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ENSURING EQUAL OPPORTUNITIES AND NON-DISCRIMINATION IN THE PROVISION OF SOCIAL SERVICES IN LITHUANIA: BETWEEN PROFESSIONAL EMPATHY AND MUNICIPAL POLICY STANDARDS

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Abstract

Despite Lithuania's legal and policy efforts to promote equality, marginalized social groups continue to face obstacles in accessing public services. This study investigates how frontline social service providers in Klaipėda municipality navigate the tension between empathy for clients and adherence to policy requirements. Using street-level bureaucracy theory, the research analyzes how professional discretion influences the implementation of equality measures. Qualitative data from 12 interviews and one focus group with social workers, youth workers, and case managers reveal that discrimination, both direct and indirect, often stems from institutional constraints, limited resources, and procedural complexity. Although municipal policies formally support equality, practitioners perceive them as overly bureaucratic and disconnected from real-world practice. Notably, challenges remain in addressing issues related to sexual orientation. The study emphasizes the importance of institutional culture and ethical practice in promoting non-discrimination and concludes by recommending a deeper integration of equality principles into everyday work through enhanced professional autonomy and organizational commitment.

Keywords: equal opportunities, non-discrimination, social services, street-level bureaucracy, municipality, Lithuania.

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1. Introduction

Research shows that certain social groups (e.g., migrants, people with disabilities, Roma, and others) experience discrimination in accessing or not being able to access public services (Grohs *et al.*, 2016; Jilke *et al.*, 2018). The scale of this phenomenon is noticeable and significant. Eurobarometer data (2023a) reveal that 8-11% of Europeans experience discrimination in accessing social, health, and education services (Eurobarometer, 2023a, p. 112). A significant proportion of them also face obstacles in accessing services or goods (5% due to age; 2% due to ethnic status; 1% due to belonging to the LGBT group; 1% due to skin color) (Eurobarometer, 2023a, p. 116).

It seems that many discriminated groups in Lithuania also face similar problems. Eurobarometer survey data indicate that in Lithuania, the most frequently mentioned circumstance is when respondents personally felt discriminated against while receiving social and health services (Eurobarometer, 2023a, p. 112). Discrimination is substantiated not only by European surveys but also by national surveys. Research on the perception of the prevalence of discrimination shows that it is widespread among the elderly (53%), Roma (52%), due to sexual orientation (53%), disability (42%), and ageism (too old or too young) (53%). However, according to the Lithuanian population, discrimination due to religion (27%) and ethnic origin (27%) is less widespread (Eurobarometer, 2023b, pp. 1–2).

Ensuring equal opportunities and/or preventing discrimination in municipal institutions and establishments is a relevant topic for several reasons. Firstly, municipalities implement mandatory legal norms on ensuring equal opportunities for women and men in the areas of human resources management, planning, and services (Lygių galimybių kontrolieriaus tarnyba, 2023). Secondly, scientific research and cases of pre-trial complaint examination indicate that there is a high level of societal discrimination against both individuals and separate groups, and that it can also transfer to service provision processes. Thus, problems need to be addressed not only by implementing national policies (indirectly also in the EU), but also by ensuring non-discrimination and equal opportunities through additional initiatives. Thirdly, concern in this area arises from the strengthening human rights ethos, in which equality and non-discrimination are among the most prominent values. Thus, value implications are also important.

While these tendencies are well documented at the macro level, less is known about how they are reproduced or challenged in everyday service encounters. Street-level bureaucracy theory reminds us that frontline professionals, such as social workers, doctors, or municipal staff, exercise significant discretion in interpreting rules, allocating resources, and interacting with clients (Lipsky, 2010; Tummers and Bekkers, 2014). This discretion may lead to either empathetic, client-centered practices or, conversely, to biased and exclusionary outcomes. Despite their pivotal role, the behavior and attitudes of street-level bureaucrats in Lithuania remain relatively under-researched. More systematic empirical analysis is needed to understand how equal opportunity and non-discrimination principles are enacted in municipal service provision.

This research aims to identify potential gaps in service provision by examining the practices of street-level bureaucracy. It assumes that street-level bureaucrats may, often unintentionally or unconsciously, engage in discriminatory practices towards minority client groups, shaped by contextual factors specific to the local setting. Empirically, the study focuses on two types of street-level bureaucrats: 1) social welfare specialists responsible for administrative services within the municipality, often conceptualized as screen-level bureaucrats processing clients; and 2) social welfare practitioners, including social workers, their assistants, and youth workers. The article will first discuss theoretical perspectives on discrimination in public services, with particular attention to street-level bureaucracy and the role of discretion in shaping client experiences. It will then outline the methodological approach, highlighting qualitative interviews and the rationale for selecting Klaipėda as a case study. The empirical findings will subsequently be presented, analyzing how service providers perceive and enact equal opportunities. Finally, broader implications, policy relevance, and avenues for future research will be considered.

2. Conceptualizing discrimination in public service provision

Street-level bureaucracy theory and the concept of alienation from implemented public policies are particularly relevant, as they explain how discretion, professional autonomy, and organizational constraints influence service delivery and may lead to discriminatory practices. The theory of street-level bureaucracy has been chosen for this part of the study. Street-level bureaucracy was selected to link the activities of service providers, preventive measures applied by institutions (quality, non-discrimination, ethics, organizational culture management), and possible manifestations of discrimination (Jilke *et al.*, 2018; Jilke and Tummers, 2018; Dubois, 2016). The theory of street-level bureaucracy has also been applied by Lithuanian authors when examining the provision of health, social, and administrative services (Pivoras *et al.*, 2017; Civinskas *et al.*, 2021; Civinskas *et al.*, 2020).

Recent research informed by street-level bureaucracy theory demonstrates that groups of citizens (including people with disabilities, migrants, ethnic minorities, and LGBTQ+ individuals) often encounter discrimination or comparable disadvantages when seeking or receiving public services (Andersen and Guul, 2019; Jilke *et al.*, 2018; Oberfield and Incantalupo, 2021). While the theory emphasizes that frontline officials such as teachers, health professionals, and social workers frequently identify with their clients and strive to deliver services effectively despite limited resources, flawed policy design, job complexity, and heavy workloads, empirical evidence reveals that they may also engage in biased or discriminatory practices. Such behaviors may arise unintentionally, shaped by work pressures, psychological mechanisms, or the social distance between providers and clients (Raaphorst and Groeneveld, 2019; Raaphorst *et al.*, 205). Contemporary scholarship, therefore, investigates the causal mechanisms underlying these dynamics, examining how workplace conditions, cultural attitudes, and professional norms interact in everyday service delivery (Dubois, 2016; Raaphorst *et al.*, 2025).

The chosen conceptual approach allows us to explain two phenomena: 1) why public sector employees may behave in a discriminatory manner (often unconsciously, without realizing that their behavior is discriminatory); 2) why public policies promoting equal opportunities and non-discrimination may not work.

2.1. Street-level bureaucracy theory

The role of street-level bureaucrats, those working at the front lines and 'on the screens', and the strategies they adopt in dealing with clients are central to this study. Street-level bureaucracy theory emphasizes the discretion inherent in decision-making when service providers interact with clients (Tummers and Bekkers, 2014). Such autonomy allows medical practitioners, social workers, youth workers, and other professionals to act in accordance with their ideals, competencies, and ethical standards. Discretion, as a core concept of the theory, has been widely conceptualized and applied to diverse groups of service providers engaged in direct client interaction (Hupe and Hill, 2019; Maynard-Moody and Musheno, 2002; Balica, Henderson and Țiclău, 2018). Studies consistently find that medical and social service providers exercise considerable de facto discretion, even when legal discretion is constrained by rules and procedural manuals.

Maynard-Moody and Musheno (2002) observed that discretion is framed by a dense web of legal provisions, forming a kind of 'legal heritage' (p. 103). Consequently, a street-level bureaucrat, be it a doctor, a social worker, or another practitioner, must continuously 'navigate' within these boundaries while accommodating numerous restrictions. This freedom of judgment can enhance service quality and policy implementation. For example, discretion enables staff to assess client needs more carefully, show empathy, and allocate additional time even where strict protocols would not require it (Jilke and Tummers, 2018).

Yet discretion also carries risks. Excessive autonomy can lead to inappropriate action or inaction, including neglect of clients or incomplete service provision. Research has shown that biased attitudes, such as racism or homophobia, may be present among employees. While some argue that professional norms prevent such biases from influencing practice, others stress the importance of recognizing unconscious discrimination (Thomann *et al.*, 2025). Ultimately, the decisions of street-level employees are shaped by their interpretation of rules, standards, and protocols, as well as by their moral attitudes – whether empathetic or discriminatory.

Furthermore, street-level employees may bend or break rules to help their clients (Evans, 2013). In doing so, they attempt to provide services by circumventing problematic situations and improvising solutions. However, such practices can also lead to unfair prioritization, discrimination, or procedural violations, thereby undermining organizational processes or policy objectives.

2.2. Alienation from the client in the implementation of public policies

The concept of alienation extends street-level bureaucracy theory by incorporating the emotional dimension of frontline work. It helps explain why public sector employees may resist institutional policies on equal opportunities and non-discrimination, including measures such as training or codes of conduct. Alienation is understood as a cognitive–emotional response that shapes employee behavior. Tummers and Bekker conceptualize it in terms of meaninglessness and helplessness (Tummers *et al.*, 2009; Tummers *et al.*, 2012). Their research demonstrates that alienation from policy can lead street-level employees to resign or change jobs, simulate compliance, or carry out tasks in a disengaged manner. At the same time, persistent frustration may encourage employees to develop idiosyncratic coping mechanisms (Loyens, 2016; Edri-Peer and Cohen, 2025). Applied to non-discrimination policies, alienation clarifies why employees may distance themselves from such frameworks even when these are well-established. In Lithuania, for example, non-discrimination measures are widespread in the public sector, particularly in human resource management, and are familiar to employees. Nevertheless, alienation may significantly reduce their effectiveness in practice.

Managers at both senior and middle levels often attempt to counteract negative behaviors through various approaches, including quality assurance, cultural interventions, performance management, diversity and inclusion initiatives, ethics frameworks, human resource practices, and leadership styles (Thomann *et al.*, 2025). Service standards and procedural descriptions are not only designed to regulate activities but also to guide and constrain them. They influence employee behavior in three distinct ways: as causal factors, as behavioral guidelines, and as decision constraints. Alongside managerial and ICT tools, standards primarily aim to enhance efficiency and service quality (Civinskas *et al.*, 2020). The impact of standardization remains contested. Lipsky (2010) identified positive effects, such as consistent client assessment, opportunities to appeal decisions, and continuity of procedures (Lipsky, 2010, pp. 21-22). However, he also warned of shortcomings: discrepancies between standardized client work and professional practice, tensions between institutions and service providers, and difficulties in formalizing complex tasks. Moreover, formalizing rights may inadvertently erode relational norms of respect between providers and clients.

Recent scholarship stresses the importance of considering a broader range of variables when assessing the impact of management on service delivery. These include not only standards, rules, and professional resources but also the growing expectations of clients and society (Hupe and Buffat, 2014; Rossi *et al.*, 2025). Empirical studies further reveal the influence of contextual factors, such as organizational size and goal coherence, as well as management characteristics, including leadership approaches and managerial orientations (Andreassen *et al.*, 2025). Such findings highlight the need for a holistic approach that considers institutional and contextual variables, though this also complicates analysis.

Further applications of the theory show that regulatory management and ICT-based tools may strengthen certain ethical values while simultaneously weakening professional–client relationships (Busch and Henriksen, 2018; Thomann *et al.*, 2025). While many scholars remain critical of these risks, others describe a process of 'positive hybridization', in which managerial reforms are reconciled with the professional ethos of street-level workers, particularly in health care settings (Hintea, 2020; Eriksson and Andersson, 2024).

Taken together, alienation adds an important explanatory dimension to street-level bureaucracy theory. It illuminates why employees may distance themselves from equality and non-discrimination measures, even where these are formally embedded. Together with the concept of discretion, it offers a framework for understanding how discriminatory practices in public service provision emerge from the interaction of individual attitudes, professional norms, and organizational constraints.

3. Research context and empirical focus: public services in Klaipėda

The analytical framework of street-level bureaucracy provides a valuable conceptual lens for exploring the dynamics of public service delivery. Research employing this perspective typically relies on qualitative methodologies, such as case-based analysis, ethnographic inquiry, and fieldwork, in order to uncover causal mechanisms linking macro-level policies with micro-level practices (Jilke *et al.*, 2018; Rossi *et al.*, 2025). Such approaches make it possible to examine how the interplay of policy design, institutional quality management systems, and service-user expectations shapes the behavior of front-line employees. Ethnographic methods are particularly valuable in revealing how national and municipal policies (such as anti-discrimination frameworks and equal opportunities provisions) affect the discretion, coping strategies, and behavioral adaptations of street-level bureaucrats. Concentrating on a single municipality further enables the tracing of interactions between structural constraints, managerial tools, and individual decision-making, thereby revealing the conditions under which compliance, resistance, or selective implementation emerge.

Klaipėda municipality was selected for this research due to its distinctive demographic, social, and institutional profile, which generates unique challenges for the provision of inclusive and equitable public services. As Lithuania's third-largest city, Klaipėda has experienced sustained demographic shifts over recent decades. Long-term population decline has been driven by negative natural growth and outward migration, including increasing relocation to surrounding suburban municipalities (State Data Agency, 2023). By early 2024, the city's population was approximately 152,000, reflecting these structural changes. Population aging compounds the challenge: as the proportion of elderly residents rises and the younger demographic base contracts, demand for public services in health, education, and social care grows disproportionately. The erosion of family-based care models has further increased reliance on institutional and municipal service provision, amplifying both resource pressures and expectations of quality (Dvorak and Civinskas, 2025).

Klaipėda is also marked by notable ethnic and cultural diversity. While ethnic Lithuanians form the majority, sizeable minorities (particularly Russians, Ukrainians, and Belarusians) constitute a substantial share of residents (State Data Agency, 2023). Smaller but highly vulnerable groups include around 200 Roma residents, who experience entrenched disadvantages across education, housing, and health domains (Dvorak and Civinskas, 2025). The multicultural profile of the city has been reinforced since 2022 by the arrival of Ukrainian refugees, mostly women of working age accompanied by children (Migration Department, 2024). Alongside this, inflows of labor migrants employed in logistics, transport, and service sectors further confirm Klaipėda's position as a migration hub (Mačikūnaitė and Kamičaitytė, 2022). This ethnic and linguistic plurality, while enriching, has also generated tensions. Studies show that divisions along linguistic lines – particularly between Lithuanian- and Russian-speaking communities – contribute to forms of social segregation. Such divisions are associated with unequal access to services, persistent stereotyping, and in some cases, visible community-level tensions.

In addition to ethnic and linguistic diversity, Klaipėda has a significant population of residents with disabilities. As of January 2024, there were 5,718 adults and 958 children with disabilities in the city, representing 3.9% of the total population. A further 4,531 elderly residents were formally recognized as having special needs (Dvorak and Civinskas, 2025). These figures illustrate the scale of inclusive service provision required. Despite this, discrimination against people with disabilities remains an acknowledged issue. In 2024, complaints were submitted concerning the discriminatory treatment of persons with mental and visual impairments in local public service contexts (Dvorak and Civinskas, 2025). Such evidence highlights the need to investigate whether equal opportunities principles are not only codified in municipal policy but also translated into everyday practices by front-line employees.

The municipality has sought to respond to these challenges by expanding social services and introducing quality management procedures. Its strategic planning documents emphasize enhancing the diversity, accessibility, and quality of social care provision, including efforts to apply universal design principles (Dvorak and Civinskas, 2025). Yet evaluations suggest uneven progress: while steps have been made towards inclusion, gaps persist in ensuring equal opportunities across vulnerable groups, particularly regarding discrimination based on ethnicity, language, and disability (Pučėtaitė *et al.*, 2024). These findings echo broader European research showing that 'soft' managerial instruments (such as codes of ethics, organizational culture initiatives, or motivational programs) often fail to address deeply embedded structural inequalities (Andreassen *et al.*, 2025).

Taken together, these demographic pressures, social diversities, and institutional responses position Klaipėda as a compelling empirical focus for street-level bureaucracy research. The city exemplifies the dual dynamics of structural decline (aging and depopulation) and increasing complexity (migration and diversity). Front-line workers thus operate in a context where anti-discrimination and equal opportunities frameworks are urgently required but inconsistently implemented. Analyzing this setting offers an opportunity to

assess how national and municipal measures are interpreted, adapted, or resisted in daily service delivery, and whether front-line discretion contributes to social inclusion or inadvertently perpetuates patterns of inequality.

4. Research methodology

The methodological design of this research is grounded in the theoretical foundations of street-level bureaucracy and its application to qualitative fieldwork approaches. As outlined in the conceptual sections, the study investigates how discretion, organizational frameworks, and employee attitudes intersect to shape service delivery and potential discriminatory practices in municipal social services. Given that the earlier sections of the article theorize discretion, alienation, and policy implementation gaps, the methodological approach presented here operationalizes these concepts in empirical inquiry. Qualitative research methods, particularly semi-structured interviews, were selected as they provide a rich, in-depth exploration of individual perceptions and behaviors, essential for capturing the subtleties of discrimination and equal opportunities in everyday service encounters (Hupe and Buffat, 2014; Rossi *et al.*, 2025).

By adopting a qualitative design, the study situates itself within the wider body of scholarship that links macro-level policy frameworks to micro-level practices in municipalities (Grohs *et al.*, 2016; Jilke *et al.*, 2018). In doing so, it aims to extend existing literature by providing evidence from Lithuania, where empirical research on street-level bureaucrats remains limited.

4.1. Research objectives and hypotheses

The empirical inquiry sought to examine two interrelated hypotheses, both derived from the literature on discretion and policy alienation:

H1. Discrimination of service users may occur due to high street-level bureaucrat workloads, limited resources, and other pressure factors related to client processing. This hypothesis is rooted in Lipsky's (2010) classic assertion that scarcity of resources compels front-line workers to ration services, often leading to unequal outcomes. It also resonates with more recent findings that administrative burden may disproportionately affect vulnerable groups (Jilke *et al.*, 2018).

H2. Non-discrimination and public service quality policies, including accompanying measures (principles, behavioral norms, training), are not effective due to critical attitudes and rejection by service providers. This proposition builds on the concept of policy alienation (Tummers *et al.*, 2009; 2012), which posits that professionals may feel detached from formal frameworks when these appear overly bureaucratic, irrelevant, or misaligned with professional ethos.

These hypotheses provided a structured orientation for data collection and guided the thematic analysis of interview material. While qualitative research does not aim for hypothesis testing in a positivist sense, these propositions served as sensitizing concepts,

enabling the exploration of how structural constraints and attitudinal factors influence potential discriminatory practices in Klaipėda municipality.

4.2. Research design and sampling

A purposive sampling strategy was adopted to ensure that the selected informants represented the key categories of street-level bureaucrats relevant to the provision of social and youth services in Klaipėda. Following the logic of theoretical sampling, participants were identified based on their direct involvement in service provision to vulnerable groups. This approach allowed the researchers to focus on actors who are positioned to observe, enact, or resist equal opportunities measures in practice.

The final sample comprised 12 individual interviews with social workers, youth workers, social work assistants, and case managers, supplemented by one focus group involving four participants. This design facilitated both depth and breadth of inquiry: while individual interviews captured personal attitudes and experiences, the focus group enabled the identification of shared understandings and divergences across practitioners.

Two key methodological criteria informed participant selection. First, respondents were required to have direct experience in providing services to vulnerable populations, including persons with disabilities, elderly residents, migrants, and socially disadvantaged groups. Second, they were expected to encounter potential discriminatory practices in either their own work or in interactions with other institutions (e.g., health service providers). For example, social workers escorting clients to medical appointments were able to observe discriminatory behaviors among health professionals, thereby offering valuable cross-sectoral perspectives.

4.3. Data collection

Data were collected in 2024. Semi-structured interviews were the primary method, as they offered a balance between comparability across respondents and the flexibility to explore emergent issues. An interview guide was developed around three thematic blocks: 1) perceptions and definitions of discrimination in service provision; 2) experiences with equal opportunities measures, codes of ethics and behavior, quality standards or training; and 3) reflections on contextual pressures, such as workloads, procedural burdens, and interactions with clients.

Interviews were conducted in multiple formats to maximize participation. Most took place in person at municipal administration offices or service-providing institutions. Several interviews were conducted remotely via the MS Teams platform, while a smaller number were carried out by telephone. The choice of format was determined by participant preference and logistical considerations, particularly in coordinating with representatives of disability associations and non-governmental organizations.

All interviews were audio-recorded with participant consent and subsequently transcribed verbatim. Transcriptions were anonymized, respondents being assigned unique codes. Given that the study was part of a broader evaluation project, original coding schemes were retained to ensure consistency across datasets.

4.4. Data analysis

Thematic analysis was employed to identify, compare, and interpret patterns across the data. Transcripts were read iteratively, and initial coding categories were derived both deductively (from the hypotheses and theoretical framework) and inductively (from emergent themes). For example, deductive categories included 'workload pressures' and 'policy alienation', while inductive categories encompassed 'language barriers' and 'perceived empathy'.

Themes were then refined to capture manifestations of direct and indirect discrimination, stereotypes, behavioral patterns, and the role of contextual factors such as limited resources or conflicts with clients. Special attention was paid to identifying instances of 'positive discrimination' (i.e., measures that facilitated greater access for vulnerable groups). This analytic process highlighted the ways in which discretion, alienation, and organizational culture interact to shape front-line practices.

To strengthen the credibility of findings, the researcher's reflexivity was maintained throughout the analysis. Interpretations were cross-checked within the research team, and discrepant cases were examined to refine theoretical insights. This approach aligns with established methodological standards in public administration research, where qualitative studies seek to generate theoretically informed explanations rather than statistical generalizations (Hupe and Hill, 2019).

4.5. Ethical considerations

The study adhered to ethical principles of voluntary participation, informed consent, and confidentiality. Informants were briefed on the research aims, assured of anonymity, and granted the right to withdraw at any time. Sensitive topics, such as discrimination based on ethnicity, disability, or sexual orientation, were approached with caution and respect, ensuring that discussions did not impose undue distress on participants.

5. Empirical insights

5.1. Street-level interpretations of equal opportunities and discrimination

The concepts of equal opportunities and discrimination are inherently multifaceted and require careful contextualization when applied to municipal service policies. A particular challenge lies in the fact that discriminatory behavior is not always easily identifiable: street-level bureaucrats themselves may fail to recognize the nature of their decisions or the harm these decisions cause to clients. Against this backdrop, the qualitative study sought to capture how informants understood discrimination in practice, with a focus on services in the social sectors.

Street-level bureaucrats demonstrated relatively clear awareness of the phenomenon of discrimination, its causes, and its consequences for individuals or vulnerable groups. Their knowledge was derived both from general social concepts and from the non-discrimination

policy applied in Klaipėda municipality. Nevertheless, the qualitative data indicate that employees found it more difficult to connect direct and indirect discrimination with specific areas of service provision. During interviews, it was emphasized that discrimination is most visible in the process of service delivery, rather than in relation to accessibility or outcomes (Interview, INF2; INF4).

All five administrative informants initially reflected on direct discrimination in the service process (Interview, INF4; INF2; INF5; INF6). Several expressed the view that doctors discriminate against older people, citing specific cases observed in Klaipėda institutions (Interview, INF2; INF6). These instances were attributed to stereotypes entrenched in society and biased attitudes among some specialists. Informants highlighted examples of disrespectful interactions between some street-level bureaucrats and older people, as well as clients with mental or psycho-emotional disorders. It is significant that these discriminatory behaviors were perceived to occur only in service delivery processes, not in accessibility or outcomes.

When prompted further, some informants struggled to recall concrete cases of discrimination. After brief pauses, they often concluded that they had no specific examples of discriminatory behavior, citing the absence of complaints or discussions. Their responses appeared sincere, a view supported by body language during the interviews. This leads to three tentative conclusions. First, there appear to be no widely recognized cases of discriminatory behavior in Klaipėda's social or other front-line services. Second, discriminatory attitudes and behaviors may exist but are not always recognized, and when they are, they tend to be reported more by patients than by social service users. Third, qualitative research on this subject faces inherent limitations, and the absence of complaints should not be interpreted as the absence of discrimination.

The discussions nonetheless revealed instances when discrimination against vulnerable groups was recalled. Informants referred to cases concerning the Roma community, people with intellectual disabilities, and one individual described as a 'sovereign' client (Interview, INF4; INF6). Such accounts suggest gaps in recognizing certain forms of discrimination. For example, when asked about LGBTQ+ discrimination, several informants stated that they had observed no such cases (Interview, INF2; INF4). However, their responses implied that the absence of complaints did not necessarily mean the absence of discrimination; stigma and fear of disclosure may deter individuals from raising concerns.

Overall, informants tended to equate discrimination with immoral or inappropriate behavior by youth workers or social workers. This reveals a conceptual gap: discrimination was narrowly understood as overt misbehavior rather than as systemic or structural inequality.

Informants repeatedly emphasized the importance of service contexts, organizational structures, and client characteristics. Many argued that social services, designed for specific target groups, offered fewer opportunities for discrimination than personal health services (Interview, INF2; INF5; INF39). Similarly, they claimed that young people faced limited

risks of discrimination, since they typically use universal services such as education, healthcare, culture, sports or public transport. Consequently, they believed that discriminatory conditions were difficult to identify within specific municipal programs (Interview, INF4; INF5).

The findings suggest that street-level bureaucrats in Klaipėda municipality recognize the social roots of discrimination but show a weaker understanding of indirect or systemic forms. Their perspectives remain shaped by visible behaviors and individual interactions, with less attention to structural inequalities. This indicates the need for targeted measures to strengthen awareness of indirect discrimination and its manifestations. As previous research confirms, interventions aimed at shifting employee attitudes are central to ensuring non-discrimination in public service provision (Thomann *et al.*, 2025).

5.2. Customer discrimination and its determinants

When examining the attitudes of social service providers towards discriminatory behaviors and their causes, the study focused on the first hypothesis (H1): discrimination of service users may occur due to high employee workloads, limited resources, and other pressures. On this basis, discriminatory practices related to obstacles in client service processes were explored.

Before turning to the main research questions, social service providers were asked about their general attitudes towards discrimination and the factors influencing such attitudes. The purpose was to determine whether discriminatory behaviors occur among social workers, case managers, and providers working with vulnerable groups. Overall, the data suggest an absence of openly discriminatory attitudes (see Table 1), except for one informant who mentioned problematic practices in a Klaipėda municipal institution.

Social workers consistently emphasized that the principal factors ensuring non-discrimination were institutional values, managerial attitudes, and organizational culture. Ethical norms of social work were frequently cited as essential, alongside practical methods for handling complex situations, such as intervisions and case discussions.

Although few discriminatory practices were reported in social services, informants frequently observed them in personal health institutions (see Table 2). Social workers recounted that vulnerable groups – including older people, individuals with mental disabilities, former drug users, and sex workers – were at risk of exclusion. Several described how clients were refused services, for example, incontinent patients or those with mental disabilities, forcing social workers to intervene on their behalf (Interview, INF12). Others reported discriminatory remarks or failures to provide adequate explanations of procedures and medication.

During the interviews, informants identified several factors contributing to discrimination in health care: limited access, organizational cultures resistant to change, excessive workloads, and imbalances between medical tasks and patient engagement. Importantly, social workers did not excuse such behaviors as the inevitable by-product of difficult working conditions. Instead, they stressed that institutional practices must change. Some also

Table 1: Attitudes towards discrimination among social workers, case managers, and youth workers

Well, we do not face discrimination. Well, this is where the values of our institution are based. Yes, to accept everyone, regardless of who they are, without distinction, and there are all those moments listed in the legal acts. We provide everyone who finds themselves in the status of a recipient of our center's services with the necessary assistance and work <...> From the very beginning of the university, we were taught that a person cannot be discriminated against based on gender, social status, orientation, or other similar things. That is, it is simply automatically implemented that you work with everyone, adhering to the principle of impartiality. <...> And we are very friendly with each other and share, and we have made such intercultural interventions a merger <...> (mentions the names of colleges) for more complex cases. Previously, there were also presentations of different nations, cultures, and work with individuals belonging to them. (Interview, INF2)
From a personal point of view, this usually determines it. As an employee, you either have that respect for other people, or... <...> we try to choose the team so that they have the necessary personal qualities and that empathy, and that attitude towards people. <...> We always look for a compromise and constantly talk about that quality, that categoricalness in working with people. <...> You need that kind of coordination and work, that kind of one-on-one. But there are also those conflicts with some clients or their relatives. Let's say, they don't happen very often with us. That's what I tell my colleagues, that there is that human factor, that somehow, just sensitively and little by little... Sometimes the clients have difficult characters, and even such mentalities (we are talking about people of other nationalities with whom we work). (Interview, INF3)
*I know and can point to one institution in Klaipėda city where there is direct discrimination, and I can even testify if necessary. There is such a ... [*name mentioned*], but I don't know more about it, I haven't encountered it, observed it, although I have been working for 12 years and have worked in several different services <...> It might have happened before. At that time, when our institution tried to 'send' an inconvenient client from a prison or something like that. You know, there were attempts to avoid such inconvenient clients. Of course, we accepted them, but there was that opportunity for the institution to 'choose'.* (Interview, INF6)

Source: Authors' own research

observed improvements, with one describing positive changes in doctor-patient interactions compared with earlier experiences (Interview, INF12).

Overall, street-level bureaucrats reported little direct discrimination within their own institutions, attributing this to strong professional ethics, institutional culture, and managerial commitment. However, they frequently observed discriminatory behaviors in personal health services, particularly towards older people, people with mental disabilities, and stigmatized groups such as drug users or sex workers. The findings highlight a significant gap: while street-level bureaucrats in social services largely reject discrimination, they remain acutely aware of its persistence in adjacent sectors, demonstrating both their critical role as observers and advocates and the structural challenges that perpetuate inequality.

Table 2: Opinions of social workers regarding discrimination in Klaipėda personal health institutions

I used to work in a hospice, so I remember there were a lot of negative attitudes from the doctors there, when we accompanied people to health institutions. But I notice changes now. I recently accompanied one patient and wondered how they would react to him now. You know, I was even surprised by how the doctors accepted him properly. They worked great to make the person feel comfortable and calm. Well, in no way, in no way, not even with a look or indirectly, did they show any disrespect. It was really nice to hear and see. It was really different before. This change is really significant. I encountered it when I recently accompanied a person with paranoid schizophrenia and needed to help register a newborn with a family doctor. I liked it at the reception too... They immediately kindly registered him and helped him, despite the fact that he thinks slowly and has difficulty speaking. I myself see that in our clinics, there are people who are slower to print out the coupon and talk, and then the employees are like, 'Bumba, bumba.' But in this case, I was surprised. Was it because I was the one accompanying them as an employee? Or was it just a coincidence? I don't know, but it seems to be a positive change. (Interview, INF12)
Most of my clients are elderly, and most of them have dementia. They have varying levels of cognitive abilities. We hear from them that they often receive comments like: 'look at your passport'. Doctors should be so open with their patients, so that if they are not able to diagnose an illness, they should say so honestly and clearly. In addition, elderly people should be respected, even if they do not understand everything. Women who use drugs also experience indirect discrimination. You know, their 'heritage' is already visible in the doctor's office, when they look at their hands, etc. In general, there is a lot of 'rude service' in our clinics and doctors' offices. <...> Because if we monitor and discipline, I can only imagine that there are times when the doctor and the patient remain. But, of course, there are ethical and attentive doctors; they certainly do. (Interview, INF16)
A lot of discrimination. I could talk about what drug users or women with sexually transmitted diseases experience [...] There was such a project in Klaipėda that was very effective, so I had to work and observe a lot. Most often, I hear about discrimination from former drug addicts, that they face indirect discrimination. They experience a humiliating, discriminatory attitude through signs or indirectly. <...> Of course, open discrimination almost never occurs, because everyone understands and is correct. But there is also obvious discrimination, for example, a woman with HIV, with whom I worked, was refused admission in one clinic, very subtly. [...] On the other hand, my clients are very stigmatized, sensitive, and sometimes overly emotional. (Interview, INF31)

Source: Authors' own research

5.3. Non-discrimination policy and gaps in its application

Institutions providing social services employ a variety of management measures aimed at improving service quality and efficiency. These include ethical frameworks, customer satisfaction surveys, and complaint-handling mechanisms. At the same time, social and youth workers, as well as social case managers, operate with a considerable degree of discretion. As interviews revealed, formal management instruments often coexist uneasily with professional values and practical problem-solving strategies (Interviews, INF7; INF2; INF6).

The study highlighted difficulties in the application of management standards, particularly standards for European Quality in Social Services (EQUASS, i.e., certification system developed under the umbrella of the European Platform for Rehabilitation), designed to promote quality, continuous improvement, and user-centered approaches in social services across Europe, procedures which employees found excessively complex. Instead, they relied more on practical methods such as intervision, internal discussions, and supportive organizational cultures. Thus, while formal measures were designed to promote fairness and non-discrimination, their real impact was limited by everyday practices and the discretionary power of service providers.

Informants frequently noted that equal opportunities and non-discrimination rules were 'buried' among a wide range of internal procedures. Several felt overwhelmed by the sheer number of documents, many of which were not directly relevant to their daily work (Interviews, INF6; INF7; INF3). One social worker described the situation:

> *'Once upon a time, those descriptions were carefully read, and under some parts they signed <...> Some of the 'documentation' established in the institution is redundant. Most colleagues rely on their professional competencies and knowledge acquired in practice, leaving the procedures aside. Practical problem-solving is more important.'* (Interview, INF6)

This informant expressed skepticism about the effectiveness of new equal opportunities guidelines, doubting their relevance across diverse services and user groups. Several others admitted that they were aware of such documents but rarely consulted them (Interviews, INF16; INF7; INF3; INF12; INF10). Instead, they prioritized their professional ethos, personal morality, and identification with clients as the basis for decision-making.

Some street-level bureaucrats reported engaging more deeply with job descriptions than with ethical or equal opportunities guidelines, which they viewed as secondary or redundant (Interview, INF10). Few could recall the specific documents establishing non-discrimination principles, and those who had signed them rarely applied them in daily practice. This suggests that while formal frameworks exist, they often function as symbolic rather than operational tools.

Awareness of municipal charters was similarly limited. Most informants were unfamiliar with the Klaipėda City Municipality Social Support Charter or the Citizens' Charter, both of which establish service standards. The lack of familiarity suggests that municipal policy frameworks remain distant from front-line practice.

5.4. The 'Non-discrimination Compass' in street-level bureaucracy

Despite this formalism, street-level bureaucrats acknowledged the potential value of equal opportunities guidelines in complex or emotionally sensitive cases. Such cases included client deaths, complaints related to inadequate services, or situations involving multiple vulnerabilities, such as sex workers or individuals with addictions (Interview,

INF3). As one social worker explained:

> *'I think that descriptions are really necessary, because sometimes those moments and some more complex situations arise. Then it is good to remind again and talk to an individual employee. Let's say, in cases of client deaths, we have drawn up strict and clear algorithms. It is a complex situation, and the employee needs to know so that it is clear and there is orientation. Employees still get stressed, confused <...> In fact, we need those algorithms, and they emerge from practice.'* (Interview, INF12)

Another reflected on the relevance of written rules, while stressing the primacy of empathy and institutional culture:

> *'That description [Equal Opportunities Description], in my opinion, is necessary, but... The parents of our young people don't really delve into such things. They care about the overall set of services so that their children feel good here. That's enough, and if they feel good here, then equal opportunities are ensured. <...> Those ethical things are important in our work. We are empathetic people and have to be guided by those ethics. Of course, written rules are necessary; that's also good. They just don't bother us. On the other hand, maybe conflicts or something similar could arise, then it could be used.'* (Interview, INF13)

These reflections suggest that while employees often downplay written policies, they still view them as potentially useful reference points in particularly sensitive contexts. On the other hand, these findings illustrate that there is no single, uniform approach to extensive client processing management or standardization within street-level bureaucracy. While written guidelines and quality standards may serve as useful orientation points, their practical significance depends largely on how frontline employees perceive and adopt them. Scholars argue that formal rules can enhance consistency and fairness, yet their effectiveness ultimately hinges on acceptance by practitioners and integration into professional ethos (Civinskas *et al.*, 2019).

5.5. Organizational culture as a safeguard

A recurring theme was the centrality of organizational culture in preventing discrimination. Informants emphasized that a supportive and respectful climate within institutions helped staff to resolve problems constructively (Interviews, INF7; INF10; INF12; INF6). Friendliness, respect for clients, and team solidarity were commonly identified as key values. These values were reinforced through regular meetings, discussions of complaints, and the mentoring of new staff (Interview, INF10).

Two organizations reported applying explicit culture management tools, such as employee opinion surveys and customer satisfaction assessments. Compared with other EQUASS instruments, these tools were seen as more relevant and widely used. Employees generally perceived institutional culture as a more effective safeguard against discrimination than formal standards.

The role of managers was also highlighted. Informants stressed that democratic leadership styles, characterized by openness, inclusivity, and mutual trust, contributed significantly to creating a respectful environment (Interviews, INF10; INF6). Managers who engaged staff in decision-making were seen as strengthening both morale and client dignity.

This part of the study shows that formal equal opportunities and non-discrimination policies often fail to shape daily practices in Klaipėda's social services. Employees view them as excessive, technical, and largely irrelevant, preferring instead to rely on professional discretion, institutional culture, and moral values. Nevertheless, formal rules are not entirely dismissed: in complex or sensitive cases, they can function as a compass for ethical decision-making. The findings suggest that institutional culture and democratic management styles are more influential in ensuring non-discrimination than formalized policy instruments.

6. Conclusion and discussion

This study asks two intertwined questions: 1) why street-level bureaucracy may, often unintentionally, engage in discriminatory behavior; and 2) why non-discrimination and related quality-management policies so frequently underperform in practice. Building on street-level bureaucracy, we situated Klaipėda's social services empirical case within wider literature that shows how discretionary judgment, performance pressures, and organizational context shape everyday service encounters. Researchers demonstrate that frontline discretion can be steered by implicit categorizations and ideas of 'normality,' not only by rules or professional standards, and that discrimination may emerge subtly through administrative burdens or differential interpretation of cues rather than overt exclusion (Andersen and Guul, 2019). The analysis further demonstrated that, in this context, formal frameworks are neither rejected nor central; instead, professional ethos and organizational culture remain the primary coordinates for practice.

The empirical analysis of Klaipėda's front-line public service provision cases found no evidence of direct discrimination embedded in formal regulations; however, equal-opportunity principles were weakly substantiated and unevenly implemented across institutions. Quality-management instruments exist (e.g., certification and client charters), yet their application is fragmented and often perceived as overly technical. Street-level workers rely predominantly on professional ethics, empathy, and collegial problem-solving; democratic leadership and supportive cultures function as the main safeguards against discriminatory outcomes.

With respect to H2 (policy alienation), the evidence does not indicate rejection or disengagement from non-discrimination or broader service-quality frameworks. Rather, such measures are seen as complementary and auxiliary – useful when resolving conflicts or navigating ethically fraught situations (e.g., client deaths, complaints), but secondary to professional discretion in routine work. This pattern refines policy-alienation arguments by showing conditional uptake rather than wholesale detachment: formal tools have

situational value when they are perceived as practically relevant and culturally legitimate (Tummers *et al.*, 2009; Tummers *et al.*, 2012).

These findings cohere with and extend street-level bureaucracy theory in three ways. First, they echo research showing that frontline judgment is filtered through social understandings and practical reasoning more than through 'codified rules', particularly in preventive or relational service domains (Harrits and Møller, 2014). Second, they align with work documenting subtle discrimination via learning costs and other administrative burdens in adjacent sectors, suggesting that 'indirect' mechanisms outside social services (e.g., in healthcare) may still disadvantage vulnerable clients (Jilke and Tummers, 2018). Third, they underscore the managerial layer's importance: street-level managers can exacerbate or dampen bias under performance pressure, which helps explain why democratic leadership and culture mattered so strongly in Klaipėda (Oberfield and Incantalupo, 2021).

The results have several theoretical implications. First, the findings refine accounts of policy alienation: with respect to H2, the qualitative evidence does not reveal rejection or disengagement from non-discrimination and service-quality frameworks. Rather, street-level bureaucrats view these instruments as complementary and auxiliary – a 'non-discrimination compass' that is consulted when conflicts escalate or ethically complex situations arise (e.g., client complaints, etc.), but that exerts limited influence over routine client processing. This conditional, situational uptake aligns with research showing that the efficacy of formal tools depends on their cultural legitimacy and practical fit with discretionary repertoires, and it cautions against equating lukewarm everyday use with alienation. Second, our material underscores that discrimination in adjacent sectors may be indirect and procedural: informants more often described disadvantages generated through information gaps, communication failures, or increased learning costs than through outright denial – patterns consistent with administrative-burden mechanisms documented in quasi-market settings (Jilke and Tummers, 2018). Third, we found evidence consistent with 'double standards' dynamics: the same cues can be weighed more strictly for some clients than for others, implying status-related interpretations of signals rather than explicit group-based exclusion, a mechanism identified in policy-capturing studies of frontline officials. Raaphorst, Groeneveld, and Van de Walle (2018) identify double-standard mechanisms whereby status cues condition the interpretation of other signals.

This study found evidence that professional discretion, organizational culture, and managerial style are the primary safeguards against discriminatory outcomes in Klaipėda's social services, while formal quality systems (e.g., certification standards and social-service citizen charters) are perceived as overly technical and episodically useful rather than as drivers of day-to-day practice. The pattern dovetails with experimental and audit work showing that discrimination is often subtle, shaped by workload pressures and cue interpretation, and mitigable when organizations alter conditions (e.g., resources, performance signals) or strengthen managerial attention to access; Oberfield and Incantalupo (2021) show how performance information and publicness interact with group bias among street-level

managers, with implications for access. Importantly, our findings do not contradict the value of standards; they suggest that standards travel further when translated into locally meaningful routines and reinforced by leaders who cultivate democratic, learning-oriented cultures. In short, management matters – not as a substitute for discretion, but as the context that channels it.

Based on our results, future research should investigate how non-discriminatory policies and management tools (quality management, organizational culture) and organizational socialization could be designed to embed equal-opportunity principles into everyday routines, rather than remaining peripheral reference points. A comparative mixed methods design that combines observation or ethnography with audit/field experiments would help identify when standards reduce indirect discrimination (e.g., learning costs) and when they unintentionally add bureaucratic complexity.

Several limitations qualify these conclusions. The single-city public service focus constrains transferability, particularly to institutional and local contexts (e.g., national health systems, megacities) where organizational incentives and policy process logics differ. The interview-based design is vulnerable to social desirability bias on sensitive topics, and the absence of observational data limits causal leverage on the micro-mechanisms (e.g., whether differences arise from workload or from status-colored cue interpretation). Finally, while our informants report scarce direct discrimination in social services, their testimonies about adjacent services indicate that indirect disadvantages can persist 'around' rather than 'within' organizations, an important caveat for policy designs that rely primarily on internal standardization to secure equal access.

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