



**Access to Social Services as a Rite of Integration: Power, Rights and Identity.**

Journal:	<i>Social Policy &amp; Administration</i>
Manuscript ID	Draft
Wiley - Manuscript type:	Original Article
Keywords:	Access to social services, Organisational cultures, Social policy and social work practices, Street level bureaucrats
Abstract:	<p>Access to social services is a multifaceted and multifactorial process, involving social policy lines, services organization, and professional front line practices. It appears to have a crucial role in how personal social services work: depending on the way the process is handled, access to social services could provide a bridge to an inclusive and solidarising community or worsen discrimination and marginalization. Many underline how studying the actual encounters between citizens and practitioners can provide a privileged site to highlight the interconnections between the above mentioned factors.</p> <p>Method: This is the focus of our research which explored access in a specific Italian region using a case study strategy. After a pilot study, the main points of access to social services were identified and three units were selected as best examples of different approaches. The three units were explored using mainly qualitative methods inspired by ethnography.</p> <p>Results: We were able to gain in depth understanding of three cultural approaches to access, defined as the 'ethical duty', the 'good organization', and the 'professional approach' and reach an in-depth understanding of their impact on access. There is a vast literature on the power of street level bureaucrats, seen as similar to gate-keepers. However, our research suggests that specific organisational cultures also play an important part: different organisational cultures may impact the implementation of local social policy, the organisational procedures, and social workers' practices.</p>

# Access to social services as a rite of integration: power, rights and identity

## Abstract

Access to social services is a multifaceted and multifactorial process, involving social policy lines, services organization, and professional front line practices. It appears to have a crucial role in how personal social services work: depending on the way the process is handled, access to social services could provide a bridge to an inclusive and solidarizing community or worsen discrimination and marginalization. Many underline how studying the actual encounters between citizens and practitioners can provide a privileged site to highlight the interconnections between the above mentioned factors.

**Method:** This is the focus of our research which explored access in a specific Italian region using a case study strategy. After a pilot study, the main points of access to social services were identified and three units were selected as best examples of different approaches. The three units were explored using mainly qualitative methods inspired by ethnography.

**Results:** We were able to gain in depth understanding of three cultural approaches to access, defined as the 'ethical duty', the 'good organization', and the 'professional approach' and reach an in-depth understanding of their impact on access. There is a vast literature on the power of street level bureaucrats, seen as similar to gate-keepers. However, our research suggests that specific organisational cultures also play an important part: different organisational cultures may impact the implementation of local social policy, the organisational procedures, and social workers' practices.

Mr. Youssef migrated to Italy 7 years ago. Since then he has been working as a cook; five years ago his wife and three children joined him. Their second daughter has a hereditary disease, which requires expensive treatment. Last year he lost his job. He and his family do not know how to face all the expenses.

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3 Mrs. Rossi, 24, has two children. A few months ago she finally found the courage to leave her abusive  
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5 husband. She is temporarily in a sheltered accommodation, unemployed and, now, homeless. She is  
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7 very anxious and she longs for a house, for a life.  
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11 Mr. Dardi has a learning disability. He is 40 and his mother, who was also his main carer, died a few  
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13 weeks ago. He is disoriented and doesn't know what to do.  
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19 These are just a few examples of the troubles that service users-informants in our research presented to  
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21 us and that affect people in our society: poverty, problems connected to ageing or to disability,  
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23 unemployment, addiction, abuse or the like. Human beings experience them in the first place as private  
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25 and personal struggles. As they define them using their personal frames of reference, the ways of  
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27 finding a meaning to personal problems, albeit connected to cultural resources, can be very subjective  
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29 and idiosyncratic: 'many troubles, particularly when first noted, appear vague to those concerned'  
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31 (Emerson & Messinger, 1977, p. 123). But as steps are taken to address or manage that trouble, the  
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33 trouble itself becomes progressively clarified and specified.  
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39 It is common knowledge that people facing crises and challenges in life struggle initially to find their  
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41 own solutions, using their own resources and/or personal networks. The emergence of social  
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43 citizenship, in the last century, opened the door for these experiences to be re-constructed not just as  
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45 private troubles, but also as social problems and public issues. It has created a connection between  
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47 those troubles and a new system of citizenship rights as well as the social services system created to  
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49 address those problems. The process through which personal troubles are transformed into social and  
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51 public issues takes place at micro-level in the encounter between persons and institutions. It is through  
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53 this process of transformation that social services start their work (Minas, 2006).  
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3 This paper presents reflections based on a research project focusing specifically on the encounters  
4 between people experiencing troubles and institutions in a Northern Italian area, South Tyrol, on the  
5 border between Italy and Austria. Our study explored how access is dealt with from a complex  
6 perspective which analyses the interplay of welfare system and policy lines, organizational features and  
7 frontline workers' cultures and practices. In this paper we will focus particularly on what we learnt  
8 about organizational cultures, with these actually emerging as a key factor for understanding access.  
9 We will illustrate here how specific organizational cultures can develop within different units and how  
10 they affect practices and the ways citizens become service users.  
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## 26 **1. THE RELEVANCE OF ACCESS**

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32 Access to social services is a complex process. Although it appears to have a very important role in the  
33 way personal social services operate, as such it has been explored only partially. The literature on  
34 access is actually scattered over many connected themes. While it was a crucial theme at times of  
35 services expansion (Kahn, 1970), cuts in resources, as well as the crisis of the welfare state, have  
36 rendered the issue of access an ambiguous one, difficult to address. In many cases there are  
37 contradictions between stated aims relating to citizens' rights and allocated resources. On the one hand  
38 there are reflections on the ability of social services to address the needs of the population, reach the  
39 marginalized etc. (Cortis, 2012; Grymonprez, Roose, & Roets, 2016; Walsh, Scaife, Notley,  
40 Dodsworth, & Schofield, 2011); on the other hand, actual requests have to be limited, as social  
41 services can often provide an answer only to emergencies: sometimes staging invisible barriers to  
42 accessing services appears to have been a covert way to deal with cuts in resources (Minas, 2006).  
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58 While this path avoids difficult choices for practitioners, it is potentially dangerous as it leads to a  
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3 random use of scarce resources. For these very reasons - the cuts in funds and welfare systems in  
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5 turmoil - we think that it is time to reflect on and better understand how access works.  
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9 Unsurprisingly, the way access is organized has a huge impact on how issues will be dealt with, what  
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11 interventions will or will not be put into place, and what kinds of relationship will be established  
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13 between citizens and services (Chevannes, 2002; Halloran & Calderon-Vera, 2005). In the context of  
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15 these encounters, it is not just personal difficulties which are transformed, but peoples' identities are  
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17 affected as well: people are categorized, and this can affect their identity (Altreiter & Leibsteder, 2015;  
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19 Rosenthal & Peccei, 2006; Silver, 2010; Virokannas, 2011). Depending on the way the process is  
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21 handled, access to social services could provide a step towards an inclusive and solidarizing  
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23 community, or lead to worsening marginalization, and producing, as Ferrario (1996) puts it, a further  
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25 loss or impoverishment of user identity.  
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30 Consequently, reflecting on such encounters appears crucial from many points of view. Depending on  
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32 how the encounters between people and social services (or vice versa) develop, social rights are  
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34 actually recognized, reinterpreted and actualized or not. As Rommery and Glendinning state:  
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38 ...It involves untangling the relationships between individual needs, the ways in which these are  
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40 formalized through professional processes of diagnosis and assessment, and further shaped by  
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42 the judgments and behaviors of the various professional groups who play key roles in  
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44 "gatekeeping" access to services (Rummery & Glendinning, 2000)  
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49 In other words, the way access is dealt with reveals a great deal of information on how public  
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51 institutions reinterpret issues and needs, how responsibilities and blame are allocated, how troubles are  
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53 renegotiated into problems to be solved with professional support.  
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57 Secondly, it is through the process of renegotiating how the problem is defined that interventions and  
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59 uses of resources are planned (Hjörne, Juhila, & van Nijnatten, 2010; Minas, 2006). A correct and fair  
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3 use of available resources depends on the way initial assessments are conducted, and how front-line  
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5 workers are able to build a personalized project with people. This is particularly relevant as research  
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7 has shown that people often struggle to find their way into the very complex system of resources.  
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9 Elderly people or people with disabilities are a case in point, but they are certainly not unique:  
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13 Elders and their caregivers oftentimes have difficulty locating and setting up services among the  
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15 maze of human service agencies. Confusion is exacerbated because various agencies and  
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17 caseworkers collect the same or similar data. Numerous phone calls often take place to obtain  
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19 the necessary services (Fitch, 2009).  
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23 The task of meeting citizens' needs is rendered even more complex by the growing expectations placed  
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25 on social services. Their role is increasingly expanding from the mere provision of resources to the  
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27 elaboration of projects in which a mix of resources from different agents contribute to social inclusion  
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29 (Devastato, 2008).  
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33 But for this to happen, a meaningful relationship between frontline workers and applicants needs to be  
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35 established. This is the third ground on which our argument about the relevance of access to social  
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37 services rests. The encounters between citizens and front-line workers in human services are the space  
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39 where merelationship can be established. As even studies of for-profit services have underlined,  
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41 relationships with and involvement of service users in service delivery are crucial to both users'  
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43 satisfaction and positive outcomes. This applies particularly to social services, where service provision  
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45 entails the participation of clients in order to develop common projects for a productive use of  
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47 resources (Dan, 2010; Grove, FISK, & DORSCH, 1998; Rémy & Kopel, 2002; Siehl, Bowen, &  
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49 Pearson, 1992).  
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## 2. LITERATURE REVIEW

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6 Considering the manifold relevance of the ways citizens contact and negotiate their way into social  
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8 services, access has been widely researched. At the same time, maybe because of the complexity of the  
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10 theme, the literature on access is dispersed, often linked to other issues (Minas, 2006): access has been  
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12 mostly theorized in connection to specific social problems (e.g. poverty) (Cortis, 2012) or target groups  
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14 (e.g. elderly people) or to components of accessibility (Donabedian 1983, Geurs and van Eck 2001).  
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16 On a general level, literature about access to social services is seen from the perspective of theoretical  
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18 considerations about civil rights (Rummery & Glendinning 2000), justice (Clarke 2004, O'Brien 2011),  
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20 resources or social capital, needs, and barriers (Ellis, Davis, & Rummery, 1999; Walsh et al., 2011), or  
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22 adopting a general focus on social services organization (Hegner 1984). Access is also treated as one  
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24 alongside many other issues in researches with a wider focus on social services functioning.  
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31 It is therefore unsurprising that reflections focusing on access to social services within a holistic  
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33 perspective are quite difficult to find. Quite an interesting exception is the work of Clarke (2004)  
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35 which engages with the intersections of different levels of analysis. Although the article could be seen  
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37 as dated, it is nonetheless relevant as it opens the way to connecting welfare system, social policy and  
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39 professional practices. Clarke identifies three types of access: the liberal-passive, the outreach and the  
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41 one connected to transformative politics. The distinction points to the correspondence between welfare  
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43 systems, different definitions of citizenship and social rights, which entails different ways of  
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45 conceiving access to social services, their organization and professionals' roles and skills. So in  
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47 Clarke's model, neoliberal policies - which conceive social services as residual, just repairing the worst  
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49 shortcomings of the market, and subscribe to the idea that people have to be self-sufficient and free - go  
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51 with limiting state intervention and in fact with discouraging access to services. Here professionals  
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53 who concretely deal with access are mostly asked to play the role of gatekeepers for access to  
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55 resources, which tends to reproduce inequalities in society. This approach could be partly connected to  
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3 the vast literature on street level bureaucrats: several studies inspired by Lipsky's analysis, albeit not  
4 necessarily focused on access, underline the role of frontline workers who are seen as using their  
5 discretionary power to select who will receive the provisions (Lipski, 1980). Such power stems from the  
6 inevitable discrepancies between rules and individual citizens' requests. The role of mediators puts  
7 street level bureaucrats in a key position with great power over the organizations they work for as well  
8 as the process of transforming citizens into clients (Ellis, 2011; Evans, 2011; Hjørne et al., 2010).  
9 Particularly as regards access, many authors point out that street level bureaucrats have to create  
10 routines and ways to avoid dilemmas such as facing increasing demands and cuts in resources, whilst  
11 remaining faithful to their professional ethos (Dunér & Nordström, 2006; Hjørne et al., 2010). As  
12 Nothdurfter points out, this discretionary power has been portrayed in literature 'both as a problem and  
13 as a necessity' (Nothdurfter, 2016, p. 422). From a top down perspective, street-level discretionary  
14 power is seen as distorting social policies and as something that should be controlled by managers with  
15 standardized procedures. All endeavors to introduce standardized assessment, defined as procedural  
16 assessment (Milner & O'Byrne, 2002a), appear to go in this direction. Critical views on this approach  
17 have underlined how frontline discretion is the space for professional judgment and evaluations, in  
18 contrast to managerial policies, thus at the service of clients' needs and wishes and not as a self-  
19 protecting mechanism (Evans, 2011, 2016).

20 Referring back to Clarke's types, the outreach model goes with a traditional residual system of social  
21 services. It could be linked to the conservative welfare system, typical of central Europe, and is at the  
22 same time selective, but unlike the neo-liberal system it aims at reaching the subjects who, under the  
23 prevailing parameters, are deemed as in need; namely the 'marginalized' and excluded from society.  
24 Here practitioners' role is to facilitate the access or even to search for clients, those who are marginal  
25 or do not conform to social expectations; their goal is to convince sometimes reluctant citizens to  
26 become clients. In this kind of system, the task of social services is interpreted as promoting change so  
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3 that people learn to adapt to the demands of mainstream society. Whilst in the first approach  
4 transforming troubles into problems means categorizing issues so that they fit the system, in this case  
5 the transformation is more radical and entails a diagnosis by frontline practitioners, who therefore play  
6 a dominant role. The process of 'clientification' here is strong: 'a client 'is expected to show the  
7 willingness to be helped, to appreciate the professional's expertise and suggestions, and to refrain from  
8 criticizing service provision or the provider' (Gubrium & Jarvinen, 2014). Although the connection is  
9 not straightforward and there are many ambiguities, one can associate this view on access to the vast  
10 social work literature which focusses on the professional task of engaging clients: engagement is  
11 'thought to be vital to successful client change'(Altman, 2008, p. 42). The theme is developed  
12 particularly in reference to the so-called 'hard to reach', who are the target of the 'outreach' approach  
13 (Altman, 2008; Carrington, 2012; Cohen, 1989; Cortis, 2012; Kloppenburg & Hendriks, 2013; Sanders,  
14 2011). From an organizational point of view, the attention goes to studies focusing on lowering social  
15 services threshold, particularly for the vulnerable subjects who are the target of the outreach approach  
16 (Marsh, D'Aunno, & Smith, 2000; Walsh et al., 2011). This approach to access has been often  
17 criticized in the social work literature for being paternalistic, or maternalistic (Grymonprez et al., 2016;  
18 Maesele, Bouverne-De Bie, & Roose, 2013; Musil, Kubalcikova, Hubikova, & Necasova, 2004).

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41 The third way, defined as transformative, could be connected to a universal type of welfare typical of  
42 the Nordic states. In Clarke's view, it is the one that could lead to an inclusive society as it  
43 encompasses an idea of access for all and the recognition of diversity in society, treated as a resource.  
44 Here access is perceived as an opportunity to negotiate and transform institutions and policies, not just  
45 to adapt people to mainstream society. We could say that in this case social workers should also  
46 participate in a process of facilitating access and changing service production on the basis of the needs  
47 and preferences of citizens. While Clarke may view a transformative approach as more an aspiration  
48 than a reality, it would appear that most of the social work literature connected to access is in tune with  
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3 this approach, in varying degrees. It stems from acknowledging the role and power of service users in  
4 the assessment and design of the work to be done – see the model of reciprocal assessment (Milner &  
5 O’Byrne, 2002b) or the vast literature on partnership and co-constructing interventions - to the idea of  
6 co-participation in policy construction. Research also has shown how frontline workers use their  
7 discretionary power to open spaces for negotiation and empowerment (Belabas & Gerrits, 2017; Musil  
8 et al., 2004; Prior & Barnes, 2011).

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18 In Italy, the theme of access has become a major issue after a national Bill (L.328/00) which has  
19 provided a new regulation to social services, and with the resulting national and regional plans for  
20 social services (Annicchiarico et al., 2009). The new policy lines have emphasized the right of citizens  
21 to receive information, orientation and counselling as regards access to social services. There have been  
22 several experiments aiming to develop a unified access to social and health services, and to study how  
23 these new models of access affect users’ and professionals’ experiences (Pancaldi & Rubbi, 2006;  
24 Rossi, 2012, 2016). In other contexts, reflection on access has focused both on a shared point of access  
25 (Fitch, 2009) and on the organizational structure of access, for instance Minas (Minas, 2006) in  
26 reference to Sweden has studied the presence or absence of specific intake teams in social services.  
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40 Of course there are different positions, nuances and ambiguities in reflecting over and researching  
41 access, nonetheless a widely acknowledged point is the importance of studying access from a micro  
42 perspective: studying the actual encounters between citizens and personal social services seems to  
43 provide a very privileged site to highlight the interconnections between different levels such as policy,  
44 organization and frontline competences and practices (Bruhn & Ekström, 2017; Ernst, Nguyen, &  
45 Taylor, 2013). It is in this space that the research we present here is located.  
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### 3. RESEARCH METHODS

Our research, funded by the Autonomous Province of Bolzano, aimed at exploring the access to social services in a special geographical area, South Tyrol, in order to deepen our knowledge of the dynamics of the encounters between citizens and personal social services. Social services in South Tyrol are organized in 20 district units which are responsible for social needs, specifically for interventions with children and families, with adults with special needs or in difficult life situations, and with the elderly population.

All districts have three main areas of intervention: socio-pedagogic (for adults and for family and children), financial support, and home support. The districts were the natural best context for our research as they are the main channel for people to access services and resources (also of the third sector).

The research employed a case study strategy: an in-depth exploration of three districts was conducted using multiple methods and developed in three phases. As access is quite a complex and ill-defined issue, in the first phase the research team organized a pilot study in which documents on social services access in South Tyrol were collected and analyzed, and seven relevant informants were interviewed in order to get a better grasp of the context and identify relevant criteria to select the three services. The preliminary inquiry allowed the identification of several interesting themes; in particular it emerged that, although South Tyrol is a very small geographical area, access to social services was structured in a variety of ways by different units.

The second phase entailed, thus, interviewing the heads of all social service units to better understand and make sense of the multiplicity of ways in which access issues were interpreted and set. The different approaches we found can be grouped into three well defined models, which we will describe

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3 and discuss in this paper. Because of their focus, they could be named as the ethical duty model, the  
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5 'good organisation' model, and the professional model.  
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9 The third phase of the research was devoted to exploring in greater depth the three models we  
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11 identified: three districts were selected as representing the best examples of each model. Using mainly  
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13 qualitative methods inspired by ethnography, researchers spent an average 40 days in the different  
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15 social services, interviewing the key subjects and using participant observation of informal situations,  
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17 meetings and first interviews, in order to grasp the dynamics connected to access. In total the team  
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19 completed 250 hours of documented observation, observed 48 first interviews with clients and 17  
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21 meetings, processing access-related issues. Researchers conducted 30 interviews with clients of social  
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23 services, 43 interviews with professionals and employees involved in the access phase, and 44  
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25 interviews with network partners, such as headteachers, medical doctors, or police officers, who had  
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27 been identified as the main intermediary subjects who send or advise people to address social services.  
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29 All interviews were recorded and transcribed. In addition to the qualitative dimension of the research, a  
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31 small survey was organized in order to explore general knowledge and views on social services among  
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33 citizens. To this purpose, we collected 140 questionnaires.  
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43 For the ethical aspects, the research followed the regulations of the Free University of Bozen/Bolzano .  
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45 All participants were explained the nature of the research and signed an informed consent form. Data,  
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47 interviews, etc., were immediately given a coded name so as to anonymize them. People involved with  
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49 observation were asked in a separate context if they agreed to have a researcher present at their first  
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51 interview. Although a few people did not accept, the majority did not find it problematic to have a third  
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53 person participating for research purposes.  
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#### 4. THREE CULTURES OF ACCESS

As we have already mentioned, in the units we found different ways of addressing the issue of access. Although the practitioners we interviewed and some of the research team were well aware of a wide variety of practices in different districts, we were surprised when we began to gain more in-depth knowledge of how access was organized. In fact we had assumed that districts are part of the public administration and thus, as it were, branches of bureaucratic organisations; while expecting to find local differences, we did not expect that procedures, processes and subjects could vary so much in different units, located in such a small geographical area, and all belonging to the same local authority. The first interviews and the in-depth case studies enabled us to understand these differences in connection with the identification of different organisational cultures. These had developed within the specific history, dynamics, and social environment of each unit.

The culture of a group can now be defined as a pattern of shared basic assumptions learned by a group as it solved its problems of external adaptation and internal integration, which has worked well enough to be considered valid and, therefore, to be taught to new members as the correct way to perceive, think, and feel in relation to those problems. (Schein, 2010, p. 18)

While many have associated organisational culture to climate (Ancarani, Di Mauro, & Giammanco, 2009), we want to show how culture can strongly affect practices, routines and procedures. Within this perspective we can hypothesise that each district has developed its own way to make sense of access, playing within the spaces not regulated by the bureaucratic organisation to create its specific rules and its customary ways to negotiate the encounters between citizens and service.

In the next three sections we are going to present the frameworks and connected organisational practices. The study of organisational features in this case encompasses the effort to study the very first

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3 meeting between individual citizens and their 'social service institution' and the different ways in which  
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5 people's difficulties are transformed and reinterpreted in order to establish a wider aid-process.  
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#### 10 11 **4.1 The “ethical-duty” based model**

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14 What we defined as “ethical duty” based model of access is characterized by a focus on the ethical  
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16 obligation to help the least fortunate citizens with provisions and support from the public  
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18 administration. Consequently, there is an effort towards eliminating barriers and towards a low  
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20 threshold access; the focus is on relationship-building and trust-building activities between  
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22 practitioners/employees and clients. Another key trait here is a tendency towards a shared value-base  
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24 across different professionals within the social service. ‚Helping people’ with their various needs is  
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26 central to the entire staff and can occasionally lead to intrusive or paternalistic<sup>1</sup> behavior towards  
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28 citizens and to the transgression of users’ pre-defined limits on the part of staff in order to ‚help’  
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30 successfully.  
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36 ...There are no reasons for exclusion (of people who want to get help). (For) each person that  
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38 comes in, I think the social service has got to provide low-threshold help,... and ... when we  
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40 cannot help directly right away, then we always try to establish contact with another institution  
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42 (which can help). (Head of the service)  
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46 In the first interview, the head of the service emphasized that the competence of the person who  
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48 manages the first contact is crucial, that the whole team in the social service should be involved, and  
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50 that the different professions have to value each other's' competences. Administrative personnel, in  
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52 her eyes, has to learn about the work of social-pedagogical care in order to develop an intuitive  
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3 understanding of the needs of people. In her view, it's important that people should get access directly  
4 the right person without having to be „handed over“ a couple of times, but also that they be  
5 immediately granted the possibility to express their needs. Here, access is dealt by whoever is available  
6 at the time, whether a social worker or administrative staff: everyone should be competent to deal with  
7 access.  
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10  
11 Within this approach, social services have (as an aim) to win the trust of people so that they address the  
12 service as soon as they have a problem. This means that all people accessing the service have to be  
13 given full attention:  
14  
15

16 what one needs is time, especially when establishing the initial contact. Clients certainly notice  
17 when someone takes time to be there with them and listen, creating a calm atmosphere in which  
18 they can speak about what is troubling them. In my opinion, developing a good working  
19 relationship is very important from the start. (Social Worker)  
20  
21

22 Such building of trust is another important step (in this process), requiring compassion and  
23 understanding to create a safe place, where it is possible to speak openly about one's problems, one's  
24 life.  
25  
26

27 It takes a lot of patience and compassion. And understanding. (Administrative Staff)  
28  
29

30 But when you can give a person the feeling that you understand her/him, well, I have often  
31 experienced that they really open up and talk. (Administrative Staff)  
32  
33

34 And there is a stress on values such as acceptance and having a non-judgmental attitudes towards the  
35 person:  
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3 And also empathy, acceptance – but really unconditional acceptance. Every person should be  
4 accepted for who she/he is. You can criticize and reproach the behavior sometimes, but not the  
5 person as such. You can say, “That’s not OK” as one often says in relation to education [...]  
6  
7

8  
9  
10 But as people, they try hard to do the best they can.... (Social Worker)  
11

12  
13 It is remarkable that, albeit with different nuances, these positions are expressed both by social workers  
14 and administrative staff. As the head of the service affirms, the staff have absorbed social work culture.  
15 This is sometimes seen as an alternative of sorts to a professional attitude, and very often both  
16 practitioners and administrative staff make reference to a friendly or informal attitude:  
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22  
23 I think friendliness is very important. Perhaps though, it might help to be reserved at the  
24 beginning. To let the person talk, and from what you hear, to filter out what seems most  
25 important – what this person needs, and whom they need. (Home support)  
26  
27  
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30  
31 I know this does not sound professional, but the most important thing is to have a respectful,  
32 appreciative manner, to be friendly. The person who has decided to approach you (as a client),  
33 regardless of her/his issues, should feel that you are sympathetic. Or at least that you will listen  
34  
35  
36  
37  
38 (Head of the service).  
39  
40

41 A main principle of this model is that there should not be reasons to exclude categorically any people  
42 from the offered benefits because social services should offer low-threshold help. The head of the  
43 service exemplifies this through discussing, for instance, the assumption that the social service would  
44 by definition not be responsible for people who are non-residents in the area or country. She says that  
45 in their district, even if they cannot provide answers, they would provide orientation and counselling in  
46 order to support people in finding the resources they need. The low threshold practitioners’ perspective  
47 also means that clients should feel that they can contact them at any time:  
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3 ...It is important that they know they can call, that they can contact you. It is very important to  
4  
5 me to give the clients contact information. (Social Worker)  
6  
7

8  
9 This approach looks very close to the one Musil described as 'motherly approach' (Musil et al., 2004,  
10  
11 p. 310):  
12

13  
14 The mix of mutuality with one-sided accomplishment of 'motherly' directives  
15  
16  
17 seems to be 'natural' in the context of the aforementioned 'motherly approach'. The  
18  
19  
20 staff placed the accent on 'comradeship', 'frankness', 'trust' and 'understanding'. (Musil et al.,  
21  
22 2004)  
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24  
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28  
29 Service users interviewed seem to recognize this and are very satisfied with practitioners' kindness. As  
30  
31 the following example shows, they seem to recognize and appreciate the values of the service:  
32  
33

34 I can only say that I am very satisfied with all the staff, with how they are as people, how  
35  
36 friendly and punctual they are. (Service User)  
37  
38

39  
40 As one can understand from the idea of being always available, this attitude goes with being willing to  
41  
42 overstep limits and boundaries in helping people. This entails that staff, in order to address what they  
43  
44 think their client needs, are available to go the extra-mile, sometimes at the price of their personal life.  
45

46  
47 This happened for instance in a case during an observation session:  
48

49  
50 It was a first access situation of a teenage girl with migration background due to be integrated in  
51  
52 a day care youth-group offered at the service, intended as a voluntary preventive intervention to  
53  
54 promote social inclusion in the area. The appointment was scheduled at 5:45 pm with the social  
55  
56 pedagogue of the youth group and a mediator/interpreter for the mother. All participants showed  
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3 up punctually, except for the family. Then the mediator called the mother, who said first that her  
4  
5 daughter did not want to join the group. The translator persuaded her to come in because  
6  
7 everyone was already waiting, and the woman promised to arrive in 5 minutes. Everyone  
8  
9 present was convinced that often foreigners did not take the timing of events very seriously [...]  
10  
11  
12 Half an hour later the mother arrived with her two kids, the girl and her smaller brother and the  
13  
14 discussion started at 6:15 pm. The social worker was stressed because in the evening there was  
15  
16 no public transport to her place. Despite being stressed, she pulled herself together and was very  
17  
18 friendly, patient and welcoming to the family. After the discussion, which took 45 minutes  
19  
20 (until 7pm), the integration of the girl in the group was agreed. After the meeting the social  
21  
22 worker was absent for three days due to sickness.  
23  
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27  
28 This could be an example of how, in order to integrate people into social service offers, the social  
29  
30 worker probably gave of herself more than she could be comfortable with. The fact that she missed the  
31  
32 last bus interfered with her private life in a negative manner. Although we do not know why the social  
33  
34 worker was off work after this episode, we can certainly hypothesize that overstepping limits comes at  
35  
36 a price.  
37  
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40  
41 This example shows another trait of this approach, seen more clearly in other cases, which is somehow  
42  
43 to try and overstep the will of people to make them accept certain offers. In another situation, for  
44  
45 instance, a person called to cancel an appointment and the administrative staff insisted that she should  
46  
47 talk to the social worker or accept another date, although the person clearly stated that she did not want  
48  
49 to have anything to do with the service. [The administrative person behaved as if she knew that the  
50  
51 woman in fact needed help although she did not want it.] This, just as other situations we observed,  
52  
53 seems to show that within the culture of this district, a paternalistic attitude was often coupled with the  
54  
55 idea of being always available and giving an answer to everybody.  
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## 4.2 The 'good organisation' model

This second culture is characterized by three features which can be summarized as follows: clear organisation of access rules, highly formalized work processes and a focus on politically just and correct handling of public money in relation to social problems. Such a framework implies that, unlike the previous approach, a clear distinction is made between first contacts and proper access: people can go to the district simply to ask for information, whilst access takes place when there is a request which is met:

In my view, first access takes place when clients formally ask for a provision and this provision is within the scope of the social service, and service is delivered” (Head of the service)

As 'provision' means a concrete resource made available to the person, we can also see here that the emphasis is on providing access to resources more than counselling or projects or working with people to produce a change.

What characterises this approach is that all principles and ideas guiding access are in the first place translated into organisational mechanisms. The main points on access expressed by the head of the district are that the district has to be close to citizens and easily accessible, it has to ensure that requests will be processed fairly, and that the political responsibilities of the public administration toward citizens are fulfilled. All this has to take place while respecting service users' rights to privacy.

Long and clearly communicated opening hours are emphasised as a means of implementing the principle of closeness to citizens: all those who have the right of access to social services, should be able to; social services have to be available for the longest possible opening times, and be easily contactable by phone and/or personally. As for the location, the district is very well signposted in the

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3 vicinity and it has two branches in the nearby villages it serves, so that practitioners and administrative  
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5 staff are easily reachable by people, if not on foot, at least through using local public transport.  
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8  
9 There is emphasis on the fact that the established timeframe has to be clear both for professionals and  
10  
11 for citizens. There is a specific half day every week (it has always been the same morning, so it is a  
12  
13 kind of tradition) when people can reach professionals from the different working areas (socio-  
14  
15 pedagogic service, financial aid, home care service) without pre-arranged appointments; on the  
16  
17 remaining days, citizens can meet the district staff by appointment passing through the front desk. The  
18  
19 filter is handled by the administrative staff on the front desk:  
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21

22  
23  
24 It is my task to receive people and to send them to the right place, it is a bit like filtering  
25  
26 requests....I have to ask what they want, what they need so that I can understand to whom I  
27  
28 have to direct them... (Administrative Staff)  
29  
30

31  
32 Furthermore, as mentioned, there is a clear organisation of work processes, mostly decided and  
33  
34 regulated top-down, and this constitutes another main characteristic of this access-model. For instance,  
35  
36 work tasks and processes involving staff and clients are defined and established in written agreements,  
37  
38 like contracts, used not only as reminders for service- internal purposes but also methods for defining a  
39  
40 clear relationship with users. Thus in the very first meetings between citizens and professionals the aim  
41  
42 is to clarify users' needs and demands. These are subsequently confirmed in a written contract, signed  
43  
44 by the 'applicant' and the expert. Internal guidelines establish clear timeframes within which citizens  
45  
46 have the right to get a first answer, and also describe the working steps for professionals.  
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49  
50 Observations and interviews show how roles in this district are clearly defined. All staff seem to know  
51  
52 what to do, and the boundaries of their roles. So, for instance, administrative staff at the desk are told  
53  
54 by citizens what their problems are, but do not ask for more data, just use this information to channel  
55  
56 people to the right department. They know what information to provide and what questions are proper  
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3 for them to ask, but they declare that they would never ask for further information. Social workers are  
4 involved only for socio-psychological issues or when people ask for counselling, and all situations  
5 perceived as uncertain are dealt with by the head of the service.  
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11 This approach appears to be very efficient, as people who know where to go and what to do receive an  
12 answer to their requests in a reasonable time. Observation in the common area revealed how there were  
13 no people hanging around, and all seemed to know their way. Interviews with users showed how  
14 people appreciated this clarity.  
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21 The risk identified here is that users have to know clearly what their requests are, and to be able to  
22 translate their needs into the language of the district offers and services. The only support they get  
23 comes from the administrative staff at the desk. As emerged in the interviews with service users, when  
24 people are in a more complex situation or are not clear about what to ask, they receive only orientation  
25 from administrative staff, which is not enough.  
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33  
34 And no one ever really explained to me how, what and why ... Yes, and that no one tells me  
35 what I need... (Service User)  
36  
37

38  
39 I expected something more, some more orientation, ... not just a form where to write how I had  
40 looked for a job! I have never worked as an employee (Service User)  
41  
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45 In many interviews the topic came out indirectly, with users saying that they needed more help, maybe  
46 with their children, but as they asked for financial support they only met administrative staff from the  
47 financial department.  
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52 The main issue here is that people are provided preliminary advice by the desk staff in an often very  
53 public environment. As emerged in another social district with this same approach, people are expected  
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3 to state their problems at the desk even when the problems are very personal, such as problems with an  
4  
5 alcoholic husband, stress and issues with the children.  
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9 At times there was the impression that the apparent efficiency was based on formal principles more  
10  
11 than on an actual analysis of needs. For instance, both observation and data showed that as regards  
12  
13 many issues the branches in small villages were seldom used. It looked like they were kept fully open  
14  
15 to uphold the politically correct principle of accessibility, rather than for their actual usefulness.  
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### 18 19 **4.3 The professional model**

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21 The main trait of this last approach to access is that it is based on a complex view of both the issues  
22  
23 citizens take to social services, and the tasks of social services in relation to them. It is taken for  
24  
25 granted that ‘troubles’ need to be re-interpreted by, or with, experts in order to identify their nature and  
26  
27 causes: the task of personal social services is not to distribute resources, but, on the contrary, to  
28  
29 promote changes so as to address the troubles people go through.  
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33  
34 Accordingly, a main feature of access within this approach is that, in every case, the encounter with  
35  
36 social services will provide a chance for a professional understanding of people’s requests. This is the  
37  
38 starting point for designing a project and identifying an appropriate path to problem solving.  
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41  
42 The first contact always goes through administrative staff, where a classification into two types takes  
43  
44 place: the first type relates to people who just get in touch for simple information, or need orientation.  
45  
46 In this case, their personal data are not collected and people do not enter in the system. Their requests  
47  
48 are directly processed by administrative staff:  
49  
50

51  
52 We distinguish between information giving, a sort of first counseling, and first contact. There  
53  
54 are different forms of counseling, depending on who delivers it. There are also services right at  
55  
56 the desk...(Administrative Staff)  
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3 On the other hand, as soon as there is a request of whatever nature to the service, people start being  
4 considered as ‘service users’, their data are collected, and they ‘enter in the statistics of the service’, as  
5  
6 the coordinator of the service puts it. Here, what distinguishes the professional approach is that  
7  
8 whatever people are requesting they will have at least one interview with a social worker. The right of  
9  
10 people to talk to a professional and to receive a comprehensive assessment, which is not always the  
11  
12 quickest way for clients to get help, is seen as central:  
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18 “... if the client has a demand which really belongs to the competences of the district, for  
19  
20 example an application for financial aid, socio-pedagogical care, etc. then the administrative  
21  
22 staff schedules a first counseling with the social worker... There, his or her situation is assessed  
23  
24 accurately and there the client gets valid information, practitioners look at what support is  
25  
26 needed by this person or family and then he or she gets into the respective operational area.”  
27  
28  
29

30 (Head of service)  
31  
32

33 This interview has the goal of re-interpreting the issues people are presenting in professional terms.  
34  
35 Some practitioners point out that the first request people address to the service in many cases does not  
36  
37 correspond to the problems they have: social workers have the appropriate training to perform an  
38  
39 assessment, to understand what the ‘real needs’ of a person are. In many cases, professional assessment  
40  
41 is described as uncovering what *lays behind* the first request:  
42  
43  
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45 During the first meeting with a client, it is essential to gather required information, and organize  
46  
47 a schedule for further information to be supplied. Then the assessment comes – a recognition of  
48  
49 the most important information, an attempt at understanding the motives behind the original  
50  
51 request for contact, establishing whether cooperation is possible/probable, and evaluating  
52  
53 whether other perhaps undisclosed problems could further contribute to the complexity of the  
54  
55 situation. (Social Worker)  
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3 The point is that problems are contextualized and interpreted here in their complexity. The professional  
4 way of dealing with access puts at the center the process of assessment which is based on establishing a  
5 relationship of trust with service users. Social workers think that listening is very important. Although  
6 there is information to be gathered, all practitioners stress that this first interview aims to provide a  
7 space for the person to express their own concerns. Positive examples of first access provided by  
8 practitioners refer to clients who are willing to cooperate and talk freely about their story and situation.  
9  
10 The ideal client here is depicted as an 'outgoing' person who actively cooperates with the service and  
11 makes use of the offers in order to 'get to the bottom of things' – a person willing for change.  
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23 The main issues identified within this approach relate to the fact that its emphasis on professional  
24 expertise may at times lead to devaluing the competences of service users. The same social workers are  
25 aware that many clients do not trust social services and feel uneasy about having to talk about their  
26 personal situation, when they have addressed the service due to financial difficulties. In fact, some  
27 clients find this a positive or at least understandable experience:  
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35 This is the way they proceed, it is good that they ask you many questions, and they ask you  
36 what have you done, where have you been, ...and in this last weeks have you looked for a job...

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39  
40 Others describe this process more critically:

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42  
43 Well at the beginning I was bombarded with questions about this and that. Maybe it is like that  
44 for everybody... (Service User)  
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49 It should be mentioned that bureaucratic requirements seem to be increasing also in the district  
50 characterized by a professional approach. This has had an impact on the way practitioners run the first  
51 interview: many say that besides understanding the client's situation they have to acquire the  
52 information needed by the administration.  
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## 5. DISCUSSION

Comparing the different models we can see how different cultures and foci go with other substantive differences in the way access is organised. As a result, encounters between service and citizens appear quite different in the three approaches. What emerges is that, in agreement with what shown by others (see for instance Altreiter & Leibsteder, 2015), the so called street- level- bureaucrats, the frontline professionals, certainly play a role, yet within a process of sense making developed in each unit, which in its turn strongly influences mechanisms and procedures.

We can see how the services we defined as ‘good organisation’ and ‘professional’ operate a first distinction between citizens who approach the service just to get information, in what is merely a “touch and go” contact, and the ones who come with a specific request and become ‘real service users’, entering the system. This distinction does not make sense for the ‘ethical-duty’ model in which all those who address the service have a need, and the service is in duty bound to find some sort of an answer, whether the need falls within its area of competence or not.

As we mentioned, the processes of access are very different: in one case, all roles can do the first interview, depending on who is available; in the second, administrative staff filter the requests and refer them to the appropriate practitioners; in the third, upon the first contact the administrative staff set an appointment with social workers, and here what the request/need is will be re-defined. The role played by various professional figures in access emerges as quite different: in the ‘ethical-duty’ model social workers and administrative staff appear to have a very similar role if not the same, as far as access is concerned. They all share the same values including the importance assigned to establishing a trustful relationship. It appears that social work professional culture has, at least partially, spread among all staff in the social district.

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3 Conversely, in the approach centred on a good organisation, roles are seen as quite differentiated and  
4 well defined: administrative staff provide the first orientation. This means that the main concern for  
5 them is to be kind, to gather what is essential in order to channel users to the right office, and to  
6 provide the correct and clear information they need in order to prepare their documentation. On the  
7 other hand, for social workers, once they are involved, a deeper kind of relationship is crucial; listening  
8 to people with an open mind is considered a priority.  
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18 In the professional model the way access is constructed gives social workers a predominant position.  
19 Social work professional culture with its emphasis on getting to the roots of problems, on promoting  
20 change, and not just distributing resources, seems to have become preeminent in this unit. However,  
21 this is not to say that all employees become like social workers, as in the first approach, but, as  
22 mentioned before, that social workers seem to occupy a privileged position as far as access is  
23 concerned.  
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33 We come now to one of the main starting points for our research, namely to understand the  
34 transformations which take place when citizens meet social services: in the first approach, people are  
35 listened to, but they are seen by default as needing something and, in this sense, as subjects to be  
36 helped. This could be viewed as very welcoming access, but sometimes we saw people resisting this  
37 position, perhaps through perceiving such a position as diminishing their social status. As for the  
38 second model, where the stress is on a good and efficient organisation, citizens are considered as able  
39 to understand their situation and to ask what they need. The interference of staff and professionals here  
40 is minimal: as we illustrated, those approaching the service are asked to choose whether to become  
41 service users or not, and if they do what type of service they want. Also in the professional approach,  
42 citizens choose whether to become users, but here, more substantive transformations take place when  
43 people are acknowledged as users. Here, clearly, whether this process is negotiated and empowering, or  
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3 whether it becomes a way to deprive people of their opportunities to make sense of their situation  
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5 depends very much on the attitude and experience of professionals.  
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## 10 11 **6. CONCLUSIONS** 12

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14 There is a vast literature on the discretion of street level bureaucrats in relation to citizen access to  
15 social services. Street level bureaucrats are seen as holding great power as gate-keepers, so much so  
16 that they are seen as determining the actual policy lines of social services. Although not totally  
17 contradicting this position, our research suggests that the specific organisation of social services also  
18 plays an important part. Within a very limited geographical space, we have seen that different  
19 organisational cultures may develop and make a substantive difference in how local social policy is  
20 interpreted, in the contact with service users, in the way they access services and in the roles employees  
21 and professionals play in all this. This suggests that the specific organisation of each social service  
22 cannot be seen as directly emanating from the bureaucratic organisation: although there are rules,  
23 regulations, and procedures, it appears that there is always quite substantial room for manoeuvre in  
24 which the service leaders and the team can play, so that the resulting organisation of service provisions  
25 can come to be quite differentiated from one unit to the other.  
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43 If culture is so crucial then we suggest that further research should be developed in order to better  
44 understand both the dynamic of organisational cultures in personal social services, and its impact on  
45 service delivery. The diversity identified in access points to the necessity to continue researching and  
46 reflecting on access, whilst not assuming that if we know the general structures and rules of public  
47 administration we know it all.  
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55 The second point is related to the three approaches identified. We were able to expose both strengths  
56 and weaknesses in each of them. Most of the weaknesses could be connected to the fact that the case  
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3 studies we chose had developed a culture focussed on just one factor, at the price of ignoring or  
4 undervaluing the other crucial elements for access. We have shown how people acknowledged rights  
5 could be addressed or overlooked. This research shows the necessity of further reflection on the  
6 mechanisms and cultures of access for critical social work practice. It would be interesting to study  
7 ways for these different cultures to mingle as well as to find new approaches to facing and dealing with  
8 the complexity of the issue.  
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