

## Special Issue Editorial

I was very happy to be asked to provide support for the production of the papers published here. My days as a researcher and teacher on issues about social care and health services are long behind me. Working with these papers particularly recalled my time at the *School for Advanced Urban Studies* at the University of Bristol. Much of our 'bread and butter' work there was the provision of short courses and practical research for local authorities and health authorities. But at the same time we developed a graduate course on policy studies and more 'academic' research on issues like policy implementation. The result was, for me, what often seemed a rather schizoid existence. The connections between detailed work on day to day practice issues and my aspiration to contribute to academic policy studies that could have international credibility were very often hard to make. That is still the case, though now the latter activities are much more salient in my life than the former.

It has therefore been particularly interesting to me to work with the authors of the studies reported here at the same time as I have been involved with colleagues from the Netherlands and Switzerland in editing a book of academic studies of the roles of street-level bureaucrats. All the studies reported here are about street-level activities in the broad sense of that term, that is about the realities of policy implementation. Of course they are very different from each other, and the professional concerns that are reflected in them are different and would be undervalued if they were just put together in an effort at overarching generalisation. Nevertheless there is something to be said about what they have in common, and it is very important for a wider debate – and not just an academic debate – about policy implementation.

That debate concerns the importance of discretion at the local level. In public policy implementation there is an inherent conflict between the case for top down regulation (responsive to political expectations and managerial expertise) and that for extensive discretion at the street level. The case for the former tends to be made very strongly these days. Responses to problems in policy delivery tend to involve arguments for tighter regulation and stricter inspection. It is important that this debate does not become a polarised one, there are things to be said for both perspectives and much depends upon issues and context. The work with my colleagues (Hupe, Hill & Buffat, 2015<sup>i</sup>) has been particularly directed to the initiation of comparative exploration of the sources of differences in respect of the balance between rules and discretion. So there are important issues about how the ways in which specific tasks are performed, and about the inevitability of a measure of discretion in all tasks. But we must not lose sight of the underlying normative issues about how they *should* be performed. Baroness Neuberger said in respect of end of life care 'caring for the dying must never again be practised as a tick box exercise' (Independent Review of the Liverpool Care Pathway, 2013<sup>ii</sup>). I think the same should be said of many aspects of the caring tasks reported in these articles. Hence, to me, the common theme across these articles is the importance of having regard to the specific nature of the tasks involved, of recognising that they illustrate aspects of caring activities that cannot easily be routinised, and probably should not be routinised.

**Phil Coady's** contribution is particularly relevant in providing an illustration of the complexity of residential care work, introducing the many sensitive issues that have to be addressed in the management of relationship between carers and children. Here there is a crucial balance that has to be found between minimising risk and maximising a caring relationship. In the current climate there must be a considerable temptation to maximise rules aimed at minimising risk, or at least the blame that follows when things go wrong. Yet his study shows wide variations in practice, governed by sensitivity to diverse situations. Individual, but of course professionally informed judgements, are essential.

This same theme comes up in a different way in **Rhian Taylor's** article on supervision within a youth offending service. Here the concern is about a need for management styles that resist the pressures towards a 'tick box' approach. Rhian identifies a tradition of seeing supervision in social work as an activity which encourages practitioners to be reflective 'at the process or critical level' and explores ways in which this tradition may be kept alive. Here then the concern is with the preservation of a satisfactory level of autonomy both on part of both managers and those they manage.

The article by **Naomi Clewett** explores issues about the termination of personal budgets in mental health work and that by **Lauren Chakkalackal** on peer support of people with dementia may seem to have very different focuses from those mentioned so far, or indeed from each other. However, both echo aspects of the 'personalisation' theme in social care, which can only be developed effectively if the 'persons' are involved in a meaningful way. This implies that discretion in social care is about the relative autonomy of those receiving care as well as those giving it. A crucial issue for Naomi Clewett's study is a need for those receiving time limited budgets to experience, and be involved with, goal-oriented progression in their care, not just the formal stopping of payments. Self evidently the 'peer support', shown by Lauren Chakkalackal to be beneficial for the care of people with dementia, cannot be the subject of formal regulation.

Finally, as a contrast to the previous two articles discussed here, **Joy McLaggan** takes us into an area of work that is clearly subject to regulation, the work of occupational therapists in the provision of equipment and adaptations for bathing and showering by handicapped people. What then is significant, from the point of view emphasised in this short note, is that this activity is most effective where decisions are negotiated with those to be helped, taking into account their needs and preferences.

Taken together these articles offer a presentation of the necessary diversity of care work, indicating implicitly the importance of discretion at the local level to adapt systems effectively to the needs of consumers.

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<sup>i</sup> Hupe, P., Hill, M. & Buffat, A. (2015) *Understanding Street-Level Bureaucracy*, Bristol: Policy Press.

<sup>ii</sup> Independent Review of the Liverpool Care Pathway (2013) *More Care, Less Pathway*, accessed at: [www.gov.uk/dh](http://www.gov.uk/dh)