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Triaging overflow: A case study of the 'Gateway Assessment' in the UK Citizens Advice Service

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ABSTRACT

This article explores the impact upon the work of the UK Citizens Advice Service of the 'Gateway Assessment' system, a 'triage device' rolled out across Citizens Advice Bureaux in England and Wales from 2007 onwards designed to deal with an overflow of client needs.

The paper addresses the history of 'triage' as a method for dealing with an excess of problematic bodies, before describing how a demonstrable need for systems to organise an overflow of advice needs within Citizens Advice Bureaux led to the emergence of triage as a 'technique of government' that would re-shape the advice process. Yet, as an attempt to regulate 'from above' the front-line of the Citizens Advice service, it met forms of resistance as existing practices of advice work and local situations fell into conflict with the inflexibility of the Gateway Assessment Process. The paper describes how implementation of the Gateway Assessment involved acts of compliance and acts of resistance, followed by a jostling between actors and a reshaping of the spaces of regulation, resulting in the 'Gateway Plus' model in which triage can slip into advice where necessary. We argue that this process displayed a conflict between a framing of overflow as an excess of countable bodies and one of problem-bearing subjects, the latter being derived from the relational and voluntary practice of advice.

1. Introduction

Systems of triage are becoming increasingly ubiquitous in the United Kingdom (UK) as public-facing services attempt to balance increasing demand with diminishing resources. Key social changes taking place in recent years in the UK, notably cuts to the benefits system (O'Hara, 2014) and to legal aid (Hynes, 2013) resulting in diminishing help available from law centres (Mayo, Koessl, Scott, & Slater, 2015) and solicitors (Maclean and Eekelaar, 2016), have resulted in an overflow of problem-bearing subjects. In the case of the Citizens Advice service, this experience of excess is given a daily manifestation in the queue forming outside the service door, as well as in the ensuing disappointment and frustration of those potential clients who must be told that, despite the time they have spent waiting, there is not sufficient capacity for them to be seen.

In this article we consider the introduction of the 'Gateway Assessment', a triage system introduced into the Citizens Advice service, and which became a required form of operation for all local Citizens Advice Bureaux in England and Wales, which aimed, borrowing the terminology of Callon (1998: 248), to 'frame' the overflow of clients and seek to contain it. Considerable attention has been paid to the varied 'gatekeepers' that manage the intake of flows in such situations (De Meulenaere, Van den Broeck, & Lievens, 2012); in the field of news broadcasting Czarniawska notes the mis-naming of this role given their tendency to act as 'active *contributors* to information flow and overflow' (Czarniawska, 2012, p. 50, our italics). This article focuses upon how the Gateway Assessment, as a 'triage device', sought to tackle overflow through the *regulation* of the 'gatekeepers' – in this case front-line advisers. It tracks the contested and uneven implementation of this 'technique of government' through an attention to the 'relational' work of the advisers and conflicting framings of overflow itself.

While narratives of austerity imply scarcity and contraction (Clarke and Newman, 2012), we feel it is important to show that

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triage, as a system for tackling overflow, carries regulatory functions that exceed the simple management of (potential) clients: showing overflow to be a site of opportunity as well as difficulty (Czarniawska & Löfgren, 2012, p. 2). Triage is shown to be a mechanism or 'device' of government that, whilst being aimed at regulating the flow of service users through a service, also regulates those who are responsible for delivering the service. 'Triage devices', [1] in setting out hierarchies of need and protocols for deciding who is 'treated' and in what order, implement new understandings of *what* a service is and *who* it is meant to serve. By paying attention to the accounts of those working within this service, we demonstrate in this paper how these new understandings of both service providers and users can meet significant resistance as they are imposed upon a field of service delivery.

In the case study addressed in this paper, advisers and managers contested both the practices involved in the initial triage assessment and the expertise that was required to operate a successful first stage of triage (clients could be seen to perform their own form of resistance, namely failing to return for the follow-on appointment). We argue that this resistance can be understood as a conflict between an imagining, among those who design systems of triage, of a system designed to regulate flows of bodies, and an understanding, among advisers, of advice as a relational practice of dealing with problems. Understanding the relational aspects of regulatory systems is, we argue, of particular importance in a service such as advice which relies on the voluntary engagement of both advisers (who in CAB are largely volunteers) and of clients: the emotional attachment to both advice-giving and advice-receiving is critical to its effectiveness.

As we demonstrate in this article, attempts at top-down regulation that are met with resistance can subsequently be reshaped at the 'ground' level. We examine the ways in which the expertise of advisers and bureau managers at one particular bureau created local amendments that ensured that advisers continued to be engaged in delivering a service they were committed to and considered effective, at the same time enabling a shift in established practices that could help increase the flow of clients through the service. These bureau-led modifications have been mirrored in a new form of triage system, 'Gateway Plus', which, from 2014 onwards, was rolled out by Citizens Advice throughout the country.

The article proceeds as follows. We begin by addressing the history of triage as an idea, system and device, before considering triage as a form of regulation by drawing on the governmentality literature, noting the ways in which triage devices shape behaviours and relationships (to take the often-repeated phrase, the 'conduct of conduct'). We turn next to our case study: the 'Gateway Assessment' system introduced within the Citizens Advice Service. We describe first the important organisational dynamics of Citizens Advice as a national organisation with an extensive network of local, semi-autonomous bureaux and the identification at the local level of a need for 'demand management' systems. We then describe the Gateway Assessment system as devised by Citizens Advice and rolled out as a requirement of local bureaux as members of the national organisation.

In the third section, drawing upon our conversation with Sue Evans, Director of Bristol Citizens Advice Bureau, we turn to certain critiques and failures of the Gateway Assessment as it was first introduced, first from the perspective of advice clients and then from advisers and managers within the Service. We then describe how these critiques have led to modifications to Gateway at the level of local CABx, which have fed into a revised triage model, namely 'Gateway Plus'.

In the conclusion we reflect on the lessons that might be carried into other domains from this case study of triage as regulation, focusing in particular upon the importance of considering the relational aspects of regulation and the implications of triage as resource regulation in voluntary organisations.

2. The emergence of triage as a 'technique of government'

The introduction of triage as a system of ordering and prioritising of workload is typically attributed to Dominique-Jean Larrey, surgeon-in-chief to the Napoleonic armies from 1797 until Waterloo (Robertson-Steel, 2006). Larrey wrote of the importance of assessing wounds or illnesses in order to decide who to treat first:

> *Those who are dangerously wounded must be tended first, entirely without regard to rank or distinction. Those less severely injured must wait until the gravely wounded have been operated on and dressed. The slightly wounded may go to the hospital line; especially officers, since they have horses and therefore have transport — and regardless, most of these have but trivial wounds* (cited in Blagg, 2004)

Whilst the varied forms of medical triage appearing in the intervening centuries can be separated into different forms depending upon situations and upon different assessments of the optimal outcome (see (Moskop and Iserson, 2007 for an overview), they nonetheless adhere to the principles established by Larrey: factors that might otherwise determine importance (such as wealth, rank, or being first in the queue) are ignored in favour of an initial diagnostic assessment through which patients are sorted according to a pre-defined framework.

The considerable research into the use of triage in the field of medicine (Krause, 2014:15) can obscure the extent to which triage 'devices' have become increasingly common across other public sector fields as institutions, seeking to manage their commitments within limited means, find themselves having to make 'tragic choices' regarding resource allocation (Calabresi & Bobbitt, 1978). Nonetheless, while triage-type systems are in place across Europe and elsewhere in institutional areas such as benefit offices and IT service delivery (Bernhard & Grundén, 2013), the primary space in which most UK residents will have encountered such systems is indeed in medicine; all UK GP practices are now required to operate a telephone triage system as a filtering mechanism for patients who request a same-day appointment with a doctor. A study of 'nurse-triage' (which predates the present system), demonstrates procedures similar to the advice service system we have studied. Here, patients were directed by the receptionist to the triage nurse, who:

> *then speaks to the patient, usually by telephoning her/him back at an arranged time, and offers a range of solutions to the patient's problem. These solutions range from advice on self-care, an appointment with a nurse, a 'routine' appointment with a doctor or a 'same-day' appointment with a doctor.* (Charles-Jones, Latimer, & May, 2003; FN5)

As Larrey's list of medical priorities demonstrates, triaging requires expert judgement to decide on the level of need (in this case, severity of injury). Yet a medical practitioner faced with a person in pain will want to treat that person; as such the triage nurse in this case must act *differently* to a regular nurse (the role they may

[1] An early draft of this paper was presented to the workshop 'Triage Devices: how organisations manage commitments' held at Goldsmiths College, London, 27th February 2015. We are grateful to the workshop organisers, Monika Krause and Nils Ellebrecht for providing us with the opportunity to think differently about our data; and to the workshop participants for stimulating discussion and feedback.

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