities at least once per week, while others were interviewed monthly and in
5 some cases once every three months. It is important to note that caseworkers sometimes
6 characterized less frequent engagements with clients as evidence of personalization (as well
7 as a means of parking clients and so managing workload pressures), and very occasionally
8 offered additional evidence of tailoring interactions through the signposting of
9 complementary services (such as health condition management programmes).

10

11 *‘People that are a bit further away, maybe that lack in confidence, I get them to do a*
12 *lot of our health workshops... that frees me up time, but also it means that once they*
13 *are more ready, their attendance increases and they can go back into work.’*

14 (Caseworker 4)

15

16 Notwithstanding these occasional forays into delivering personalized support, our interviews
17 generally demonstrated the acceptance of standardized work-first activation as the dominant
18 model of engaging with a client group that exhibited a diverse range of barriers to work.

19 Accordingly, while some caseworkers claimed that their work was defined by a high degree
20 of flexibility, there was an acceptance that any activation ‘options’ open to clients were
21 required to fall within clearly-defined parameters (i.e. organizational and policy priorities
22 centred on moving clients towards entry into the mainstream labour market as quickly as
23 possible). In all of our interviews, we raised the potential benefits of alternative services
24 (such as training, health condition management, counselling, etc.) but advisers consistently
25 characterized their options as being constrained within a narrow range of work-first

1 interventions. There was some discussion of the need to seek sustainable, long-term job
2 outcomes for clients (a reflection of organization-level performance indicators) but
3 caseworkers rarely identified specific interventions that could be expected to produce such
4 sustained outcomes. Furthermore, when asked about providing a broader range of options to
5 clients, caseworkers often instead described activities designed to encourage an increase in
6 the *quantity* of speculative jobsearch activities.

7

8 *'If they say I want to make five applications a week, I'll encourage them to make*
9 *more. I don't ever say to them you have to do this, you have to do that but I have to*
10 *make sure that I make them aware of the benefits of doing more, so that's what my job*
11 *is.'* (Caseworker 5)

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13 Similarly, while clients commended the encouragement provided by caseworkers, their
14 descriptions of the support offered hinted that 'personalization' was often limited to advice
15 about the specific strategies to be deployed when undertaking yet another raft of speculative
16 job applications.

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18 *'They give an honest opinion. You know it's, if you want to say for instance a covering*
19 *letter for a certain establishment whether to go formal or to have it a little bit less*
20 *formal or more or less a casual letter, you know.... Even though you roughly have an*
21 *idea yourself because you know I've been living in [name of city] for quite a few years*
22 *now so I know a lot of the places... but it's good to always get a second opinion.'*

23 (Client 2)

24

1 Finally, caseworkers were clearly aware of a range of job entry and sustainability targets that
2 have been written into WP contracts – a systemic context factor which was reflected at
3 organizational-level when converted into individual performance indicators (approximately
4 5-8 job outcomes per month; and 13-16 weeks sustainability for 75-90 per cent of clients). As
5 noted above, these targets provided a background to general discussions about (for example)
6 the value of delivering sustainable job outcomes, but the pressure to achieve these *outcome-*
7 *based* performance indicators did not emerge as a consistent theme of our interviews with
8 caseworkers. At the time of the research, the WP had been underperforming for three years,
9 so it may be that these pressures (and operational failure) had become normalized.

10

11 Nevertheless, in line with Brodtkin’s (2011) US findings, while there was evidence of
12 organization-wide performance systems shaping the practice of caseworkers, their dominant
13 focus seemed to be on *processes* – ticking off a specified number of easily quantifiable
14 activities within a standardized toolbox of interventions: CV-polishing; encouraging
15 speculative job applications; and communicating the idea that ‘works pays’.

16

17 *‘I suppose probably we are looking at the things such as performance targets and you*
18 *know the KPIs that support that.... So there are things that we say caseworkers must*
19 *do, there must be minimum standards that are met with clients. But we ask them that*
20 *because we know it benefits the client, things like have a CV, have a cover letter,*
21 *complete a Better Off Calculation so that we know how much better off a person will*
22 *be in a part-time job and a full-time job.’ (Caseworker 3)*

23

24 Caseworkers consistently made similar claims – that their engagements with clients were as
25 flexible as possible ‘within reason’; but that it was appropriate for attempts at personalization

1 to be framed by NPM-type targets that demanded high numbers of repetitive, work-first
2 activities. It is perhaps understandable that caseworkers sought to cope with the limits to their
3 discretion by making claims around flexibility while conversely embracing KPIs that validate
4 standardized processes. As noted above, caseworkers had neither the authority nor the
5 resources to address the complex barriers to work presented by many WP clients.

6
7 In summary, our findings suggest that resource limitations translated into organizational
8 practices that drive street-level bureaucrats' discretionary rationing of effort and their
9 'creaming and parking' of clients – an analysis that is consistent with large-scale evaluations
10 of the WP (Newton et al. 2012). However, organizational factors – resource constraints,
11 KPIs, and an organization-level commitment to delivering a narrowly-defined set of work-
12 first interventions – appear to have played a key role in severely constraining caseworker
13 discretion and limiting opportunities for personalization in this case.

14
15 **The systemic context: activation within the context of a liberal welfare regime**

16
17 Primary research with street-level bureaucrats inevitably demands an element of
18 extrapolation if we are to consider the systemic pressures that might impact on frontline
19 practice. However, the systemic context factors highlighted by Rice (2013) and others appear
20 to be relevant in helping to understand some of the findings discussed above.

21
22 For example, our findings concur with and evidence Serrano Pascual's (2007) description of
23 a UK activation regime where a rhetorical commitment to tailored services is undermined by
24 a failure at policy and organizational levels to resource genuine personalization. The WP was
25 contracted-out to mainly for-profit providers, with the decisive selection criteria reflecting

1 NPM priorities around minimizing cost (rather than evidencing high quality, personalized
2 support) (HoC 2013; Rees et al. 2014; Ceolta-Smith et al. 2015). More generally, while the
3 UK has long considered itself a ‘world leader’ (DWP 2007, p. 20) in compulsory activation,
4 the resources deployed to provide client services have always been tightly controlled – UK
5 spending on active labour market interventions remains well below OECD and EU averages
6 (ranking 15th in the EU on expenditure as a percentage of GDP) (Martin 2014). It is an
7 activation regime that prioritizes relatively inexpensive, work-first interventions, and it can
8 be argued that these systemic norms are reflected in both organization-level factors (lean
9 staffing models; a limited range of programme content) and client-caseworker interactions
10 (short-term interactions based around a set of repetitive and inexpensive activities).

11

12 We might also argue that certain governance and policy norms (in this case the mutually
13 reinforcing themes of work-first programme content and NPM governance) can be seen as
14 systemically embedded in the UK welfare state, constraining high-level discussion of policy
15 alternatives and *potentially* shaping both organizational strategies and street-level practice.
16 Wiggan’s (2012) content analysis of the UK policy discourse on activation points to the
17 continued dominance of work-first ideas, to the exclusion of considerations of the need for a
18 broader range of personalized interventions. We might hypothesize that such processes of
19 policy closure have been reflected in programme content at organizational-level, which
20 focuses almost entirely on work-first, and that this helps to explain the rather narrow,
21 standardized interventions that defined many caseworker-client interactions in this case.

22

23 In terms of governance, numerous comparative studies have placed the UK in the vanguard
24 of the NPM reform movement, and it has been argued that NPM themes around enhancing
25 managerial control, minimizing discretion and aligning work effort with quantitative KPIs are

1 prominent in the organization of activation services (Rees et al. 2014). While again
2 acknowledging that it is difficult to evidence a causal link between high-level governance
3 norms and street-level practice, we might argue that the dominance of NPM has been
4 reflected in performance management systems and work organization within activation
5 service providers, in turn shaping and constraining the street-level practice of caseworkers.

6

7 **DISCUSSION AND CONCLUSIONS**

8

9 Since Lipsky's (1980) seminal work on street-level bureaucracy, an emerging literature has
10 sought to apply his ideas to specific policy arenas. Rice (2013), building on previous studies,
11 has provided a useful framework for mapping the potential range of factors shaping street-
12 level interactions in activation. The findings from our exploratory study demonstrate the
13 potential value of including all three levels of the Rice (2013) model as a starting point for
14 analyses of street-level practice.

15

16 Perhaps our central, if still preliminary, conclusion relates to the potential relevance of
17 organizational and systemic factors in accounting for frontline practices and street-level
18 interactions that have become increasingly standardized, rather than delivering tailored,
19 personalized services. For the caseworkers and clients participating in our research, the work-
20 first version of personalization amounted to the management of repetitive, standardized
21 jobsearch activities – speculative applications, 'to whom it may concern' letter writing, and
22 CV-polishing. Clients were encouraged to engage in this behaviour during brief encounters
23 with caseworkers who offered an analysis of individuals' barriers to work that focused almost
24 entirely on perceived motivational deficits.

25

1 Rice (2013) is right to point to both personal values and professional norms as reinforcing
2 caseworkers' rationales for their practice. But it appears that in this case, street-level practice
3 was tightly constrained by an organizational context that demanded standardized, work-first
4 interactions and imposed severe resource constraints on caseworkers. Within this context,
5 caseworkers had accepted the need to 'be realistic' by engaging in standardized approaches
6 and accepting a limited range of potential interventions to assist clients. As noted above, the
7 standardization described by interviewees went well beyond the routines of practice and
8 client group triaging that are seen as classic coping strategies deployed by street-level
9 bureaucrats *themselves*. Rather, standard operating procedures, narrowly-focused programme
10 content and severe resource limitations appear to have imposed a stricter form of
11 standardization from the top-down in this case.

12

13 Similarly, the NPM version of personalization involved caseworkers' evidencing of the
14 completion of a range of pre-programmed activities. One of the tensions inherent in the
15 dominance of NPM performance systems is that – contrary to the rhetoric of a focus on
16 personalized services – activation caseworkers' practice has increasingly centred on ticking
17 off standardized processes (Rees et al. 2014). We have seen above that caseworker-client
18 interactions were often functional and focused on the completion of repetitive tasks. The
19 relationship between these standardized processes and the sought outcome of sustainable
20 employment often seemed unclear (or sometimes immaterial) to both caseworker and client.
21 While caseworkers rarely characterized their practice as being explicitly directed by
22 performance systems, the discussion of 'targets' in relation to such functional ways of
23 working suggests that organizational KPIs, rather than professional judgement, were driving
24 behaviour.

25

1 We concur with Brodtkin (2011) that a new and different form of ‘routinized discretion’ has
2 emerged, constraining caseworkers’ scope to personalize interactions. Our research adds to
3 the literature suggesting that under certain models of NPM-controlled, work-first activation,
4 standardized practice is increasingly driven almost entirely from the top-down – something
5 qualitatively different from Lipsky’s (1980, p. 83).description of ‘routines and
6 simplifications’ developed by individual street-level bureaucrats ‘to aid the management of
7 complexity’.

8

9 Case study research inevitably struggles to evidence directly how systemic factors impact
10 frontline practice, but we are at least able to consider how the influence of high-level policy
11 and institutional norms *might* shape organizational contexts and street-level interactions. For
12 example, the resource constraints and work-first programme content that dominated our
13 interviews are not accidental. Rather, these policy priorities have been written into the
14 activation reforms of successive governments, reflecting the entrenchment of NPM models
15 that prioritize competition based on cost (Hood and Dixon 2013), and work-first policy
16 content informed by individualized explanations of worklessness. In turn, we could view
17 these institutionalized governance and policy norms as in keeping with a liberal activation
18 regime that long ago ‘locked in’ mechanisms to minimize the costs of supporting those on
19 benefits while imposing compulsory activities designed to move people into work as quickly
20 as possible (Serrano Pascual 2007).

21

22 Finally, a few evaluative conclusions are also possible from our research. Given our limited
23 sample, we are unable to generalize about the extent to which the promise of personalized
24 activation has been made real under the WP. However, we can report that street-level practice
25 among the sample of caseworkers within our case study organization appeared increasingly

1 subject to pressures producing standardization. There is a need for further research on
2 caseworker-client services across UK activation, but if such standardized approaches are
3 found elsewhere, then this maybe one factor, among others, explaining the WP's failure to
4 achieve job entry targets for people reporting more complex employability and health-related
5 barriers to work (HoC 2013). Further research would also allow us to test more fully
6 policymakers' claims that they have delivered a personalized route from welfare-to-work for
7 the most disadvantaged – our preliminary analysis raises doubts about the capacity of
8 interventions such as the WP to make good on the promise of personalization.
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1 **REFERENCES**

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Beatty, C. and S. Fothergill. 2015. ‘Disability Benefits in an Era of Austerity’, *Social Policy & Administration*, 49, 2, 161–181.

Borghi, V. and R. Van Berkel. 2007. ‘New Modes of Governance in Italy and the Netherlands: The Case of Activation Policies’, *Public Administration*, 85, 1, 83-101.

Brodkin, E.Z. 2011. ‘Policy Work: Street-level Organizations Under New Managerialism’, *Journal of Public Administration Research and Theory*, 21, Sup.2, i253-i277.

Brodkin, E.Z. 2013. ‘Street-level Organizations and the Welfare State’, in E.Z. Brodkin and G. Marston (eds), *Work and the Welfare State*. Copenhagen: DJOF, pp. 17–34.

Ceolta-Smith, J., S. Salway and A. Tod. 2015. ‘A Review of Health-related Support Provision within the UK Work Programme – What's on the Menu?’, *Social Policy & Administration*, 49, 2, 254–276.

Dias, J. J., and S. Maynard-Moody. 2007. ‘For-profit Welfare: Contracts, Conflicts, and the Performance Paradox’, *Journal of Public Administration Research and Theory*, 17, 2, 189-211.

DWP. 2007. *Ready for Work: Full Employment in Our Generation*. London: DWP.

DWP. 2011. *Work Programme Equality Impact Assessment*. London: DWP.

DWP. 2012. *DWP Work Programme Statistical Release, 27th November*. London: DWP.

Esping-Andersen, G. 1990. *The Three Worlds of Welfare Capitalism*. Cambridge: Polity.

Fletcher, D.R. 2011. ‘Welfare Reform, Jobcentre Plus and the Street-level Bureaucracy: Towards Inconsistent and Discriminatory Welfare for Severely Disadvantaged Groups?’, *Social Policy and Society*, 10, 4, 111-114.

- 1 Freud, D. 2011. *Health and Wellbeing: A Speech by Lord David Freud, Minister for Welfare*
2 *Reform*. London: DWP. <https://www.gov.uk/government/speeches/health-and-wellbeing>
3 (Accessed 19 August 2014).
- 4 Grant, A. 2013. ‘Welfare Reform, Conditionality and Targets: Jobcentre Plus Advisers’
5 Experiences of Targets and Sanctions’, *Journal of Poverty and Social Justice*, 21, 2, 165-
6 176.
- 7 Harrits, G.S. and M.Ø. Møller. 2014. ‘Prevention at the Front Line: How Home Nurses,
8 Pedagogues and Teachers Transform Public Worry into Decisions on Special Efforts’,
9 *Public Management Review*, 16, 4, 447-480.
- 10 HoC (House of Commons Work and Pensions Committee). 2011. *Work Programme:*
11 *providers and contracting arrangements. Report HC718*. London: Stationery Office.
- 12 HoC. 2013. *Can the Work Programme Work for All User Groups? Report HC162*. London:
13 Stationery Office.
- 14 Hood, C. and R. Dixon. 2013. ‘A Model of Cost-Cutting in Government? The Great
15 Management Revolution in UK Central Government Reconsidered’, *Public*
16 *Administration*, 91, 1, 114–134
- 17 Jewell, C. 2007. *Agents of the Welfare State. How Caseworkers Respond to Need in the*
18 *United States, Germany, and Sweden*. New York: Palgrave MacMillan.
- 19 Lane, P., Foster, R., Gardiner, L., Lanceley, L. and Purvis, A. 2013. *Work Programme*
20 *Evaluation*. Research Report No 832. London: DWP.
- 21 Lindsay, C., B. Greve., I. Cabras, N. Ellison and S. Kellett. 2015. ‘Assessing the Evidence
22 Base on Health, Employability and the Labour Market – Lessons for Activation in the
23 UK’, *Social Policy & Administration*, 49, 2, 143–160.

- 1 Lindsay, C., S. Osborne and S. Bond. 2014. 'The New Public Governance and Employability
2 Services in an Era of Crisis: Challenges for Third Sector Organizations in Scotland',
3 *Public Administration*, 92, 1, 192-207.
- 4 Lipsky, M. 1980. *Street-level Bureaucracy: Dilemmas of the Individual in Public Services*.
5 New York: Russell Sage Foundation.
- 6 Loyens K. and J. Maesschalck. 2010. 'Toward a Theoretical Framework for Ethical Decision
7 Making of Street-Level Bureaucracy: Existing Models Reconsidered', *Administration*
8 *and Society*, 42, 1, 66-100.
- 9 Martin, J.P. 2014. *Activation and Active Labour Market Policies in OECD Countries:*
10 *Stylized Facts and Evidence on their Effectiveness, IZA Policy Paper No. 84*. Bonn: IZA.
- 11 Maynard-Moody, S.W. and M. Musheno. 2003. *Cops, Teachers, Counselors: Stories from*
12 *the Front Lines of Public Service*. Michigan: University of Michigan Press.
- 13 Needham, C. 2011. 'Personalization: From Story-Line to Practice', *Social Policy and*
14 *Administration*, 45, 1, 54-68.
- 15 Newton, B., N. Meager, C. Bertram, A. Corden, A. George, M. Lalani, H. Metcalf, H. Rolfe
16 and K. Weston. 2012. *Work Programme Evaluation: Findings from the First Phase of*
17 *Qualitative Research on Programme Delivery*. Sheffield: DWP.
- 18 Rees, J., A. Whitworth and E. Carter. 2014. 'Support for All in the UK Work Programme?
19 Differential Payments, Same Old Problem', *Social Policy & Administration*, 48, 2, 221-
20 239.
- 21 Rice, D. 2013. 'Street-level Bureaucrats and the Welfare State: Toward a Micro-
22 Institutional Theory of Policy Implementation', *Administration and Society*, 45, 9,
23 1038-1062.

- 1 Scott, P.G. 1997. ‘Assessing Determinants of Bureaucratic Discretion: An Experiment in
2 Street-Level Decision Making’, *Journal of Public Administration Research and Theory*,
3 7, 1, 35-58.
- 4 Serrano Pascual, A. 2007. ‘Activation Regimes in Europe: A Clustering Exercise’, in A.
5 Serrano Pascual and L. Magnusson (eds), *Reshaping Welfare States and Activation*
6 *Regimes in Europe*. Brussels: Peter Lang, pp. 275-316.
- 7 Skelcher, C. and S. Rathgeb Smith. 2015. ‘Theorizing Hybridity: Institutional Logics,
8 Complex Organizations, and Actor Identities: The Case of Nonprofits’, *Public*
9 *Administration*, 93, 2, 433-448.
- 10 Sol, E., and Y. Hoogtanders. 2005. ‘Steering by Contract in the Netherlands: New
11 Approaches to Labour Market Integration’, in E. Sol and M. Westerveld (eds),
12 *Contractualism in Employment Services*. The Hague: Kluwer, pp. 139–166.
- 13 Watkins-Hayes, C. 2009. *The New Welfare Bureaucrats: Entanglements of Race, Class, and*
14 *Policy Reform*. Chicago: University of Chicago Press.
- 15 Wiggan, J. 2012. ‘Telling Stories of 21st Century Welfare: The UK Coalition Government
16 and the Neo-Liberal Discourse of Worklessness And Dependency’, *Critical Social*
17 *Policy*, 32, 3, 383-405.
- 18 Zimmermann, K., P. Aurich, P. Graziano and V. Fuertes. 2014. ‘Local Worlds of
19 Marketization: Employment Policies in Germany, Italy and the United Kingdom
20 compared’, *Social Policy and Administration*, 48, 2, 127-148.

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ⁱ Prime providers will receive a total minimum amount of £3,700 (e.g. £3,800 for a young person) to a total of maximum of £13,700 (e.g. for those receiving Employment and Support Allowance in the Support Group and that had recently received Incapacity Benefit)

ⁱⁱ The data collection was part of LOCALISE, a Seventh Framework European Commission programme. LOCALISE stands for Local Worlds of Social Cohesion, a project under grant agreement no. 266768 (FP7/2007–2013).