Analysing policy processes as multiple governance: accountability in social policy

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There is a need to develop appropriate ways to analyse issues about complexity in the governance process and about accountability. The preoccupation with policy ‘stages’ need to be replaced with a more complex model of the way in which policy decisions are inter-related or ‘nested’. It is argued that a ‘multiple governance framework’, influenced by Elinor Ostrom’s ‘institutional analysis and development’ framework, offers a way to do this. The framework is illustrated using examples from English health and education policy, where there are opposed positions about professional autonomy and about local prerogatives, to show how this approach assists the analysis of issues like these.

Français
Il est nécessaire de mettre au point des moyens convenables pour analyser les problèmes complexes du processus de gouvernance et de responsabilité. L’obsession pour les « stades » en politique doit faire place à un modèle plus complexe montrant la façon dont les décisions sont étroitement liées ou s’emboîtent. On invoque qu’un « cadre multiple de gouvernance », influencé par la structure d’Elinor Ostrom « analyse et développements institutionnels » offre un moyen d’atteindre ce but. La structure est illustrée à l’aide d’exemples tirés de la politique de santé et d’éducation en Angleterre, où on remarque des positions opposées sur l’autonomie professionnelle et les prérogatives locales, afin de démontrer comment cette approche facilite l’analyse de tels problèmes.

Español
Existe una necesidad en el desarrollo de las formas apropiadas para analizar temas acerca de la complejidad en el proceso de la forma de gobierno y acerca de la responsabilidad. La preocupación con las “etapas” políticas se necesitan reemplazar con un modelo más complejo de la manera en la que las decisiones políticas están interrelacionadas o “nested”. Se argumenta que un marco de forma de gobierno múltiple, influenciado por el marco de “análisis institucional y de desarrollo” de Elinor Ostrom, ofrece una manera para hacer esto. El marco es ilustrado usando ejemplos del sistema de salud inglés y la política de educación, donde existen posiciones opuestas acerca de la autonomía profesional y acerca de las prerrogativas locales, para mostrar cómo este acercamiento asiste al análisis de temas como estos.

Key words: Policy stages • accountability • governance • implementation

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Introduction

Third Way rhetoric has drawn attention to the complexity of accountability for public policies. Writers such as Janet Newman in her *Modernising governance* (2001) have highlighted the contradictions in initiatives that seem to aim to combine both greater central accountability and local empowerment. There has also been increased attention to issues about the accountability of professional staff. The conventional approach to dealing with these issues is to turn to the traditional stages model of the policy process to argue that implementation issues should be seen as embedded within prior policy decisions, with therefore elements of discretion at the local level set in a hierarchical context.

However, such an approach underestimates the complexity both of many policy issues and of the organisational arrangements for modern governance. An alternative to the stages model is needed which, while it cannot provide answers to what are essentially questions about competing legitimacies, can help to increase clarity about the strategic choices to be made. Highlighting the interrelationships between decisions, this alternative can guide research on social policy and assist those who want to exercise greater control over policy processes, whether from the top or from the bottom.

Many writers have shown the stages model of the policy process to be flawed. Some have then gone on from there to argue for an essentially non-structured (‘garbage can’) view of the policy process. This article will argue that it is possible to replace the conventional preoccupations of policy analysis with successive policy ‘stages’ with a more complex model of the way in which policy decisions are inter-related or ‘nested’. It will do this by developing Elinor Ostrom’s ‘institutional analysis and development’ framework. It will propose a ‘multiple governance framework’ which has a multidimensional as well as a nested character.

Very few insights from public administration or political science have been so generally adopted by practitioners as the stages model of the policy process. It is an important element in a broader image of public policy that is both persistent and, to a certain extent, misleading. That it is persistent has to do with three factors. First, it is normatively attractive because it has been founded on the principles of democracy and representative government. Second, it appeals to what Van Gunsteren (1976) describes as a general quest for control in public affairs. Third, the orderly neatness of the stages notion seems psychologically attractive.

The stages heuristic provides a general map for the analysis of policy processes. If it is to be rejected and if, at the same time, it is believed that it is important to study policy processes systematically, what can be put in its place? We suggest it is possible to build on the ‘institutional analysis and development’ framework to offer an approach to this. It is a ‘multiple governance framework’, which has both more than one dimension and a nested character. Thus it provides organising concepts which may assist low- or middle-range theory formation and systematic empirical research with a ‘localised’ character.

The framework presented here does not break altogether with the concerns of the many scholars who have recognised the logical ‘nesting’ or ‘institutional pathways’ affecting many decision processes. In that respect it can still be said to embody an
idea of stages, although a loose one. It is put forward as a conceptual device to assist with the framing of empirical studies.

In the second section we expose the conceptual roots of our alternative for the stages heuristic. Then, a positioning and elaboration of the analytical framework itself is given (section three). In the fourth section the use of the framework is illustrated in two cases: the policy framework for health care and for the management of schooling in England. The article ends with some conclusions (fifth section).

The ‘institutional analysis and development’ (IAD) framework

Kiser and Ostrom (1982: 184) specify three related but distinct levels of analysis:

The operational level, which explains the world of action. The collective choice level, which explains the world of ‘authoritative decision-making’. The third is the constitutional level, explaining ‘the design of collective choice mechanisms’.

It may be noted that these are listed in the original formulation in an order that reverses the conventional order of the stages model (with its top-down emphasis). Individuals at the operational level ‘either take direct action or adopt a strategy for future actions, depending on expected contingencies’. They are often ‘authorized to take a wide variety of actions at this level without prior agreement with other individuals’ (1982: 207–8). Collective decisions are made ‘by officials (including citizens acting as officials) to determine, enforce, continue, or alter actions authorized within institutional arrangements’. These collective decisions are plans for future action. ‘Unlike individual strategies, collective decisions are enforceable against nonconforming individuals…. The authority to impose sanctions is a key attribute of the collective choice level of decision-making’ (1982: 208). On the third level, ‘Constitutional decisions are collective choices about rules governing future collective decisions to authorize actions. Constitutional choices, in other words, are decisions about decision rules’ (1982: 208).

In the framework institutional arrangements are ‘linking each level of decision making to the next level. Constitutional decisions establish institutional arrangements and their enforcement for collective choice. Collective decisions, in turn, establish institutional arrangements and their enforcement for individual action’ (1982: 209). In this framework it is only at the operational level where an action in the physical world flows directly from a decision.

In an updated discussion of the framework Ostrom (1999: 36–9) elaborates some ‘key difficulties’ in the study of institutions. They involve the multiple meanings of the term institution; the invisibility of institutions; the multiplicity of inputs coming from various disciplines and the corresponding need to develop a specific ‘language’, and the configuration character of relationships. An additional matter Ostrom mentions is the multiplicity of levels of analysis. Particularly important here is the analytical treatment of the nested structure of the framework (1999: 38–9). Lynn (1981: 146–9, 1987) uses the concept of ‘nested games’ to assign the various parts of the policy process. There is the ‘high game’ in which it is decided...
whether or not a policy will be made. Then in the ‘middle game’ the direction of the policy is determined. The ‘low game’ is about the practical side of the policy making; implementation is central here.

These approaches have some resemblance to Parsons’ (1995: xvii) distinction between ‘three broad and overlapping levels or dimensions of analysis’. Each of these ‘may be seen through a variety of different frameworks and approaches’ (1995: 82). The way in which issues and problems are defined and policy agendas are set Parsons calls ‘meso-analysis’. As a level of analysis cutting through the various phases of the policy process, it is ‘meso’ because it:

explores approaches which link the input side of the policy-making process with the policy/decision-making and output process focusing on the relationship between the ‘pre-decisional’ dimensions of policy-making and its decisional and post-decisional contexts. (Parsons, 1995: 82)

The analysis of ‘how decisions are taken and policies are made and how analysis is used within the decision-making process’ Parsons calls ‘decision analysis’ (1995: 82). ‘Delivery analysis’ refers to ‘how policies are administered, managed, implemented, evaluated and terminated’ (1995: 82).

Building on the IAD model: the multiple governance framework

Positioning the framework

Taking our lead from Kiser and Ostrom’s (1982) ‘three worlds of action’ outlined above we see the policy process in the modern world of governance as consisting of three broad sets of activities that we call constitutive, directive and operational governance.

The notion of constitutive governance derives from Kiser and Ostrom’s concept of constitutional choice, which they define as the framing of rules that ‘affect operational activities and their effects in determining who is eligible’ together with rules ‘to be used in crafting the set of collective-choice rules that in turn affect the set of operational rules’ (Ostrom, 1999: 59). This rather ambiguous formulation, defined above as ‘decisions about decision rules’, seems to embrace both fundamental decisions about the content of policy and about the organisational arrangements for its delivery. We think this is an important point. For example, a major policy innovation in the field of health care delivery will contain both rules on who is to be entitled to new health benefits and rules about how those benefits are to be delivered. In that respect it seems a bit misleading to speak of ‘constitutional choice’ pointing the reader’s attention to the latter when that has little significance without the former. Hence our alternative preference for the term ‘constitutive’.

The direction in ‘directive governance’, our alternative to Kiser and Ostrom’s ‘collective choice’, stands for the formulation of and decision making about collectively desired outcomes. Facilitating the conditions for the realisation of these
situations belongs to this part of governance. Operational governance concerns the actual managing of that realisation process.

Respectively these three action levels refer to structure-oriented, content-oriented and process-oriented sets of activities. Ostrom’s illustration of a shift of action levels is worthwhile quoting here:

[When a 'boss' says to an 'employee', ‘How about changing the way we do X?’ and the two discuss options and jointly agree on a better way, they have shifted from taking actions within previously established rules to making decisions about the rules structuring future actions. (Ostrom, 1999: 47)

In the terminology of the multiple governance framework what is at stake here is a shift from the level of operational governance to the level of directive governance. Speaking of ‘a policy (or collective-choice) tier’ (1999: 41) and even of ‘policymaking (or governance)’ (1999: 59), it looks as if Ostrom anticipates the kind of explicit policy process-as-governance conception proposed here. At one place she calls policy subsystems ‘multiple linked action arenas at all three levels of analysis’ (1999: 58). What Ostrom then states about the nested character of her framework also goes – of course with an amended terminology – for ours; she specifies the way institutional rules (a central concept in the substance of her framework) cumulatively affect the actions taken and outcomes obtained in any setting.

Hence the framework for analysis as presented here is intellectually derivative from the IAD framework. At the same time, however, there are some major differences that amount to more than the terminological amendments and justify the development of a separate framework. First, the multiple governance framework links the study of the policy process explicitly with the concept of governance. Essential to this is the shared focus on action rather than (only) on institutions in the legalistic sense of the word; the combination of a ‘vertical’ and ‘horizontal’ orientation; and the stress on specifying levels of analysis and distinguishing empirical from normative matters. Second, a specific characteristic of the framework outlined here is the localisation of the various governance activities, in the variety of action situations within a range of political–societal relations. Third, the multiple governance framework turns the micro-economically rooted assumptions of the IAD framework into a mainstream social science framework, linked with the classical scholarly themes of public administration and suitable for the study of the policy process in particular. Fourth, Ostrom’s formulation has a very strong institutional emphasis while, as we pointed out above to explain our rejection of the concept of ‘constitutional choice’, we see ‘content’ issues in respect of policy innovations as of great importance in structuring subsequent decisions.

We set out in Table 1 our categories to describe levels of analysis, comparing them with some of the alternative approaches.

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Elaborating the framework

The structure of a policy process consists of sets of activity clusters, actors and action situations. The activity clusters have already been conceptualised in terms of the three action levels mentioned above. The answer to the question ‘who is the governing actor?’ is empirically open. The third element, that of action situations, needs some explanation. The kind of activity cluster looked at does not coincide with the locus where these activities are performed. When we speak of ‘locus’ our definition is comparable to (although perhaps less refined than) the one Ostrom gives of her concept ‘action situation’:

An analytic concept that enables an analyst to isolate the immediate structure affecting a process of interest to the analyst for the purpose of explaining regularities in human actions and results, and potentially to reform them. (Ostrom, 1999: 43)

Empirically, both the number of acting actors and of potential action situations can be thought of as infinite. However, in practice as well as in the study of the policy process a taxonomy is needed. In the real world formal administrative layers structure the opportunities for participants. At the same time, in the academic study of the policy process the ‘formal administrative’ character of those layers empirically does not exclude the possible involvement of actors functioning as actual, although perhaps not legitimate, co-makers of a specific public policy. The number and legitimacy of the actors involved do not coincide with the action situations in which they act, while also the action situations in which actors act can have a varying scale. Conceptually, this variety has to be addressed. Here, too, a threefold distinction can be made: irrespective of the kind of formal administrative layer looked at, an actor there can be seen performing specific activities in action situations on a scale that can vary from action of and between individuals, via action of and between organisations, to action on the system-scale. This varying degree of aggregation can be labelled in summary as, respectively, the locus of the individual, of the organisation, and of the system.

Distinguishing between levels, loci and layers means introducing here a refinement

<table>
<thead>
<tr>
<th>Nested games</th>
<th>Institutional governance</th>
<th>Multiple stages</th>
<th>Multiple rational choice</th>
</tr>
</thead>
<tbody>
<tr>
<td>High game</td>
<td>Constitutional level analysis</td>
<td>Decision analysis</td>
<td>Constitutive governance</td>
</tr>
<tr>
<td>Middle game</td>
<td>Collective choice level analysis</td>
<td>Delivery analysis</td>
<td>Directive governance</td>
</tr>
<tr>
<td>Low game</td>
<td>Operational level analysis</td>
<td></td>
<td>Operational governance</td>
</tr>
</tbody>
</table>
that may look complex. This differentiation is required, however, because of the structured nature of the policy process itself. Essential to this is the fact that at any layer within a governmental system it is in principle empirically possible that each cluster of governance activities (action levels; compare ‘policy stages’) may take place – legitimately or not – in action situations (loci) that may have consequences on a varying scale. The term ‘layers’ refers to a specific range of action locations: the formal, legitimate political–administrative institutions, including representative organs, with certain territorial competences. While the term ‘locus’ concerns action situations in political–societal relations designated in the threefold aggregated distinction mentioned above, it refers to a line of vertical public administration in empirical reality from which ‘real’ actors participate in a particular policy process. Related to each other in a nested configuration like Russian dolls, both the number of real persons actually involved in a given policy process and the variety of action situations from which they act is usually greater than implied by the specific formal administrative layer. When we examine the latter we are (only) looking at legitimate constitutional settings within a specific political–administrative system, while the empirical study of the policy process needs a broader perspective on relevant variables.

The layer/locus distinction is important since we encounter views on what should be the appropriate layer for the location of particular decisions while analytically our concern is to explicate that these layers may vary and be the subject of dispute. Thus we will find in relation to the education example discussed below, strongly held views about appropriate divisions of responsibility between central and local government.

The nested character of the framework implies that, conceptually, one action level is not necessarily confined to one administrative layer. Whether, for instance, in a given policy process, a layer of government practises just ‘implementation’ or rather ‘policy coformation’ is an empirical question, resting on interpretation of the extent of change. Any judgement about whether the observed action is desirable is a normative matter. Similarly, there are various acts of ‘operational governance’ – consisting of managing policy trajectories, managing inter-organisational relations, and managing external and internal contacts – which can be regarded as sublevels of action and are not confined to one specific layer of government.

Table 2: The multiple governance framework

<table>
<thead>
<tr>
<th>Scale of action situations</th>
<th>Constitutive Governance</th>
<th>Action level</th>
<th>Directive Governance</th>
<th>Operational Governance</th>
</tr>
</thead>
<tbody>
<tr>
<td>SYSTEM</td>
<td>Institutional design</td>
<td>General rule setting</td>
<td>Managing trajectories</td>
<td></td>
</tr>
<tr>
<td>ORGANISATION</td>
<td>Designing contextual relations</td>
<td>Context maintenance</td>
<td>Managing relations</td>
<td></td>
</tr>
<tr>
<td>INDIVIDUAL</td>
<td>Developing professional norms</td>
<td>Situation-bound rule application</td>
<td>Managing contacts</td>
<td></td>
</tr>
</tbody>
</table>
Using the framework

Thus the single stages-notion has been differentiated into three concepts: levels of action, loci as action situations, and layers in a politico-administrative system. If a stages perspective were adopted each of them might be seen to designate alternative approaches to exploring the development of policy. Indeed, the more simplistic approaches to the stages perspective go further to equate and confuse these three concepts. Our approach instead is to suggest that while of course what we have called nesting occurs, one cannot presume either any explicit uni-directional progress through the designated categories or any taken for granted equation between successive levels, loci and layers. In a given situation one may hypothesise that either or both of these relationships do occur, and accordingly test whether this is true. Furthermore, and this is a particular source of confusion in many discussions of public administration, one may have, or may encounter, views, often strongly held, that they should occur.

By using a matrix form, any reference to verticalisation seems to have been avoided. And yet, despite the grid character, even this framework could be read in a ‘stagist’ way. Such reading would imply that constitutive governance establishes the structural dimensions, that directive governance determines the detailed contents and that operational governance is concerned with the process side of public policies. Readers may react to this, saying that this is indeed what they would expect to find. But if they do so, are they providing a hypothesis, or a statement about what they should find? We return to this issue below, with specific reference to the organisation of the National Health Service (NHS).

This question highlights the relationship between the various activities in a policy process taking place at different moments, at different spots, by different actors. Leaving aside the empirical question about who are the actors on the one hand, and the related question about which administrative layer is looked at, on the other, the framework as pictured in Table 2 shows the kind of activities that may occur as a result of specified action level/action situation combinations. Could it, indeed, be that an activity cluster (‘stage’) identified here as one specific level of action and usually associated with one particular layer, along the line of vertical administration, involves activities going on not only (legitimately or not) at other layers but in a variety of action situations as well? It is then crucial, repeating our key observations about hypotheses and ‘ought’ statements, to recognise both that there is great variation in the extent to which these activities do occur as result of certain action level/action situation combinations and that there is controversy about the extent to which policy outputs should be affected by these activities. Reality in these systems will, we hypothesise (following our own recommendation for caution in this respect), be a combination of an explicitly and not easily amended system, conveying certain expectations of the system as a whole together with locally determined management arrangements and rules affecting discretion at the street level. But not only is there likely to be great variation around these themes, there will also be controversy about the appropriateness or inappropriateness of the structuring involved. Such arguments will not be merely about discretion at the street level but also about the appropriateness of ‘prior’ structuring decisions.

In the next section we illustrate our framework, and set out some of the issues it
helps to highlight, using English data relating to two policy areas: health care and the provision of education in schools.

**Applications of the Multiple Governance Framework**

**Case A: The policy framework for health care in England**

The NHS has, since its inception, embodied:

1. tax-funded generally free hospital services with controlled access (largely through primary care gatekeepers)
2. provided through central government-designed local organisations
3. by practitioners with high levels of decision-making freedom.

The first of these features has been a common theme running through since 1948, despite intermittent political threats of something different. The second feature has been the subject of wave after wave of changes in institutional design. The third feature has, particularly in recent years, been substantially challenged from above and below, provoking a range of innovations. We see in the behaviour of central government a continued reinforcement of the basic system, within which extensive institutional changes can be seen to be nested. These institutional changes have had some impact at the street level but it has only been since 1997 with the arrival of ideas about the use of performance indicators, clinical governance and a more interventionist stance through the National Institute for Clinical Excellence (NICE) and the Health Commission that the centre has sought to have a strong impact at that level.

If analysed using a simple version of the stages model it may be argued that there is here a decision hierarchy: government policy, intermediate management arrangements and local discretions. In terms of Table 2 it should be possible to draw a diagonal line in which constitutive governance has set the structure, directive governance the organisational arrangements and operational governance deals with individual actions. As a description of the system that is at best an uninformative half truth. In the following discussion we take the columns of Table 2 separately to explore aspects of the complexity that exists within the system.

**Constitutive governance**

Self-evidently, the main ingredients of structure have been set at the level of the NHS system as a whole. However, over the years there have been various occasions on which structural changes were possible through the operation of choice in the locus of the organisation. The original experiments of the last Conservative governments with general practitioner fundholding involved relatively localised choices that produced incremental structural change. The trial and error aspects of this development have been analysed by Glennerster and his colleagues (1994). The shift from that system to Primary Care Teams was also initially a piecemeal
one. The contemporary development of Foundation Hospitals has some similar features. So does the evolution of Children Trusts.

In Table 2 the illustration offered of structural change at the scale of the individual is ‘developing professional norms’. In health policy it is very clear that professional participation in policy making has a significant impact on content and process. But professional autonomy has some impact on structure itself. We refer here not so much to the way in which professionals are embedded into the policy-making process at all levels within the NHS, but to ways in which doctors (particularly general practitioners) still have a great deal of latitude in the way they organise their services. The intended effect of the professional norms indicated here is multiple: binding oneself, colleagues, and third parties, via codes of conduct, professional standards and associations. It should be noted that the dual meaning of the term ‘institution’ becomes visible then: both the sets of values and the ways in which they are materialised into practical rules. The term thus refers to aspects of ‘content’ as well as ‘structure’.

**Directive governance**

The question about the loci of content decisions can best be illustrated by a crucial issue in the determination of the content of health policy: budgeting. It is an inherent characteristic of budgeting in a complex system like the NHS that it has a nested character with detailed allocations being determined within the context of a globally determined figure. In an account of the financing of health care Glennerster supplies a complex flow diagram (2003: 62, table 4.3) illustrating the various interactions between both organisations and specifically localised decision makers. The politics of budgeting is such that efforts to prescribe from the top are open to a shifting discourse about underspends and overspends, ‘virement’ between spending categories and so on. A particular feature of health service politics has long been a debate about the extent to which spending can be needs-led, in that developments at the scale of the individual (the incidence of disease and practitioners’ choices about how to treat it) may drive ultimate expenditure outcomes.

These issues about budgeting can be related to issues about the content of the service in a more general sense. Decisions about the opening and closing of hospitals, or the provision of specific services within them (accident and emergency, obstetrics and so on) are resource-driven at the scale of the health system as a whole but largely fought out within and between organisations and influenced by the autonomy claims of individual professionals.

**Operational governance**

Given the conflict between political aspirations in the system locus and traditional claims of professional autonomy, issues about process are particularly relevant. In this complex and controversial area the behaviour of the government at the time of writing is very interesting. Rather more attention will be given in this section to this topic than to ‘structure’ and ‘content’ since the issues that arise here involve
not merely questions about system, organisation and individual locus decisions, but also ones about the extent to which structure and content influence process.

A crucial element in the contemporary development of the management of doctors is the notion of ‘clinical governance’. The government sees this as ‘a partnership between the Government and the clinical professions. In that partnership, the Government does what only the Government can do and the professions do what only they can do’ (Department of Health, 1998: para 1.13). The same document goes on to argue (para 3.9):

Clinical governance requires partnerships within health care teams, between health professionals (including academic staff) and managers, between individuals and the organisations in which they work and between the NHS, patients and the public.

We see here a recognition of issues about mixed management, highlighting issues about choices of forms of management and about ways of combining different forms in the same system.

Clearly there is much controversy around the government’s view of clinical governance. There seem to be some boundaries that might be used in determining prerogatives in this matter. On one side in the argument about medical autonomy a view may be taken that there is still a need to impose much stronger standards on doctors; on the other it is argued that medical discretion is already seriously constrained. Examinations of the Blair government’s view of its objectives have highlighted the continuing tension between its views about delegation of responsibilities and its desires to enforce standards from the top (Newman, 2001).

A typical illustration of this in the health field lies in statements like the following in The NHS Plan:

Because we trust people on the frontline, the centre will do only what it needs to do; then there will be maximum devolution of power to local doctors and other health professionals. The principle of subsidiarity will apply. So the centre will: set standards, monitor performance, put in place a proper system of inspection, provide back up to assist modernisation of the service and, where necessary, correct failure. Intervention will be in inverse proportion to success; a system of earned autonomy. The centre will not try and take every last decision. There will be progressively less central control and progressively more devolution as standards improve and modernisation takes hold. (Department of Health, 2000: para 6.6)

In sum: We trust you, and will give you more autonomy when we are sure you are doing what we want! Even stronger examples of this phenomenon can be found in the second of our case studies. But our object here is not to criticise; it is to point up the complexity of a policy system with delegated operational management. We have taken a more detailed look at issues of process in the field of obstetrics. This is an interesting area in which there is some effort to impose guidelines from the top, strong deference to the profession but a recognition that there is at the ‘street level’ a patient who is increasingly likely to want to influence the way she is
treated. The sources of guidelines are almost entirely the profession itself, with a strong emphasis on research evidence. While lip service is paid to issues of choice by women, there is no indication that maternity service users have been explicitly consulted or surveyed during the guidelines formulation process.

The following is a typical view of guidelines from a practitioner who describes himself as sympathetic to them:

Guidelines guide those in need of guidance along the line drawn by the guideline maker. This definition may seem facile but it exposes the limitations of guidelines. They are only useful to those who need guidance. They bring the outdated physician back into line, as recommended by the expert and they can be used to herd the weak and less focused down a politically expedient path. However, sophisticated medicine is an art. (Johnson, 2002: 1495)

Studies not surprisingly therefore indicate that adoption of guidelines depends very much on local practice, as well as individual disposition (Berrow et al, 1997; Dye et al, 2000; Foy et al, 2001; Templeton et al, 2001). Clinical Governance and Clinical Audit seems likely to be important here in putting them on the agenda in many organisational situations. Hence any consideration of the extent to which these developing guidelines in obstetrics, given increasing official status through National Service Frameworks and the work of NICE, become of increasing importance will surely depend on the increasing expectations by the Department of Health about the effective use of Clinical Audit by hospitals.

Case B: The policy framework for the management of schooling in England

Between 1944 and the mid-1980s there operated what was known as ‘the post-war settlement in which central government provided the broad policies, which were then administered and interpreted by the local education authorities which in turn entrusted curriculum decision-making and pedagogy largely to the professionals on the ground’ (Hudson and Lidström, 2002: 32–3, citing Whitty, 1990). We see here then again an apparently simple division of policy-making labour. The important difference from health policy here is that the ‘middle’ party in this process, local education authorities, are elected local governments, whereas the equivalent bodies in the health service were and are appointed ones. Distinct issues about the prerogatives of layers of government therefore enter more clearly into arguments about relative responsibilities.

Since the mid-1980s the system has experienced dramatic change. Change has consisted of a great deal of centralisation but also some decentralisation. Centralisation has involved a great increase in government control over the school curriculum, and the development of a testing system and a strong inspection system to go with it. Decentralisation has involved the weakening of local authority control over the schools. There has been a sort of ‘hollowing-out process’ in which power has gone down to schools and parents have been given more scope to choose schools for their children and to participate in the government of schools. The
controversial education legislation before Parliament at the time this article goes to press (Spring 2006) may further extend this process.

Bache (2003) highlights two features of this ‘hollowing-out’:

- First, the complex formulae governing the funding of education, which central government modified in ways that force increasing proportions of the money going to local government to be passed on in pre-determined ways to the schools.
- Second, the scrutiny of the performance of local authorities as managers of the school system which include powers – that have been used – to take functions away from them.

While the state system has remained intact, various forms of what may be called ‘quasi-marketisation’ have occurred. Funding depends on pupil numbers. Inasmuch as this interacts with parental choice (and how much this really applies depends on geography) it has an impact on school success or failure. The publication of test results for individual schools can then further influence this process.

Returning to our typology we thus find, as with hospitals, a substantial concern at the central government layer with issues about content and process. At the same time we see a tendency to marginalise, even in the locus of organisations, in dealing with the arrangements for the provision of schools, the role of local government. To some extent this implies moving the direction level to the top of the national education system; in other respects it involves moving it to the schools themselves, who make choices in a quasi-market system on how to organise and orientate themselves. Structural changes may, to some degree, occur as schools move in or out of the quasi market. It is here we see the partial cutting out of a layer, on which obviously defenders of local democracy feel angry (although an alternative participative democracy on the scale of schools is to some extent on offer). Hence our warning above about confusing issues about action levels and action situations with those about appropriate layers.

Again the issues about structure and the funding aspect of content are subject to contributions at all three loci. However, those who wish to control education from the top have found it rather easier to be prescriptive about the kinds of school arrangements that can be allowed and about funding than have their colleagues in health policy.

The interesting issues about education concern the curriculum and how it is taught. Here it is difficult to draw a clear distinction between directive and operational governance (or content and process). Issues about what is taught and how it is taught come together in the debate about control over the curriculum.

The national curriculum and the associated testing shifts control over activities away from managers at the street level. These are replaced both by stronger central directives and by the imposition of another organisation, the inspectorate (Ofsted) as a party to operational governance. But as Bowe and his colleagues have argued (1992), the resultant policy-making partnership is complex, given the complexity of curricula.

We have given more detailed attention to one aspect of curriculum control, efforts at the scale of the system as a whole to control the teaching of literacy.
Critics of the strong curriculum control associated with this area of teaching have attacked it as a form of Taylorism, changing teachers from professionals into technicians (Hilton, 1998; Fisher et al, 2000). However, the assessment of its impact is difficult because of the extent to which prescriptions about teaching take their place in the context of other measures – parental choice, the publication of results, and the inspection system – that clearly limit teachers’ autonomy. It has been noted, moreover, that it may be that highly structured programmes can give security and thus facilitate innovation. The key concern in relation to the measurement of performance is not what is done, but an outcome (performance in a test) that depends on the contribution of the child as well as the teacher. Research evidence suggests therefore that centrally determined guidelines are at their strongest where the organisations required to apply them are least secure, that is likely to achieve poor test results (Lofty, 2003). There is then a second-level effect that organisational controls over individual practice are most likely to occur when head teachers have least confidence in individual teachers. In that sense those most constrained are those with least experience. Again then we see directive governance (rule setting) replacing operational governance (managing trajectories).

**Conclusions**

We suggest that our approach to analysing the complexity of policy processes offers two positive contributions to policy analysis and public administration while avoiding the methodological limitations of the stages heuristic.

One function of the multiple governance framework is to provide a conceptual (meta-) basis for contextual theory building in the study of the policy process. At a meta-level it designates organising concepts that enable the formation of specific low- or middle-range theories of a more ‘localised’ (in the sense of locus-related) character. Like DeLeon (1999: 29), we advise against reaching for a ‘grand unifying theory’ (see Hill and Hupe, 2003).

In the specification of a research question the framework guides the selection of variables. Looking at the dependent variables used in policy research (taking our lead from Sabatier, 1999), so far it is possible to distinguish the aim of explaining:

- policy change within a given political system;
- adoption of a policy or set of policies;
- variation in policy outputs or outcomes.

The framework provides flexibility to choose the appropriate unit of analysis. On the side of the independent variables, too, the multiple governance framework offers an approach to structuring these rather than prescribing what they should be. O’Toole’s (1986) scan of the implementation literature suggested a massive list of variables, attracting the criticism that here was a subject in need of parsimony (see Matland, 1995; also Meier, 1999). The identification of the framework within which action may occur brings this down to a limited range of categories. This
narrower range makes it possible to select a small number of variables thought relevant to the research question at hand.

Another function of the analytical framework is to aid the identification of action choices. It is this one that has been particularly stressed in this article. A great deal of the implementation literature has been preoccupied with a normative argument between ‘top-down’ and ‘bottom-up’ perspectives. Both stem from deeply held views about democratic accountability. Faced with what they regard as defects in the implementation process, both perspectives concern themselves with efforts to increase the capacity to steer the policy processes, either from the top or the bottom. By contrast, a model that recognises that influencing the policy process can involve adjustments to a complex nested system of levels, loci and layers may help actors to identify alternatives for action. Those with a strong top-down perspective may be assisted by recognising that they have choices between fundamental restructuring, adjusting specific substantive arrangements, or curbing street-level discretion. Conversely, from a bottom-up perspective there will be questions about whether what is crucial is to devise new ways of making street-level decisions or whether there are institutional and/or structural modifications that would need to be made before these would be feasible. In both the examples explored here the crucial opposed positions are between those who see it as necessary to curb professionalism (probably from the top) and those who defend professional autonomy. A second theme most evident in the education example concerns the respective prerogatives of central and local government.

Between those strong ideological positions many of us will, following Day and Klein (1987; see also Pollitt, 2003: chapter 4), want to argue that public policy processes need to be able to hold in tension multiple ‘accountabilities’. In this respect it may be important to try to develop policies so that they follow complex pathways across the items in Table 2. Design issues about how, and by whom, the overall structure and content should be determined may differ from issues about arrangements to determine the detailed policy process, while each again may differ from the concerns about the discretionary behaviour of practitioners. All are connected, but there are many options about how these connections may be made.

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