

## The Accumulation of Standards for Treatment Decisions in Social Work (1847-2018)

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### 1 Introduction

The exercise of discretion is a central interest in research on street-level bureaucracy and social work. According to the theory of street-level bureaucracy, the exercise of discretion is important since the actions of street-level workers, in sum, effectively become the public policies they carry out (Lipsky, 2010). As the literature originally seems to presume that formal rules left an uncontrolled space for the exercise of discretion, where the street-level workers could make decisions based on their personal opinion, it has recently been acknowledged that decisions are based on multiple “actions prescriptions” or standards, such as formal rules, professional norms, policy and societal expectations (Hupe and Hill, 2007; Ellis, 2016). Often, however, it is enough to examine formal rules and policies to discover multiple standards (Lipsky, 2010; Evans and Hupe, 2019). In line with this, exercising discretion means using given freedom to balance a plurality of different standards and action descriptions (Evans and Hupe, 2019) as well as your own ethical conduct (Calder, 2019). These standards shape what is considered reasonable and legitimate use of discretion and thereby what defensible decisions underpinning the use of freedom (Evans, 2018). In addition, discretionary power can be pooled across multiple actors or organizations, and the different perspectives they bring also function as action prescriptions to take into consideration (Hupe and Hill 2019, Hood 2019).

Taking the pluralism and ambiguity into account, exploring the origin and development of discretionary standards in different settings has not received much scholarly interest. Knowledge about the processes behind, and the reasons for, the establishment of discretionary standards can contribute to constructive discussions about the advantages and disadvantages of different standards and their conditions for coexistence. A historical perspective can also clarify the inherent logic behind different standards and the purposes they serve in wider society. This article explores and contextualizes the development of standards for discretionary decision-making, using the case of Swedish public social casework (1847-2018). All events affecting the exercise of discretion, taken place during this period of time, can however not be accommodated in this article. Instead, this article focuses on the major changes which fundamentally changed the rules of the game and which, in the end, also affected policy and legislation. Taking contemporary pluralism as the starting point for the study, the results section concludes by analyzing contemporary social casework in the light of the empirical findings. To achieve this, the study uses a two-step law-in-context method: first tracking changes in the formal regulation of discretionary standards discretion and secondly contextualizing these changes using preparatory work, policy, court cases, and academic literature (Rejmer, 2017).

This study takes theoretical inspiration from studies showing gradual and intermittent change processes in the public sector, a process referred to as “sedimentation” (Mahoney and Thelen,

2010). Pollitt and Bouckaert (2011, p. 8) suggest that change and reforms in the public sector “often turn out to be more like geological sedimentation, where new layers overlies but do not replace or completely wash away the previous layer”. The article is divided into three sections. First, the exercise of discretion in social casework is introduced and the use of the Swedish case is motivated. The second section contains the methods used to gather data. The final section presents results, discussion, and conclusions.

## **2 Discretion in social casework treatment decisions: The case of Sweden**

Discretion occurs when public officials “make decisions in the absence of previously fixed, relatively clear, and binding legal standards” (Galligan, 1986, p. 2). Such absence of distinct legal standards can be explained by the fact that written law cannot cover “all possible combinations of circumstances that the future may bring” (Hart, 1961, p. 125). This is a common situation, especially when making decisions about other people in complex circumstances (Buffat, 2015; Lipsky, 2010). A common way of handling the limited possibilities for detailed control through legislation is to govern discretionary practices with framework legislation, which means that goals and ends are specified, while the methods for achieving these goals are discretionary. Craig (2012, p. 533) describes this relationship between law and discretion, as a situation “where there is power to make choices between courses of action or where, even though the end is specified, a choice exists as to how that end should be reached”. Hunold and Peters argue that the use of framework legislation has increased in modern democracies: “Legislatures still make laws, but they generally pass those laws as broad frames and principles, rather than as detailed specifications of the programs to be implemented. The vacuum of detailed rulemaking that is left by the problems of legislatures and political executives has been filled in large part by bureaucratic institutions” (Hunold & Peters, 2004, p. 2). This perspective on the relation between law and discretion is relevant in social casework, where the legislators stipulate goals and ends for various vulnerable groups in society, while the methods for achieving these goals are discretionary. In social casework, the method for achieving goals are formulated in the study and diagnosis phase and includes specifying various of the treatment such as treatment method, intensity, and duration (Kirk et al., 1989).

As illustrated in the introduction, discretionary spaces are permeated by various “action prescriptions” or standards that stipulate what is a legitimate exercise of discretion. These standards come from various sources, such as professional norms, state policy and various forms of citizen engagement (Hupe and Hill, 2007). The identity of professionals justifies their discretionary power as they are considered as holders of specialist knowledge and skills (Evans, 2019). In social work, these norms are often pluralistic and contradictory as their discretionary power is often shared between multiple actors (Ellis, 2016; Handler and Haveman, 1979; Smith and Donovan, 2003) and based on disparate standards of knowledge such as science, client knowledge, organizational knowledge, proven experience and personal wisdom (Drury-Hudson, 1999; Sheppard, 1995; Pawson, Boaz, Grayson, Long, and Barnes, 2003), as well as bureaucratic and organizational standards (Ponnert and Svensson, 2015).

Swedish social casework treatment decisions are ideal to address the development of multiple discretionary standards as they are governed by framework legislation and practice multiple forms of discretionary power (Wollter, Oscarsson and Segnestam Larsson, 2018). As described by Jewell (2007, p. 83), Swedish legislation only specify the programmatic goal of helping people “maintaining a reasonable standard of living” while the methods for achieving this goal is discretionary, indicating “a widely held confidence among national legislators regarding the localities ability and beneficence to administer this last entitlement”. The

argument behind the lack of specificity is that it is not possible for laws to encompass all possible forms of support or conditions for eligibility (Swedish Government, 1979: 183). Nor is there any legislation regarding the knowledge basis required for treatment decisions; by comparison, in the health care system the Patient Safety Act 2010 (2010:659) enforces staff to “perform their work in accordance with science and proven experience.” Further emphasizing discretion, the fundamental principle of the Social Services Act is the “principle of flexibility”, which means that benefits should be designed according to the specific needs of the individual client and not according to pre-defined categories (Swedish Government, 1979, p. 214).

In general, the Scandinavian welfare model, with Sweden as a prominent example, is characterized by decentralization and a powerful “local state” (Pollitt & Bouckaert, 2011, p. 51). Another prominent feature is universalism and that social security and social services are accessible to large parts of the population (Esping-Andersen, 1990). Other scholars have emphasized that the Nordic model, in addition to decentralization and strong local governments, also is characterized by explicit accessibility of the administrative system by the citizens, which includes transparency, citizen participation, and freedom of information (Kuhlmann & Wollmann, 2019, p. 21). For those who, despite this relatively fine-meshed social safety net, are having difficulties to maintain a reasonable standard of living, there is social assistance. In Sweden and the Nordic countries, social work is an integrated part of social assistance. In addition to cash benefits, there are also a variety of “tied” benefits such as housing or various forms of treatment and intervention that is entitled within the framework of social assistance (Eardley, Bradshaw, Ditch, Gough, & Whiteford, 1996, p. 15; Hvinden, 1994, p. 274). This study focuses on the social services part of social assistance in Individual and Family Services (IFS) and excludes services to the elderly and disabled as well as cash services. National mappings illustrate a variety of available treatment to choose from in the Swedish context, such as structured treatment programs for behavioral change, counseling, family support, social pedagogical interventions, housing, motivational trips, and drug treatment centers (National Board of Health and Welfare [NBHW], 2010).

### 3 Methods

This study uses a law-in-context perspective to explore and contextualize the development of discretionary standards in social casework. Law-in-context aims to produce knowledge about the legal system's relationship with society, focusing on how legal change affects individuals and society, and conversely, how societal changes affect the legislative process (Rejmer, 2017; Twining, 1997). The law-in-context approach implies a three step-analysis process: (1) identify the legal problem, (2) identify laws related to the legal problem, (3) analyze the context of laws through reading literature associated with legal changes such as preparatory work, court cases, policy, and academic literature (Rejmer, 2017). The gathering of empirical data (steps 1 and 2) is summarized in table 1.

For this study, the legal problem (step one) is the pluralism and ambiguity of discretionary standards for treatment decisions, which has been accused of causing legal uncertainty for both the provider (public institutions) and the recipient (citizens), according to several legal authorities (Swedish Government, 1979). In step two, mandatory rules (e.g. laws enacted by the parliament, ordinances issued by the government, and regulations from state agencies) that were issued between 1847 and 2018 and that marks a major change for the exercise of discretion are identified. This was done using the Swedish government online search tool (which holds legal documents from 1686 to present). In addition, historical literature (Lundquist, 1997; Petterson, 2011; Swärd, 2018) focusing on the legal development of IFS

was reviewed to account for any gaps in the databases since the research process indicated that such gaps existed. An initial reading excluded minor changes and included 15 documents that were assessed to have established a new standard for the exercise of discretion.

The third step identified preparatory works, state agency policy, court cases, and social work literature that was related to the changes which were identified in step two. Preparatory work was searched through the Swedish government online search tool which houses documents from 1686 to present. Court cases from the Supreme Administrative Court were searched from the Swedish parliament's library search service which houses cases from the administrative court (1909 to present). Policy from the state agency responsible for IFS, the NBHW, was searched through the national archives (Riksarkivet) holding of documents between 1912-2005 and the NBHW's own online search tool for policy documents published after 2005. The fact that policy and court decisions are not covering the entire period of 1847 up until today, is a limitation that will be discussed at the end. Social work literature covering the period of 1847-2018 was gathered through searches in Google Scholar, Diva, and Academic Search Complete. However, as we are looking for information about the historical period, it was not necessarily published during these years. Instead, a narrower strategy was applied by searching for works published between 1990 and 2018, with inclusion criteria specifying that the content covers the whole or larger parts of the time period (1847-2018).

Table 1. Presentation of the empirical material of the study.

		Search hits	Included in study	Examples of significant documents
Mandatory rules <i>(step 1)</i>	Laws	91	9	The Poor Relief Law (1918) The Social Services Act (1980)
	Ordinances	31	5	The Municipal Ordinance (1862) Social Services Ordinances (2001)
	Regulations	115	6	NBHW (2014, 2017)
Contextualizing literature <i>(step 2)</i>	Preparatory works	2996	34	Swedish Government (1912, 1979)
	Policy	134	48	NBHW (2003, 2005)
	Court cases	23	12	Supreme Administrative Court 1991
	Research literature	56	43	Engberg (2005) Hermodsson (1998)

Once the empirical data was gathered, the establishment of new standards, which was found in the empirical material of mandatory rules, was contextualized. Parts of texts which were considered to hold important perspectives in relation to the research interest were categorized via NVivo. The process included a formative categorization and a re-categorization. Based on this data collection, the results are presented in two separate sections. First, the legal changes of discretionary standards are chronologically presented and contextualized, including an initial description of the starting position. Second, the historical findings are analyzed in relation to the organization of contemporary Swedish social casework.

#### 4 Results: Discretionary standards in social casework (1847-2018)

The first rudimentary forms of poor relief emerged in the rural countryside of Sweden during the middle age, when residents who belonged to the same church started to organize themselves in parishes to solve common problems (Wennemo, 2014). In 1847, national legislation was established which made it clear that it was the parish's responsibility to catered their vulnerable community members. Each parish was considered a “poor relief community” that was obligated to assess needs and to ensure basic welfare for their members (Swärd 2018, 28). Since the responsibility was placed at the parish, a vestry assembly with the vicar or priest as chair held discretionary power to determine treatment decisions. After this first legislation, subsequent legal changes demonstrate four significant moments in the organization of discretionary power. These changes are presented in table 2, followed by the contextualization of each change.

Table 2. Mandatory changes in standards of casework discretion (1847-2018).

	<b>The establishment of new standards for discretionary decision-making</b>	<b>Mandatory rule initiating change</b>
1	Discretionary power is transferred from the vestry assembly to secular committees	Municipal Ordinance (1862) Representation Act (1866)
2	State authorities initiate control and guidance of local level discretionary power	Poor Relief Act (1918)
3	Discretionary power can be delegated to municipal employees	The Local Government Act (1953)
4	The recipients of social work are empowered with discretionary power	Social Services Act (1980)

##### 4.1 Change process 1: The secularization of treatment Decisions

With the municipal reform, first as a mandatory ordinance in 1862 and then elevated into law in 1866, the responsibility of vulnerable individuals was transferred from the parish, and the vestry assembly, to secular bourgeois municipalities. After the reform, social welfare committees consisting of secular community leaders held discretionary power to determine treatment decisions. The argument for the reform was that secular municipalities were more suited to solve issues of a "worldly nature," while the church should focus on spiritual and religious issues (Aronsson, 1999). The idea of locally anchored community leaders as being suitable to determine treatment was however still prevalent, but this law clearly determined that the knowledge base for representing community interests should be secular (Skoglund, 1992, p. 41).

In their roles as representatives of ordinary and private persons, the secular community leaders should “be the eyes and the ears of citizens within public administration” (Bengtsson and Karlsson, 2012, p. 11). Furthermore, through practical experience and local knowledge, laypersons can understand local needs and interests and have a sense of shared responsibility (Bengtsson and Karlsson, 2012, p. 12; Petterson, 2011, p. 30). The state believed that allocating discretionary power to secular laypersons was a beneficial “private alternative”

where citizens jointly solved issues like poverty and substance abuse; it also promoted democracy, participation, and well-behaved citizens (Aronsson, 1999, p. 259; Bengtsson and Karlsson, 2012, p. 29). At this time, the discretionary power of decisions involved matching individuals with forms of treatment such as food, money, permitting the right to beg, foster care, and lodging at the poor house.

In an explanatory supplement to the Poor Relief Act of 1918, the secular character of the committees was highlighted, and it was concluded that positions such as vicars or priests should not be a criterion for someone to be involved in treatment decisions (Aldén, 1925, p. 34). The preparatory work of the law also discourages the idea of allowing public officials to administer and design the support, as the personal commitment and the common sense of the layperson and the knowledge about community would be lost (Swedish Government, 1915). Instead, they recommended that discretionary power should be given to those chosen by the local community, based on criteria such as being “persons in control over themselves and their goods” and not being convicted of crime (Aldén, 1925, p. 32). Still in 1946, one can see arguments concluding that intervention in personal matters, such as poverty and alcohol abuse, could only be legitimized if the treatment decision was anchored within the local community (Swedish Government, 1946, p. 24). The idea of local layperson holding discretionary power was based on the belief that common sense, sound judgment, and public values and interests create a relevant foundation for treatment decisions (Forkby, Höjer, and Liljegren, 2014; Forkby, Höjer, and Liljegren, 2016).

#### **4.2 Change process 2: The establishment of government control and guidance**

Before the late 1800s, the state did not engage in controlling, standardizing or guiding local treatment decision-making (Qvarsell, 2018). The vestry, and after municipal reform, the secular social welfare committee, held discretionary power to plan treatment “the way they find the most useful” (Skoglund, 1992, p. 43). However, the beginning of the 1900s was characterized by increasing attempts to centralize, standardize, and bureaucratize treatment decisions. This development was mainly driven by forces in civil society such as The National Association of Social Welfare (Swärd and Edebalk, 2017) that advocated for increased state responsibility in the early 1900s, which led to the establishment of the NBHW in 1912 and the Ministry of Health and Social affairs in 1921 (Qvarsell, 2003, p. 127). Preparatory work, where the establishment of NBHW was proposed, stated that social issues such as care of the poor and elderly had “been considered very little by government authorities” and that it was about time to set up such a central state agency (Swedish Government, 1912, p. 22).

With NBHW, the national government—for the first time—had a tool for controlling how municipalities cared for their vulnerable community members. This change was necessary to “provide a greater guarantee of a consistent and systematic design” when dealing with social issues (Swedish Government, 1912, p. 33). In 1918, the state made “poor relief consultants” mandatory to reduce arbitrariness in assessments of treatment decisions: “the state must control that poor relief is properly arranged [...] so that the needy can get the support that circumstances require” (Aldén, 1925, p. 52). In addition to control, the consultants should give “advice and give guidance on how to plan treatment” (Aldén, 1925, p. 52). This trend toward a more standardized assessment and planning continued, and a governmental investigation proposed that the state take over the headship, to ensure “uniform standards and be dependent on municipal [...] alternating views on the scope of treatment” (Swedish Government, 1942, p. 43). However, the headship remained with the municipalities, instead

the state used legislation to regulate in more detail conditions for support and appropriate treatment. According to p. 25-26 of the Childcare Act 1960, previously comprehensive concepts of the conditions that should lead to treatment or intervention were delineated into more distinct concepts, and four specific measures were listed which municipalities were obliged to use. The same development was seen in the Sobriety Care Act (1954) and the Social Assistance Act (1956), which both contained specific descriptions of how municipalities should treat different levels of substance abuse (Pettersson, 2011, p. 49). At this time, social engineering was at its prime, and there was a strong belief that rationality and large-scale governmental operation could solve welfare problems (Marklund, 2008).

With the Social Services Act of 1980, the details on diagnosing and treatment of previous regulation disappeared due to the framework character of the law. During the 2000s, the state moved away from local municipalities and developed alternative models for centralized control and guidance. Scholars denoted this as “knowledge governance” (Alm, 2015, p. 219). Knowledge governance means that the state ensures that “quality-assured knowledge is spread and used in the public sector while eliminating non-evidence-based or harmful methods” (Swedish Government, 2014, p. 51). This means that the state, rather than an autonomous profession such as social work, provides the knowledge required to determine which treatment could match different problem statements (Soydan, 2010, p. 190). At this time, NBHW started to publish national guidelines intended to have a normative function on the treatment decision (NBHW, 2007). They also implemented national programs to support these guidelines in the municipalities (NBHW, 2013b, p. 60). Furthermore, it was suggested that state agencies should compile lists of effective treatment forms for substance abuse from which municipalities would be required to select (Swedish Government, 2011, p. 209). Another strategy of knowledge governance was that central authorities demanded municipalities sign a binding agreement to only grant support to persons whose situations fulfilled specific research-based criteria (Kassman, Wollter, and Oscarsson, 2016). With knowledge governance, the state provided what they assessed to important and relevant knowledge, primarily quality-assured and consolidated scientific knowledge, to treatment decision-making (Swedish Government, 2018).

### **4.3 Change process 3: The introduction of professional knowledge**

At the beginning of the 1900s, employees became necessary to carry out the ever-increasing legal obligations that were placed on the municipalities (Pettersson, 2011). Initially, these public officials were not allowed to participate in determining treatment decisions (Swedish Government, 1915), because it risked bureaucratizing social support and thus removed the personal and intimate character that the layperson exercising discretionary power represented (Bengtsson and Karlsson, 2012, p. 97). However, influenced by social movements in the United Kingdom, the United States, and Germany, ideas about an autonomous social work profession advanced in Sweden. Inspired by classic professions like medical doctors and lawyers, these movements tried to establish social work as “a monopolized work field with great autonomy” (Pettersson, 2017, p. 271). In Sweden, this development was pushed forward by the National Association of Social Welfare, portrayed as the founder of professional Swedish social work (Mattson, 2017, p. 21; Swärd and Edebalk, 2017). They started to administer in-house social work courses which the state incorporated as recurrent and formal higher education in 1921 (Soydan, 2001).

The Local Government Act of 1953 introduced the possibility of empowering municipal employees with discretionary power to determine decisions “primarily” of “routine character”

(Swedish Government, 1953, p. 120). The term “routine character” restricted employees from making decisions that significantly affected individuals, such as a formal IFS support decision (Swedish Government, 1953, p. 120; 1976, p. 187; 1977, p. 77). The term has, however, been criticized for not being legally certain as the word “primarily” indicates that it is possible to delegate other forms of decisions under certain circumstances (Swedish Government, 1991, 102). In addition to the legal change in decision-making power, it has been suggested that the Municipal Reform of 1952, which reduced the number of municipalities from 2,498 to 278 and the increased the number of municipal employees, made large scale professionalization possible (Erlingsson, Wångmar, and Ödalen, 2011, p. 15; Swärd, 2018, p. 35). One of the main arguments for the reduction in the number of municipalities was the “increased need for specially trained officials in the field of social work” (Swedish Government, 1961, p. 12). According to the government, the demand for expert knowledge should trump losing some of the personal touch of laypersons (Swedish Government, 1961, p. 22). Important steps were taken to promote this development of professional autonomy: establishing a national professional association in 1958 and establishing social work as an autonomous research discipline in 1977 (Wingfors, 2004, p. 202). These achievements were important steps in support of professional power because they supported the idea that social workers held an exclusive body of knowledge, which the well-established layperson's tradition did not (Pettersson, 2017; Swärd and Edebalk, 2017). Another step toward professionalization in the Local Government Act of 1991 was that delegating discretionary power was expanded from simply routine issues to include more complex issues (Swedish Government, 1991, p. 102).

#### **4.4 Change process 4: The empowerment of the client**

In the mid-1960s a new radical social welfare movement was developed, called the “client movement,” which advocated for increased influence and improved social rights for vulnerable groups such as substance abusers and the mentally ill. The idea was that the users of public welfare programs, the citizens, should be involved in determining which kind of treatment they should receive: treatment decisions should not only be the tasks of welfare professionals or bureaucrats. Several scholars have empirically proven how the movement’s advocacy work at the societal level in the 1960s and 1970s found political support and influenced the legislative process, which then led to more contemporary legislation of IFS in the form of the Social Services Act of 1980 (Karlsson and Börjeson, 2015, p. 23; Pettersson, 2014, p. 25; Trägårdh and Svedberg, 2013). Hermodsson (1998) describes how one idea that was influenced by the client movement gained a foothold in the legislative process: the provision of treatment and intervention in IFS should implement democracy in individual cases, thus replicating broader social and political structures on an individual scale.

As the movement to empower clients gained traction, the central authorities adopted the democratic argument and implemented different forms for influence and discretionary power (NBHW, 2013a, p. 16). A significant step toward empowering clients was the Services Act 1980, which states that treatment must be “designed and implemented together with” (§ 9) the user client. The preparatory work argued that it is “self-evident that it ultimately must be the client who makes the choice” of treatment if several alternatives are available (Swedish Government, 1979, p. 209). According to the following policy, treatment decisions should be characterized by cooperation rather than by one-sided administrative fiat (Swedish Government, 1997, p. 92). In the Social Services Ordinances of 2001, the Swedish government made it mandatory to include the recipient’s perspective in the assessment of treatment decisions. It is also mandatory to document and include these statements in the final treatment decision (NBHW, 2014). The idea of empowering the client was based on a belief



that clients hold important knowledge (“experiential client knowledge”), especially if they have reflected on their situation and shared discussions with others in similar situations, about what kind of treatment works in different situations (Karlsson, 2016). In line with this, in a precedent-setting court decision, it was argued that a clients' will should be taken into account because extensive experiences with IFS treatment could help them to identify appropriate treatment (Supreme Administrative Court, 1991).

## **5 The intersection of standards for discretion in contemporary Practice**

As the previous section illustrates, the development of standards for treatment decisions proceeded through four significant changes. Each change has integrated new discretionary actors (secular laypersons, state authorities, professionals, and clients) into the decision-making process, which before the change did not hold any formal discretionary power. This section aims to analyze the changes by looking at the intersection between these actors and knowledge forms as they figure in contemporary IFS. The analysis is divided into two sections, based on the hierarchy of public administration, first between street-level professionals and superiors such as managers, laypersons and state authorities, followed by the client in contrast to the local public administration (professionals, managers, and laypersons).

### **5.1 Professionals versus superiors**

As the historical review section illustrated, the professionalization of social work has been quite intense in Sweden, and many significant attributes of professionalism are in place. However, when it comes to treatment decisions, professionalization has not reached its full potential, and the power of professionals has not superseded the power of laypersons, managers or the state bureaucracy (Meeuwisse and Sunesson, 1998). In contemporary IFS, discretionary power is still conferred to laypersons; in fact, the Social Services Act (SFS 2001:453) confers all discretionary power to laypersons who are part of social welfare committees. In contemporary practice, laypersons are appointed on the basis of local election results, not based on assets or positions in the local community as they were appointed historically. Despite this, treatment decisions should not be influenced by ideology or party politics; rather, treatment should continue to be based on the representation of community values, common sense and sound judgment (Swedish Association of Local Authorities and Regions, 2006).

However, laypersons who are part of social welfare committees have a non-binding option to delegate discretionary power to employees such as managers and frontline professionals (Local Government Act, 2017). A delegated decision should, nevertheless, be “considered a decision of the Board” (NBHW, 2015, p. 142). The professional ability to assess and redress situations was, however, not considered to be fully developed when the Social Services Act of 2001 was established, rather the professions should “develop decision-relevant knowledge” (Börjeson, 2006, p. 172) and the “choice of methods should become an area of greater scope for the profession’s judgments” (Swedish Government, 1999, p. 294).

Despite this, preparatory works advocated that laypersons should delegate most individual treatment assessments because the employees hold a capacity to articulate social problems and identify techniques to address them (Swedish Government, 1979, p. 141). However, there are limits to professional power—laypersons should impose a change of treatment decisions when strong special interests on the part of clients or officials threaten the overall interests of the community (Ministry of Health and Social Affairs, 2001, p. 30). Studies show that laypersons rarely change actual professional proposals, but they do use communication

strategies to exert normative influence on professional treatment suggestions (Forkby et al., 2014) by pointing out inconsistencies, cost calculation, or social rights of other vulnerable groups, for instance (Lijegren, Höjer & Forkby, 2018).

However, when it comes to more expensive or interventionist service frontline workers may not be delegated discretionary power, but managers who are not involved in daily assessment operations can hold extensive discretionary power over treatment decisions. However, empirical studies show that their power is mainly based on the “professional discretion of managers” and they usually are former social workers committed to social work values (Shanks, 2016, p. 143). When it comes to the relationship between the local authorities and knowledge governance, findings show that a large national program for implementing state knowledge guidelines has had little impact on treatment decisions (Benderix, Fridell, Holmberg, and Billsten, 2012). Alms (2015) concluded that to be successful, knowledge governance strategies must be tailored to each organization's specific conditions.

## **5.2 Client versus local public administration**

As the previous section illustrated, the discretionary power of clients is emphasized in the Social Services Act of 2001. However, the preparatory work states that the client “obviously does not have an unconditional right to receive a certain intervention” (Swedish Government, 1979, p. 185). According to a precedent-setting judgment, the client’s preferences should be honored if they are not inappropriate, costly or difficult to carry out (Supreme Administrative Court, 1991). The government expresses a similar position: “various factors such as suitability, the cost of the desired intervention, as well as client preferences should be considered” (Swedish Government, 2001, p. 91).

While clients have some choice in treatment decisions, professionals and designated laypersons still hold much discretionary power. The public has precedence in selecting “appropriate alternatives” from which the client can then choose (Swedish Government, 1979, 2001). Further emphasizing the responsibility of the public, NBHW states that “client influence and client involvement cannot replace the professional responsibility to ensure a correspondence with the needs of the individuals” (NBHW, 2004, p. 54) and that client influence must be limited if the requested support is proven to be harmful or if the client is a child and thereby has limited ability to predict what will lead to their best future development (NBHW, 2003, p. 79). Another reason for limiting client influence is that vulnerable citizens may have difficulty defending their interests, and public officials, therefore, have an obligation to represent the interests of these vulnerable citizens (NBHW, 2005, p. 54). One final reason for limiting the discretionary power of clients is that the public interest sometimes has higher value than self-interest: the committee should ensure that all people entitled to help under the Social Services Act can be assisted within the limited resources available; therefore, “the client does not have an unlimited freedom to choose social services regardless of cost.... When equivalent interventions are available the cheapest one can be chosen by the social welfare committee” (Swedish Government, 2001, p. 91).

## **6 Discussion and conclusions**

This article explores and contextualizes the development of standards for discretionary decision-making in the field of social casework treatment decisions. The study resulted in two main findings. First, the development of new standards is justified by the fact that it is a better knowledge base for treatment decisions. The driving motor of change in the knowledge base of treatment decisions is advocacy by civil society organizations. Second, the advocacy of new knowledge bases was in several cases successful which has resulted in the accumulation,

or sedimentation, of standards for the exercise of discretion, consisting of an increasing number of discretionary actors and associated knowledge forms.

Beginning with the first finding, the empirical data illustrates the development of new standards is driven by arguments related to the knowledge base of the treatment decision. The main argument behind such changes is that these new forms of knowledge are superior to existing ones. First, replacing the vestry with secular laypersons promised treatment decisions based on secularized common sense, sound judgment, and public values and interests in contrast to treatment based on religious norms. Later, professional knowledge came to challenge layperson knowledge by advocating the superiority of having trained staff, with expert knowledge, be responsible for treatment decisions. Then central state authority got involved, primarily motivated by a need for national consistency, but later as a knowledgeable provider and a compiler of quality-assured research findings. Finally, the experiential knowledge of clients was introduced as important for the choice of treatment since clients provided unique knowledge from the “inside”. These arguments for integrating new forms of knowledge into the treatment decision was mainly put forward by civil society organizations. As illustrated in the empirical data, these organizations emerged from widely different parts of society: the advocacy for professional power from the bourgeois charity (Mattson, 2017; Soydan, 2001); client power from radical left movements (Hermodsson, 1998; Karlsson and Börjeson, 2015; Petterson, 2014). Only knowledge governance deviates from this pattern of advocacy, as these changes were initiated by state authorities (Dellgran, 2018). These findings of sedimentation and the influence of civil society advocacy indicate that public social work organizations are sensitive to pressure and demands in the external environment. New standards for discretion and discretionary actors seem to be quite easily implemented without a thorough analysis of the consequences for the existing structures.

The second finding is that new standards are introduced gradually and intermittently and consequentially, change is characterized by sedimentation (Mahoney and Thelen, 2010; Pollitt and Bouckaert, 2011). The historical analysis, compared to the analysis of contemporary IFS, illustrates that each historical change has left sediments, which means that some historical social casework practices are still active in some form in contemporary practice. One example is that new discretionary actors such as clients have been provided discretionary power without erasing existing structures and without withdrawing discretionary power of professional social workers or laypersons in the social welfare committee. Another example is the introduction of guidelines from state authorities as a new standard for treatment decisions while still claiming professional judgment as a central action prescription. This means that an increasing number of actors, and associated knowledge forms, are involved in the process of treatment decision-making, often with competing priorities; consequently, discretionary power must be negotiated. The discretionary space, where a problem statement and a treatment decision should be determined, becomes a field for negotiations, persuasion, and conciliation between professional social workers, beneficiaries, laypersons and state authorities. This means that actors who hold various forms of knowledge with diverse logic and fundamentally diverse origins must find ways to coexist and communicate. The negotiations begin at the street-level during the assessment phase, where the professional and client must agree on a treatment decision. As the empirical work illustrates, the client has extensive but not unlimited discretionary power. The professional on his part must negotiate with management and laypersons in the social welfare committee about which treatment the public should propose, in accordance or not with the client’s preferences. During this negotiation process, knowledge and guidelines from state agencies can be considered to

various extents. This study illustrates that the development of discretionary standards is made up of different ideas about how to systematize discretionary decision-making. In contemporary practice, no actor or associated knowledge form has been considered strong enough to be the sole basis for treatment decisions; instead, the level of sedimentation requires these competing actors to find ways to negotiate with each other to reach final treatment decisions.

This article opens avenues for research in social work, based on the notion of sedimentation and negotiation. One crucial step to developing research is to scrutinize the negotiation processes between the actors and their forms of knowledge which the sedimentation has brought. Another important research path would be to enter governmental offices and advocacy groups to explore their perspectives on the balance and negotiation between different forms of discretion and knowledge in social casework. The limitations of the study are related to the richness of details in the history of IFS which cannot be covered in this article. The main purpose has instead been to illustrate the larger picture where the standard of discretionary judgment and discretionary power has fundamentally changed. The fact that policy and court documents did not cover the first decades of the study has probably been of minor importance.

Finally, it is important to consider the consequences this pluralism has for social work practice. Negotiations for discretionary power can have both positive and negative consequences within the decision-making process. In the worst case, negotiations can lead to intense conflicts in which stakeholders are unable to agree on the content of a treatment plan. In positive scenarios, the collaboration between different actors and their knowledge forms means that treatment proposals are confirmed by others, and a collective conviction is established, replacing individual uncertainty. Such collective conviction can play an important role in a field like social work which is characterized by constant uncertainty about the effects of various treatments.

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