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Health, disadvantage, and the welfare state

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Chapter 4

How middle managers perceive and articulate
the discrepancy between socio-health service
delivery goals and practice

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Abstract

Social services are an increasingly important part of the welfare state. According to existing scholarship, services should be preventative, tailored and complementary. Yet, in practice, these service delivery preconditions or goals are often found lacking. Managers in street-level organisations can influence this discrepancy, by either alleviating or further enhancing it. That is the issue we explore in this article, by asking how the discrepancy between formal policy goals and actual service delivery is perceived and articulated by middle managers whose work includes the discretionary translation of policy on paper to their employees at the street-level. To address this question, we conducted a vignette interview study among middle managers from a variety of welfare state organisations in the Netherlands. Instead of focusing on one type of service, we focus on several types of services delivered to recipients with a combination of socio-economic and health problems. The results show that the three preconditions of service delivery are perceived to be not or only partly present in service delivery practice in the Netherlands. We distinguish three ways in which middle managers articulate the ambiguous work within this discrepancy. First, they equate prevention with early identification and accessibility of services. Second, they internalise a discourse on customisation. Third, they substitute complementarity for collaboration. Given that the span of influence of the middle managers includes the individual-level more than the organisational- and system-level, we argue that these articulations could reinforce the existing emphasis on the service precondition tailoring at the expense of complementarity and prevention.

Introduction

Social services are an increasingly important pillar of 21st century welfare states. Social services are a form of welfare support requiring interpersonal interaction, such as job training, counselling, and care work. In the post-World War II welfare state, social risks were predominantly compensated through redistributive transfers, such as minimum income benefits and sickness benefits. Today the welfare state must also provide services to equip individuals and families to mitigate risks against which they cannot be reliably insured (Sabel, 2012: 76). Although transfers are still far from irrelevant as a component of the welfare state, there is a movement towards less welfare state spending on compensatory policies (transfers not requiring interpersonal interaction), and at the same time an increase in spending on services (services requiring interpersonal interaction) (Ferragina, 2022).

The shift in focus from transfers to services is described most influentially by the social investment framework (Sabel et al., 2017; Scalise & Hemerijck, 2022). Proponents of social investment have described what could be regarded as a blueprint for social service implementation. Social services should comply to three preconditions to be functional as social investment services (adapted from Sabel et al., 2017; Andersson, 2018; Hemerijck, 2018; Andersen & Breidahl, 2023). First, services should be *preventative*. Second, services should be *tailored*. And third, services should be *complementary*. In this paper we refer to these three preconditions also as goals for service delivery. These three preconditions allow services to invest in human capital, be adaptive throughout the life-course, and prevent expensive reparative costs.

Recent scholarship has pointed at a discrepancy between the social investment blueprint and service implementation in practice, explaining the discrepancy from the perspective of the material conditions confronting service delivery organizations: their “operational core” (Klenk & Reiter, 2023a). The discrepancy is also visible in our case of interest: the Netherlands. Several academic contributions underline the quest in the Dutch socio-health service delivery context to preventative, tailored and complementary services (Duyvendak & Tonkens, 2018; Van Duijn et al., 2022; De Wulf et al., 2023; Sabel et al., 2023; Van der Woerd et al., 2024). The discrepancy is visible in various ways on the national level, but even more so at the local level, after a large group of social services (social care and support, youth care and social benefits, in combination with active labour market services) have been decentralized to municipalities in 2015. In its implementation, the promise of proximity of services to service recipients was married to the promise of budget efficiency. In other words, localized welfare state services promised to be higher in quality and lower in cost (Duyvendak & Tonkens, 2018). In the spirit of the social investment framework, this reform was intended to make space for tailoring of services which allows professionals to cater to individuals’ unique needs with discretion (Sabel et al., 2023). Yet the policy outcomes so far do not match these expectations. With exception of a few bigger municipalities (Utrecht in particular), the results have been mixed (Sabel et al., 2023). A report of the Netherlands Institute

of Social Research concluded in 2020 that the decentralization of services had not (yet) delivered on its promises (SCP, 2020).

The organizations that implement service delivery are still a black box in welfare state scholarship, despite these organizations being mediators of both policy and politics (Brodkin, 2013a). Social investment scholarship has a primary focus on studying expenditure data from specific categories of social policy instead of analysing the inner workings of social services and their delivery (Andersson, 2018; Scalise & Hemerijck, 2022). As mentioned, recent contributions did study the material inputs, outcomes and “operational core” of service delivery.

But public administration scholarship teaches us that workers in the system have considerable discretion in how they operate within the context of this operational core (e.g. Lipsky, 1980; Jilke & Tummers, 2018; Van der Zwaard, 2021; Bernards, 2023). Middle managers are often overlooked in welfare state scholarship, but constitute an essential link in the flowchart of how policies make their way to welfare recipients (Gassner & Gofen, 2018; Klemsdal et al., 2022). Moreover, middle managers find themselves in the grey zone of translating policy on paper to their employees at the street-level (Gassner & Gofen, 2018; Klemsdal et al., 2022).

The role of such managers in either alleviating or further enhancing the discrepancy between policy goals and practice has not been studied in the social investment literature. We propose to do so by studying how such managers perceive the operational conditions and their ability to further social investment policy goals within these. Our focus on middle managers allows us to connect studies of service delivery to scholarship on social investment policies in which a discrepancy between formal policies and actual delivery has been found (Klenk & Reiter, 2023a). We believe middle managers are particularly well-suited to offer new insights contributing to the study of service delivery, because in a context of scarcity of operational conditions, middle managers may focus on securing certain preconditions for social investment policies rather than others. This research thus answers the question: How do middle managers perceive and articulate the discrepancy between service delivery goals and practice?

To address this issue, we conducted a vignette study among middle managers from different types of welfare state organisations in the Netherlands. Instead of focusing on a type of service, we focus on several types of services delivered to a specific service recipient group, namely recipients with a combination of socio-economic and health problems throughout life (for a similar strategy see Andersson, 2018). To do so, we used vignettes in our interview study. Uniquely, we based the vignettes on the real life stories of people living in the Netherlands. Four vignettes were used, each telling the life story of a disadvantaged individual struggling with socio-economic problems alongside poor health outcomes. Given the cumulation of problems over the life-course, they are one of the main target groups for social services (Wolff & De-Shalit, 2007; Goijaerts et al., 2025). This disadvantaged group

of service recipients thus forms an illustrative case for the preconditions of services as described above.

The results show that middle managers indeed perceive a discrepancy between service goals and service delivery in practice, as recent scholarship suggests, and have different ways of articulating their work within this discrepancy. We identify three such articulations. First, middle managers *equate* prevention with early identification and accessibility of services. This makes prevention more tangible in daily practice as it comes to revolve around the mismatch of service supply and demand. Second, middle managers have *internalised* the discourse on customisation to be a catch-all solution to improving service delivery. The success of service delivery depends, in perception of the middle managers, on the frontline professionals. And third, middle managers recognise the importance of complementarity in line with Hemerijck (2018), but do not often pursue this goal. In practice, we found that middle managers *substitute* system-level and organisational-level complementarity with individual-level collaboration. Taken together, the three articulations reinforce existing discrepancies between service goals and service delivery. Given that the span of influence of the middle managers includes the individual-level more than the organisational- and system-level, we argue that these articulations could reinforce the existing emphasis on the service precondition tailoring at the expense of complementarity and prevention.

Service delivery as 'locus operandi' of the social investment state

Welfare states in Western countries have developed in the direction of the social investment state (Hemerijck, 2018). The social investment state is a strategy to protect citizens from 'new' social risks, such as labour market transitions and the combination of work with care responsibilities, whilst at the same time maintaining traditional welfare benefits which protect against 'old' social risks such as illness (Bonoli, 2005). Central in the social investment strategy of protecting against 'new' social risks are so-called social services. Social services are a form of welfare support requiring interpersonal interaction, such as job training, counselling, and support for care work. These services are of growing importance in welfare states. There is a movement towards less welfare state spending on compensatory policies such as unemployment benefits, family allowances and income maintenance (transfers not requiring interpersonal interaction), and at the same time an increase in spending employment activating policies including services such as childcare and active labour market policy (services requiring interpersonal interaction) (Ferragina, 2022).

For social services to function in a way that is congruent with social investment, they should comply to three preconditions or goals (adapted from Sabel et al., 2017; Andersson, 2018; Hemerijck, 2018; Andersen & Breidahl, 2023). First, social services need to work *preventatively*. The provision of social services should aim at the early identification of problems in order to prevent problems from growing more severe. Second, social services need to be *tailored*. Tailored services aim to increase

flexibility that fits with the lives of citizens who face and navigate the increasing uncertainties that characterize flexible labour markets and de-standardized life-courses. Third, social services need to be *complementary*. When services are complementary, it means that different types of services, even in different policy domains, work in a complementary way as to mirror how different domains in the a person's life-course are also interacting. Through complementary services, the benefit for recipients is maximized. Together, these three preconditions form a blueprint for social investment services and their desired outcomes. At the same time, the discussion on these preconditions in the social investment literature remains vague. One of the direct contributions of this study will thus be to show how middle managers themselves conceptualize these preconditions in their daily work. Moreover, little is mentioned in social investment scholarship about how social services should be organized to obtain these desired preconditions. Social investment scholarship emphasizes the importance of social services and desired goals, but not the implementation thereof, with a few exceptions (e.g. Scalise & Hemerijck, 2022).

In a recently published special issue, Klenk and Reiter (2023a) draw our attention to what they call the “operational core” of social investment service delivery. This important contribution shifts the attention from the presence of social services from expenditure data to the conditions of implementation of social services. The authors study a wide range of variables important for implementation such as “human resources, technical expertise, organisational structures, leadership, governance processes, and the ability to engage with stakeholders and utilise evidence-based practices” (Klenk & Reiter, 2023a: 110). They build on Wu et al.'s (2015) conception of policy capacity to structure their theoretical framework. According to Wu et al. (2015), policy capacity can be categorised into three different types – analytical, operational and political skills and resources – that are relevant at three different levels: the system, the organisational and the individual level. This conceptualization of policy capacity provides a tool in an otherwise policy-focused social investment scholarship to analyse the inner workings of social service delivery. Interestingly, the contributors of this special issue find that service delivery is commonly not able to facilitate the social investment goals (Klenk & Reiter, 2023b; Andersen & Breidahl, 2023). Yet besides the paper of Andersen and Breidahl (2023), all contributions are mainly based on the empirical foundation of document analyses and therefore fail to take account of the highly discretionary character of policy delivery (Brodin, 2013b: 8).

From public administration scholarship, we know that material conditions are not the only important variables in studying service delivery. Public administration scholars have long studied the role of public service professionals delivering services, with a strong focus on their use of discretion. The scholarship on street-level bureaucracy specifically describes how front-line professionals are also policy-makers in the sense that they use their discretion in the implementation of policies, actually influencing these policies through individual interpretation (Lipsky, 1980). Discretion is the space of human judgment in service work (Lipsky, 1980). Because of this discretion, the output of the system is not only dependent on

public institutions and organizations, but also on the agents employed by them. Street-level bureaucrats and frontline professionals have been thoroughly analysed in existing scholarship, also in the Dutch welfare state context (e.g. Raaphorst, 2017; Trappenburg et al., 2020; Tummers & Bekkers, 2014; Van der Zwaard, 2021). This scholarship describes, amongst other things, how street-level bureaucrats can tailor services to the individual needs of citizens and their importance for the quality of the services delivered (Van der Zwaard, 2021; Bernards, 2023).

Building on the seminal work on street-level bureaucracy (Lipsky, 1980), scholars have studied the organisations in which street-level bureaucrats and their managers work. Street-level organisations (SLO's) are the agencies and governmental departments directly engaged in service delivery and as such play a pivotal role in the performance of the welfare state (Brodkin, 2013a). Even more, SLO's matter in policy and politics, because *de facto* they do the work of the welfare state shaping policy content through discretion (policy) and influencing stratification outcomes through responding to individual claims of need (politics) (Brodkin, 2013a). Importantly, this all happens in a rather invisible way (Brodkin, 2013a: 24). The managers in these SLO's are often overlooked, but essential to understand the workings of the welfare state, because they operate between street-level bureaucrats whose work involves major discretion and autonomy on the one hand, and executives and policy makers at the strategic level of both central and local government on the other hand (Gassner & Gofen, 2018: 552; Klemsdal et al., 2022: 737). Middle managers are an essential link in the flowchart between the service goals and the service delivery practice (See Figure 1).

Studies of the work of street-level managers emphasize the ambiguity of their work. Gassner and Gofen (2018) show that street-level managers neither operate only in name of the state, nor to the service of the individual citizen. Rather, these managers “invest in collectively oriented street-level efforts that involve routine activities aimed at establishing and nurturing ongoing reciprocal relationships with policy clientele, which serve as the infrastructure of the SLO's functioning” (Gassner & Gofen, 2018: 565). Klemsdal et al. (2022) introduce the term ‘situational work’ to conceptualize the work of street-level managers when implementing reforms. They show that street-level managers “accommodate everyday situational contingencies trying to tie together reform objectives with interests and expectations of workers, clients, and local service partners” (Klemsdal et al., 2022: 736). Managers articulate this by establishing a shared conception of new ways of working and balancing justifications of the reform with other concerns, for instance those of clients (Klemsdal et al., 2022: 746). Future research on the grey area in which managers in SLO's operate should answer how characteristics of policy clientele might shape street-level management (Gassner & Gofen, 2018: 565) and the degree to which situational work is an effect of organisational reforms or whether situational work can also be found in contexts in which no reforms are implemented (Klemsdal et al., 2022: 747). Our research focus on the perception of middle managers of SLO's on the discrepancy between formal service goals and actual service delivery for a specific disadvantaged recipient group fits well with these proposed avenues for future research.

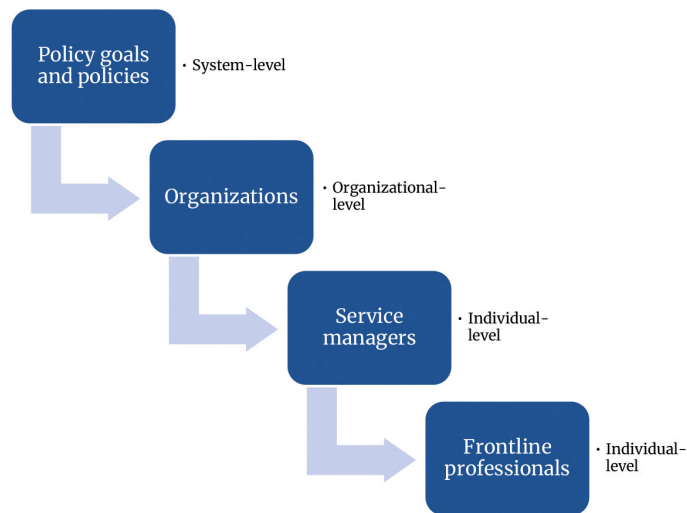


Figure 1: Service implementation flowchart

Research Design

Our research encompasses an interview study of middle managers from different policy areas in the context of the Dutch welfare state, focusing on disadvantaged individuals through the use of vignettes. The Netherlands has been categorized as social investment state, however the jury is still out on the extent to which this is the case (Van Kersbergen & Hemerijck, 2012; Bokhorst and Goijaerts, forthcoming). In the Netherlands, we find the discrepancy between service goals on paper and the practice of social service delivery, both at the national and the local level (e.g. SCP, 2020; TK, 2021). As such, the Netherlands is an interesting case for us to study the discrepancy between service delivery goals and practice.

As mentioned in the introduction, we study service delivery to disadvantaged groups specifically as an illustrative case for the functioning of social services. In the Netherlands, one in six people is dealing with a multitude of problems (SCP, 2023). The need for social services to be preventative, tailored and complementary is most prevalent for this group. Hence focusing on this specific group allows us to set up an illustrative case for the three social investment goals we defined.

To gain an insight into how middle managers cope with the service delivery to this disadvantaged group, we interviewed middle managers of welfare state organizations that deliver services about their perceptions on service delivery for disadvantaged groups. Middle management is usually broadly defined as encompassing a vaguely defined middle ground in organisations, basically anything except the top and the bottom (Ainsworth et al., 2009). Instead, we take the perspective of Oldenhof (2015: 11) who articulates the multiplicity of the middle manager: “This manager can find her/himself in the middle between conflicting

values (e.g. efficient and good quality of care), in the middle of multiple identities (e.g. 'hybrid' managers with professional backgrounds) and in the middle between operational and strategic work (e.g. ad-hoc reality and abstract visions)." Middle managers are thus the bridge between the system with its policies and rules on the one hand, and the frontline professionals' work with clients on the other hand. The participants of this study can be both the managers of frontline professionals or policy workers in public organizations.

We used vignettes in the interviews to observe the perceptions of the middle managers regarding disadvantaged service recipients. Vignettes refer to text, images or other forms of stimuli which research participants are asked to respond (Hughes & Huby, 2002). Vignettes are short descriptions of situations that resemble daily experiences (Wilks, 2004). For this study, we created vignettes based on real-life biographies of disadvantaged people with a combination of socio-economic and health problems. Hence each vignette comprised of a summarized life story of about half a page. The benefit of using real-life vignettes in relation to studies of work, is that they have the potential to allow for the elicitation of rich, detailed and frank comments because of the ways in which the real-life vignettes allow researchers, by association, to temporarily attain the status of an 'insider' within a group (Sampson & Johannessen, 2020: 70). However, the vignette remains a heuristic for actual behaviour and is still prone to risks such as social desirability bias.

A total of four vignettes were written and in every interview the two most relevant vignettes were used. The first vignette is on a man aged 70, who breaks his knee at the age of 55 and enters a spiral of loss of income, unemployment, and growing health problems. Vignette two tells the story of a woman aged 35, who suffered physical and emotional abuse growing up and parallel to this has developed health problems from a young age onwards. The third vignette shows the life of a woman aged 60, whose life is marked by flexible jobs, insecure housing, and minor health problems looming in the background as she grows older. Finally, vignette four tells the story of a man aged 23, who after a troubled youth and criminal offenses ends up on the streets. He recovers, but insecure jobs and unexplained health problems keep him from building a fully secure life. The full texts of the four vignettes are reproduced in the appendix.

The middle managers we interviewed were selected on the basis of the information in the life stories we used for the vignettes. The disadvantaged individuals on whom the vignettes are based, interacted throughout their lives with services from multiple policy domains. Hence, we included these other policy domains beyond the socio-economic and health domain as well. The middle managers were selected from five policy domains: healthcare, social care, finance, justice and security, and housing. We interviewed twenty-five middle managers from different welfare state organisations, approximately five per category. In the Netherlands, some of these organisations are at the national level, but due to the nature of service delivery, most are at the subnational level.

Table 1: Type of organization in which the respondents work as middle managers (national level organizations in italics)

Healthcare	Social Care	Work and Income	Housing	Justice and Security
General practice (Respondent 5, L)	Social work (Respondent 4, M)	<i>Employee insurance agency</i> (Respondent 24)	Social housing (Respondent 1, S)	Police (Respondent 18, S)
General practice (Respondent 14, L)	Welfare work (Respondent 6, L)	<i>Tax authority</i> (Respondent 25)	Social housing (Respondent 8, M)	Care and Safety House (Respondent 23, L)
<i>Health insurance</i> (Respondent 3)	Municipality youth (Respondent 21, L)	Financial curatorship organization (Respondent 15, L)	Municipality homelessness (Respondent 7, L)	Municipality security (Respondent 19, L)
Mental healthcare (Respondent 2, S)	Centre Youth and Family (Respondent 16, L)	Municipality social assistance (Respondent 12, L)	Municipality homelessness (Respondent 17, L)	Municipality security (Respondent 20, S)
Youth medical care (Respondent 13, L)	Municipality financial support (Respondent 9, L)	Municipality active labour market (Respondent 11, L)		
Addiction care (Respondent 22, M)	<i>Debt support</i> (Respondent 10)			

* The indication L/M/S refers to the size of the work area. Large refers to the Dutch biggest G4 cities. Medium refers to the Dutch medium sized G40 cities. Small refers to smaller cities and villages.

The interview consisted of three steps. In the first step, the respondent was asked to read the vignette after which the principal researcher prompted the respondent to 'think-aloud'. The literature on vignettes typically suggests the use of 'think-aloud' questions in order to let interviewees react to and talk freely about the vignettes (Willis, 2005). In the second step, the respondent was asked how they assess the case and to explain the steps they would take when confronted with the case. This part also included questions on which elements facilitated service delivery and which rather obstructed service delivery or formed a threshold. The final part of the interview asked about the life stories more specifically: did the respondents recognize patterns of these life stories in their work and would they be able to adapt services to these patterns in people's life? Hence in the latter step, we asked the interviewees indirectly for the ideal goals of services: tailored, complementary and preventative.

The participants were recruited by contacting the selected organizations, where possible through personal networks and snowball-sampling. Because of this sampling technique, there is an overrepresentation of the local context of the municipality The Hague. The Hague is one of the larger cities in the Netherlands, representative to other larger cities in terms of the presence of social problems. Other differently sized municipalities and national organizations were included in the sample as well, see Table 1. Interviews lasted on average sixty to ninety minutes. The interviews for the vignette study were conducted between March 2022 and September 2022. All interviews were recorded and transcribed verbatim.

We followed the recommendation of Harrits and Møller (2021: 538–539) to conduct an analysis using both open/initial and closed/focused coding techniques (Charmaz, 2006). The software Atlas.TI was used for the coding exercise. In the first step of analysis, we used inductive open coding. In the second step, we clustered existing codes in coding groups, still in an inductive manner. In the third analytical step we made theoretically informed themes of the existing coding groups, based on the service preconditions (preventative, tailored, complementary) and the different levels on which the middle managers' perceptions focused (individual-, organisational- and system-level). See Figure 2 for a flowchart of our coding process resulting in the main code themes. Based on the theoretically informed themes, we found the articulations of the middle managers on how they deal with the service preconditions and the lack thereof in daily practice.

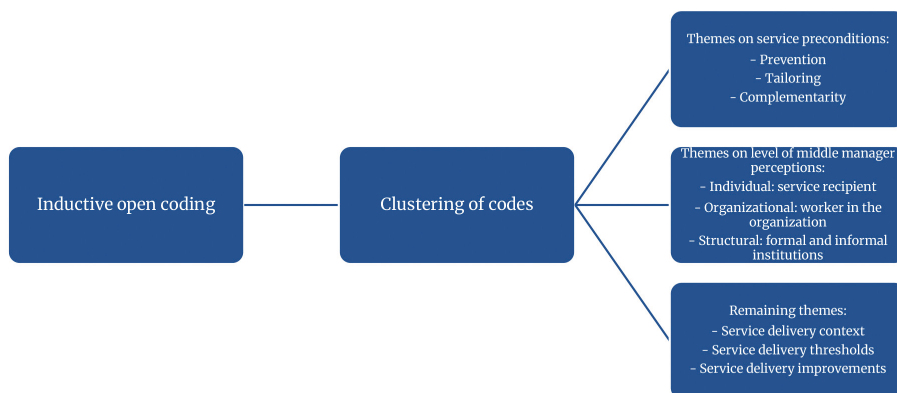


Figure 2: Coding process flowchart

How middle managers perceive and articulate the discrepancy between service delivery goals and practice

The life stories of disadvantaged individuals were portrayed in the vignettes, because these individuals most need services that are preventative, tailored and complementary. All the respondents recognized the life stories in the vignettes and also the patterns of how the problems developed in the life stories. In some cases (e.g. interviews 3, 6, 7, 17), respondents even said that they thought these cases were quite ‘simple’ and that they were used in their work to more extreme cases or that every one of the cases they are confronted with is similar (e.g. interviews 11, 12). Even though the vignettes were not deemed extremely complicated cases, the respondents had mixed beliefs in the power of their own service provision to turn the lives of those described in the vignettes around in a positive way. In their reflection on the service preconditions, the middle managers found them lacking. In the analysis of the results below, we will first describe the perception of the middle managers on the presence of the preconditions, after which we will show how middle managers articulate their work within the discrepancy between service delivery goals and practice.

Contrary to the policy goals of the decentralization (SCP, 2020), the middle managers we interviewed do not believe that services work preventatively. When asked how the interviewees (or the professionals that they manage) would be involved in the vignette cases, many responded that it depends on the timing of signalling the person or problem in question. One respondent (respondent 15) pointed with her finger to the last line of the vignette to show when she would provide her service, before pointing to the line where the service should ideally be provided – the first one.

On the precondition of tailoring, our results show a mixed picture. In the interviews, we observed both middle managers who confirmed the presence of tailoring and

those who disconfirmed it, related to the presence of organizational capacities. The customized approach has been implemented in some municipalities as an official method ('*doorbraakmethode*'). With this method, municipalities aim to help citizens with a multitude of problems. As Sabel et al. (2023) also argue, the tailored service provision is becoming partly institutionalized in the Netherlands. There is also a growing availability of special programs for this target audience. But often these programs are subsidized by the government with temporary resources, meaning the programs – successful or not – have a time limit and then disappear again for new programs to be installed. So although some programs emphasize tailoring, these programs are often based on short-term investments, instead of long-term investments.

The final precondition complementarity is described by scholars like Hemerijck (2018) as important criterion for success. Our findings, however, indicate that the potential of services to deliver this outcome is hampered by the perceived lack of service integration and excessive bureaucracy. In line with De Wulf et al. (2023), the respondents often mentioned lack of service integration (popularly referred to as policy siloes or '*verkokering*') as a problem in public organizations. An example of a professional dealing with policy siloes is the manager of the curatorship organization (respondent 15). In her experience, the complexity of dealing with the bureaucracy of debt payments is so high, that even she as a professional can sometimes not make sense of it, let alone a citizen who is in debt and potentially has a lower educational level or language proficiency. Siloes are said to complicate collaboration across external organisations and internal departments – vertically and horizontally. Bureaucracy adds to that by making public organizations very hierarchical and slow.

Similarly to what Klenk and Reiter (2023a) and the other contributors to their special issue write, we see a discrepancy between the preconditions and the practice of service delivery, which can be linked to the operational core of the welfare state. The availability of policy capacities at the organisational-level is an important limiting factor in service delivery. The Dutch welfare state is currently confronted with unprecedented personnel shortages, which was mentioned in most of the interviews. As a consequence, these shortages lead to increasing workload and waiting lists. Especially in youth care, this is an apparent problem, where interviewees mention that sometimes they cannot help their clients for months due to waiting lists. This finding is illustrated in the following quote.

*At this moment I think [the rise of healthcare costs] is a big challenge,
but an even bigger challenge is the labour market*
– **Middle manager health insurance (respondent 3)**

ICT systems sometimes play a tangible role in creating siloes. An example is that Dutch medical doctors all share in the same secured data registration software, but nursing and social care in homes of elderly people do not use the same system. The respondents also referred to important thresholds at the system-level. Firstly,

the interviewees mentioned extensively the Dutch privacy laws which inhibit data sharing about a citizen without explicit consent of the citizen in question. Due to this legislation, organisations cannot automatically share important information with other professionals, teams or organizations. Financing plays an important role in service delivery, not only the availability of monetary resources, but also the way in which the financing is structured. Some interviewees explain that their incomes are project- or subsidy-based, which endangers the continuity of services they deliver, as explained in the quote below. Other interviewees who work in (parts of) organizations not dependent on temporary income explain how most of the effort and money goes into temporary projects and not in strengthening existing services.

You have to provide continuity and make sure you get your subsidy every year
– **Middle manager welfare organization (respondent 6)**

The existence of the discrepancy between the preconditions and the practice of service delivery in the perception of middle managers has consequences for their work in a similar way as what Klemsdal et al. (2022) describe as ‘situational work’. The middle managers reflect on this discrepancy in different ways. Below, our analysis of the vignette interviews explains how the majority of middle managers articulate their work in this discrepancy. First, they *equate* prevention with early identification and accessibility. Second, they *internalise* a discourse which emphasizes the importance of professionals in service delivery, related to the tailoring preconditions. Third, they *substitute* certain service preconditions which should be structurally organised for individual-level professional competences, substituting complementarity with collaboration. We describe these three articulations in more detail below.

Yet some interviewees had different articulations of their work in the discrepancy between goals and practice. Namely, they looked for structural explanations outside their work of the discrepancy rather than reflecting only on trying to work in an existing discrepancy. One group of interviewees (11, 12, 14) argued that in the current system there is no possibility to have customised services and real preventative measures due to complexity, lack of resources and personnel. Nevertheless, this group did not pose an alternative to the current situation either. A minority of interviewees (7, 17, 24, 25) responded with a different general narrative, pointing to system-level problems and seeking for system-level solutions. The middle manager of the Tax Authority (respondent 25) talked about an alternative “one-stop shop” structure of service delivery for the whole government. That way, not the citizen but the professional has the responsibility of dealing with the siloed complexity of services. The manager of the homeless service provision team in a municipality (respondent 7) suggested that financing needs to change completely. Right now the money is going towards bureaucracy and maintaining complex systems instead of to the people who the services are for. A manager of the national employee insurance agency (respondent 24) proposed that if we would implement a universal basic

income, we could save a lot of money on bureaucracy and so it could in the end be the more efficient and better option.

Equation of prevention with early identification and accessibility

Reflecting on prevention, the interviewees often equated prevention with early identification. Early identification of problems is a relevant topic in the interviewees' work in multiple ways: they often do not have the time for it, because they are busy dealing with the case load as is, or they are overwhelmed by the amount of potential clients identified. In short, interviewees spoke about a mismatch in supply and demand of service delivery, especially regarding prevention.

When reflecting on the *preventative* capacity of their service delivery, the middle managers said that disadvantaged citizens struggling with a multitude of problems do not look for help or even hide their problems (due to, possibly shame or taboo surrounding the problem, or practical issues such as language barriers). This is in line with Reijnders (2020) who found that non take-up of services is a widespread issue. The probability of citizens receiving the right services hence declines drastically. This threshold to service delivery was interpreted by the interviewees as a realistic part of service delivery. This is illustrated by the following quote from an advisor of a municipal financial help team (respondent 9), in which she explains that services only reach the people who look for help: "So that's the paradox, we can't help Eddy, if Eddy doesn't want to be helped. Or if Eddy is not ready, or if all those places that see Eddy don't tell us that Eddy is in need."

Some interviewees reflected on the lack of early identification through the design of services. The team leader of an interdisciplinary team working with homeless people (respondent 17) described what she called the problem of inclusion–exclusion criteria. She recalled going to a municipal service to ask why the homeless person she was helping was not receiving a certain service anymore. The municipal employee answered that they had tried calling the person in question three times, and the rule stated that after three unanswered calls the person would be expelled from the list of beneficiaries of the service. The team leader in response said that it was outrageous to have a rule like this in the instance of a homeless person, who does not even have a phone. This articulation is related to scholarship on administrative burden, which shows how policy design affects accessibility of services (Moynihan et al., 2015).

The existence of this type of inclusion–exclusion rules in the Dutch administration was echoed – albeit less explicitly – in a few other interviews. Examples mentioned in the interviews are situations in which services cannot be offered when citizens do not have an address or a bank account, or when citizens are below or above a certain age limit. Sometimes citizens can receive priority on housing, only if they have already lived in the municipality for a longer time. In other occasions, where the admittance to a certain facility is dependent on the scale of the problems, these can be judged as not severe enough or too severe. For example, to gain entry into a rehab facility, citizens may need to have their own housing, yet some lose their house due

to addiction. Or citizens cannot enter mental health treatment as long as they have an addiction, but they have an addiction because they have mental issues. These inclusion-exclusion criteria create an accessibility threshold for people in need of services and thereby hamper prevention of existing problems spiralling further.

Internalization of the customization discourse

A second articulation we identified from the interviews is middle managers' internalisation of a discourse on the benefits of tailoring, in Dutch policy jargon often referred to as customised approach ('maatwerk'). This articulation embeds the importance of the individual professionals for service delivery in the middle managers' perception. The middle managers reflected with great enthusiasm on capacities at the individual-level. In general, the interviews illustrate an enormous sense of trust in the abilities and devotion of frontline professionals. Some interviewees were very adamant in expressing that the professionals they manage are the ones who have the knowledge and who know what is best for the citizen, and they should give them as much space as possible in delivering the services frontline professionals deem best.

Similar to what Sabel et al. (2023) write, we find that the middle managers relate to customisation not only as temporary solution, but also as desirable policy goal moving forward. This finding is illustrated in the quote below, in which the welfare worker describes that she sees an increase in discretionary space and the recognition thereof:

There is more space for [customisation] now than in the past, when you just had to work with whatever indication you had. Now we look at what type of customisation a case needs and what we can do for it. There is more space for that now, in my perception. And also more awareness of the necessity for it.

– Middle manager welfare organization (respondent 6)

The service precondition of tailoring thus receives a lot of attention. This finding is corroborated by letters to parliament in which the Dutch government presents programmes to invest in tailoring both on the national and local level of service delivery.¹⁰

The internalised discourse of customisation by the individual professional as the solution is not without risks, however. Some interviewees discussed both individual prejudice of some public professionals, and a broader societal prejudice about the target group of people with a multitude of problems. According to respondent 17, for instance, exceptions will be made and help will be provided for people who are deemed "sweet and sad", whereas people who are deemed "dirty and aggressive" face closed doors. We see this somewhat play out in interview 20, in which the respondent comments on the vignette case that it reads as a "hopeful" case and therefore he would feel motivated to help this person.

10 Letter to Parliament. Tweede Kamer, vergaderjaar 2022–2023, 34 477, nr. 84.

Moreover, service delivery cannot always be customised. Some services which are institutionalized by law are offered as mass service delivery, meaning there is little space for tailoring. Two interviewees from the minimum income service and activation service of a large municipality explained how the minimum income service has been transformed to a back-office service, completely digitalized, and the activation service has a case load of nine thousand citizens for nine professionals. Under these circumstances, tailoring of services does not take place. When the middle manager of the second service (respondent 11) was asked what type of impact she and her team could make on the lives of people, her response was blunt: “zero”.

Substitution of complementarity with collaboration

A third articulation we identified from the interviews is the substitution of complementarity on the organisational- and structural-level with collaboration at the individual-level. Several studies of the Dutch socio-health service delivery underline the importance of the quest for integration of services (Van Duijn et al., 2022; De Wulf et al., 2023; Van der Woerd et al., 2024). As we have showed earlier, the middle managers perceive a lack of complementarity in the services they deliver. The middle managers perceive the structure they work in as a threshold and a reality they have to accept, as illustrated in the quote below:

We have created a structure that to some extent perpetuates, or sometimes even feeds the problem, where people go from pillar to post, where there is no breakthrough in the short term that is needed, [...] or that people who can achieve a breakthrough are not facilitated or sometimes even stopped from doing so.

– Middle manager municipal security department (respondent 20)

According to the interviewees, the citizens who are stuck in this system of siloes could be helped by the professional who listens to the needs of the citizen, without thinking about the rules of the system, and then helps the citizen navigate through the system to have their needs fulfilled.

In extension of the internalised discourse on customisation, middle managers perceive that frontline professionals can overcome the lack of complementarity through collaboration beyond the boundaries of their own organisation and policy domain in order to help disadvantaged citizens with a multitude of problems. Here the interviewees expressed that good collaboration requires that professionals, but also their managers and the managers on higher levels of the organization, are able to quite literally find each other (*‘elkaar weten te vinden’*), as the quote below shows:

What is crucial is knowing each other's faces. We are worth gold because we sit at the table with each other. This colleague, she joined another organization six months ago. And right away, so bizarre, I just don't manage to consult with her very well anymore. It's so difficult.

– Team leader municipal homeless team (respondent 17)

This could mean that they work in the same office, that they meet informally so that they recognize each other's names and faces, or that they have the right contact information. The intuitive and basic human logic here is that once you know each other, you feel less restrained in asking for help on a case and also more willing to help each other and if necessary bend some rules.

Interestingly, a strong reoccurrence of the narrative across the interviews presents the lack of service integration at the system-level as a threshold to service provision and seeks the solution in the individual-level collaboration between professionals who customise services. This substitution articulation was found in all but eight of the interviews. The respondents in these interviews were critical about the current system, but propose individual-based solutions in the current system: more customisation to the needs of the individual clients, more collaboration between professionals across domains. In general, the code 'collaboration' was by far the most frequented in the interview analysis. From this, we infer that the respondents see collaboration as the key characteristic of service provision for people with a multitude of problems covering different policy domains.¹¹

In short, the results show that the three preconditions of service delivery as described in the literature and policy-making are perceived to be not or only partly present in service delivery practice. On the one hand, this is due to lacking capacities such as finances and personnel. Yet on the other hand, we find that middle managers articulate their work in this discrepancy in three different ways, namely they equate, internalise and substitute. The results are summarized in Table 2.

Table 2: Summary of the results

Service delivery goals or preconditions	Discrepancy perceived in practice?	Articulation
<i>Preventative</i>	Yes	Equation of prevention with early identification and accessibility
<i>Tailored</i>	Partly	Internationalization of customization discourse
<i>Complementary</i>	Yes	Substitution of complementarity with collaboration

11 A triangulation of these results with the 2022-2023 policy plans presented by the Minister for Poverty Policy, Participation and Pensions (Rutte IV government 2022-2023) corroborates that this narrative is not just apparent among middle managers, but also in policy documents (Letter to Parliament. Tweede Kamer, vergaderjaar 2021-2022, 24 515, nr. 643; Letter to Parliament. Tweede Kamer, vergaderjaar 2021-2022, 34 352, nr. 253).

Conclusion

Despite the growing importance of service delivery for the welfare state, research on service delivery in welfare state scholarship is relatively sparse. Social investment literature describes a blueprint for social service preconditions or goals: services should be preventative, tailored and complementary (adapted from Sabel et al., 2017; Andersson, 2018; Hemerijck, 2018; Andersen & Breidahl, 2023). Yet the focus in this scholarship is often on the presence of certain services and their expenditure patterns more than their implementation. This paper contributes to the growing scholarship which studies the translation from social policy to implementation (e.g. Scalise & Hemerijck, 2022; Klenk & Reiter, 2023a), by building on literature that has conceptualized service delivery as a discretionary and rather invisible part of the welfare state, but nonetheless a mediator of both policy and politics (Brodin, 2013a).

Our findings contribute to welfare state scholarship by opening the black box of street-level organisations that deliver the services that are a fundamental part of social investment policies. We explored how middle managers bridge the discrepancies between goals and practice for a specific recipient group of disadvantaged people in their articulations. First, they equate prevention with early identification and accessibility. Second, they have internalised a discourse on the benefits of customisation by frontline professionals. Third and final, they perceive a lack of complementarity in the services they deliver, yet they perceive tailoring of services as a compensation thereof. These interpretations are likely to be context-specific. More research is recommended to academically conceptualize prevention, tailoring and complementarity, for instance by distinguishing tailoring from customisation and personalisation and exploring the relation with paternalistic framing of services.

More specifically, we contribute to the existing literature that theorizes the ambiguous work of middle managers in street-level organisations. Related to the concept of 'situational work' that describes the ambiguous work of middle managers in implementing reforms, we find that middle managers find articulations for the ambiguity of their daily work, not just in the case of implementing reforms (Klemsdal et al., 2022). Related to the importance of policy clientele in the work of middle managers (Gassner & Gofen, 2018), we found that the middle managers were highly aware of the characteristics of the recipient group we studied, and we speculate (since we did not compare different recipient groups) that the strategies found in this article are related to this specific recipient group of disadvantaged individuals whose interrelated issues call specifically for collaboration and customisation in service delivery. To further this research, it could be an interesting avenue to study the influence of the political and union representation of street-level organisations' middle managers on their perceptions and articulations as Perera (2025) found this representation to be an important explanans of the level of service provision in affluent democracies.

Furthermore, we found that in the perception of middle managers the three preconditions of service delivery – prevention, tailoring, complementarity – are not met in practice. Middle managers not only saw a lack of prevention, they also perceived tailoring not as a requirement of itself, but rather as a compensation for lacking complementarity between different policy domains. Our study thereby confirms Klenk and Reiter (2023a) in showing that within the translation of policy to services, the service goals are not realized. These observations echo recurrent criticisms of the social investment framework, which highlights the discrepancy between the description of policies that *should* be implemented and how policies are implemented *in practice*. For instance, whilst the social investment framework explicitly states to reach for gender equality and fight intergenerational poverty, it has simultaneously been criticized for making these goals secondary to the financial sustainability of the welfare state (Morel et al., 2012; Saraçeno, 2017; Laruffa, 2021).

Our results also contribute to policy practice. Having observed the three articulations of the middle managers, we argue they might be prone to a self-reinforcing effect. The middle managers perceive their span of control to be at the individual-level instead of at the organisational- and structural-level. The equation of prevention with early identification and accessibility, the internationalisation of a customisation discourse, and the substitution of institutional complementarity with individual-level collaboration confirm this pattern. Over time, middle managers may neglect the organisation of the theoretically prescribed preconditions in the structure and organisation of service delivery in the Dutch welfare state. Due to this self-reinforcing effect, the service preconditions of complementarity and prevention will receive decreasingly less attention in favour of tailoring. In other words, there is a risk of cherry-picking one precondition that in theory and policy has been prescribed in combination with two other preconditions.

