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Street-level planning; the shifty nature of "local knowledge and practice"

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Abstract

Purpose – The purpose of this paper is to explore and problematizes one of the oft-cited reasons why the implementation of public policy and other development initiatives goes wrong – namely that there is a mismatch or antagonistic relationship between street-level worker's decisions and priorities on the one hand and on the other hand the policy-makers' or administrators' directives and priorities.

Design/methodology/approach – The paper builds on seven months of ethnographic fieldwork set in a Danish municipal unit which administered the sickness benefit legislation.

Findings – Through the reading of an ethnographic example of implementation of labour market policy this paper suggests that when policy invariably is distorted at the administrative level it is not necessarily due to lack of will among street-level workers to comply with legislation or centrally devised directives but rather because: in practice, planning and implementation are concurrent processes that continuously feed into each other; and that the concerns and the "local knowledge and practice" that guide planning-implementation do not belong to individual people but are dynamic perspectives that individual people might take up in certain situations.

Originality/value – This challenges conventional descriptions of street-level workers as a distinct group of people with distinctive concerns and attitudes to their work. The paper suggests instead the metaphor "vector of concern" to capture the way street-level workers' changes of perspectives might cause interventions to disintegrate and evolve in potentially conflicting directions.

Keywords Ethnography, Policy implementation, Danish bureaucracy, Labour market policy, Street-level workers

Paper type Research paper

Implementation gone wrong, or; street-level concerns

That policy does not easily translate into the prescribed practice is one of the fundamental problems addressed by scholars of policy implementation and public administration (e.g. de Leon and de Leon, 2002; Durose, 2009, 2011; Hjern and Porter, 1981; Lin, 2002; Lipsky, 1980, Maynard-Moody and Musheno, 2000; Mulgan, 2009; Osborne and Gaebler, 1992; O'Toole, 2000; Scott, 1998; Winter *et al.*, 2008; however, see Kettl, 1993, pp. 60-61 for a critique). Taking a top-down or bottom-up approach, these studies point to the implementing administrations as one of the main sources of distortion: policy implementation "goes wrong" because those whose job it is to implement a policy (e.g. doctors, caseworkers, policemen, teachers) decide to disregard, bend or wrongly apply rules and directives (for an overview, see de Leon and de Leon, 2002; O'Toole, 2000). For these authors, the implementers' (also referred to as street-level workers, front-line workers, street-level bureaucrats, etc.) disregard for, or misapplication

of, rules and directives are typically ascribed to a particular set of concerns which distinguishes them, as a group, from their managers and from those who craft the official policies. Hjern and Porter (1981) argue that people who participate in inter-organizational programme implementation pursue a "programme rationale" and tend to adjust their organizations to the needs of the programme they are implementing (Hjern and Porter, 1981, p. 216), while their managers adhere to an "organizational rationale" and do the opposite (Hjern and Porter, 1981, p. 215). Lipsky (1980) describes street-level bureaucrats as preoccupied with making their excessive workload manageable, while their superiors are concerned with organizational results. Scott (1998) shows how local implementers tend to act in such a way that their own interests are furthered. These interests are, in his examples, in contrast to the interests of the policy-makers from a higher administrative level who are preoccupied with the most recent management trends and scientific developments. In Maynard-Moody and Musheno (2000), street-level workers are defined in opposition to "elected and other top government officials" in that "they do not see citizens as abstractions but as individuals [...]" and also that their "relationships with these various citizen clients are personal and emotional, rarely cold and rational" (p. 334).

While these opposing groups are useful for explaining certain actions which may shape implementation, they nevertheless rest on one or more of the following problematic assumptions: first, that the crafting of a policy precedes its implementation – although Lipsky argues that street-level workers are the real policy-makers, the policy he speaks of is perhaps more akin to individual decisions, as observed by Maynard-Moody and Musheno (2000, p. 341); second, that the crafting of a policy and its implementation are carried out by two distinct groups of people; and finally, that these two groups of people are concerned with different things and approach the world differently (e.g. abstractly vs concretely; indifferently vs personally). That these assumptions are difficult to uphold when looking at concrete cases has been demonstrated thoroughly by the vast body of ethnographic literature which examines the everyday life of corporate (e.g. Krause-Jensen, 2011; Ong, 1988), national (Das, 2004; Gupta, 2012; Latour, 2002; Hyatt, 1997; Lea, 2008; Shore and Wright, 1997; Shore *et al.*, 2011; Vohnsen, 2013a, b; Wright, 2008), and international development policy implementation (Ferguson, 1994; Li, 2007; Mosse, 2005, 2007; Nygaard-Christensen, 2011). However, with the exception of Mosse (2005), these findings have not been turned into concrete implementation theories. The case study in this paper follows the tradition of Mosse in aiming to provide an alternative understanding of implementation practice which may substitute the above mentioned assumptions. It offers an ethnographic examination of the initial stages of the implementation of a national project run out of the Danish Ministry of Employment. Through this, the paper proposes that: in practice, planning and implementation are concurrent processes that continuously feed into each other; and that the concerns and the "local knowledge and practice" that guide planning-implementation do not belong to individual people but are perspectives that individual people might take up in certain situations. The paper suggests the methaphor "vector of concern" to capture the dynamic nature of these perspectives.

Ethnographic example: Active – Back Sooner
The following account builds on fieldwork in Denmark, in a municipal unit of caseworkers working with the administration of the employment and sickness benefit legislation. From December 2009 until December 2010 I spent a total of seven months in this unit where I followed a group of caseworkers who were involved in the local implementation of a national randomized-controlled trial called Active – Back Sooner.

I had kindly been invited to join the group, and the municipal unit in which it was located, by the local management in order to pursue my research into the trial's implementation "whichever way I saw fit". I recorded both interviews with individual caseworkers and group meetings, which accounts for the detailed dialogues later on in this paper. My main tool for data collection, however, were the notes I took of meetings between caseworkers and clients where I was present, as well as notes on informal conversations between the caseworkers which I overheard, incidents and discussions from team meetings or lunch time chatting, and questions and answers I thought of along the way. My account begins two weeks into what in the National Labour Market Authority's official documents was described as the trial's implementation phase.

The disintegration of a project design
The first meeting of the municipal project group responsible for implementing Active – Back Sooner took place in team leader Peter's office on 14 January 2009. The intervention was a precursor to a planned revision of the labour market legislation. Being a test case, it was designed as a controlled trial and targeted people who had received sickness benefit for more than eight weeks. The project was one of multiple efforts the Danish Government directed at reducing the Danes' long-term sickness absence from work and had a few months prior to Peter's meeting with his employees been adopted during the Parliament's fiscal negotiations as parts of the Action Plan on Sickness Benefit. Before the political adoption, Peter had established a temporary group that worked on the drafting of a local version of the national project design. On the morning of the 14th Peter explained that this temporary group had been dissolved in favour of a new constellation of people who would "actually work with the project and have their fingers deep in the dough".

This new group consisted of a stable core unit of four caseworkers (Kirsten, Marie, Ida and Klara) who would be in charge of the local implementation of the controlled trial. When they first met on 14 January, another local manager, Mette, and an internal development consultant, Helene, were also present. Peter opened the meeting by stating that they were already behind schedule and that civil servants from the Ministry of Employment who were responsible for coordinating the multiple local trails around the country had expressed concern that this delay might impede the effort to draft 200 people into the control and intervention groups, respectively. However, Peter did not share their concern. Set in a municipality of considerable size, he imagined their unit could round up the required 400 participants in a matter of a few weeks rather than the projected four months if they had to. He proceeded to discuss the practicalities of drafting:

> Peter: We need a description of how and when to select people for the project. In the document from the National Labor Market Authority it says that birth year determines whether a person goes into the intervention or control group. Since we have too many people and cannot include them all, we will select them by their birth date. My suggestion is that we begin by including the 01s […] everyone born on the 1st of any month.

Peter went on to do the maths. With an average intake of 330 new cases a week – i.e. 330 new people on sickness benefit who each month reached the eight week limit after which the municipality was obliged to summon them to a meeting – to be divided by, say, 30

birth dates, he calculated that they would get around ten people with birth dates on the first, to be divided between the control and intervention groups […] so five a week. Then, he reckoned, if they should turn out to be running short they could always fit in the "02s":

Peter: We need to include the 01s in any case because refugees and immigrants who do not know their birth date get "01" when they enter the country.

Helene, the internal development consultant, now voiced her objection. Her concern was for the validity of the project:

Helene: For that very reason the 01s ought to be left out altogether. They are not representative of our citizens[1].

Peter: I completely agree but the documents specify the 01s must be included, so there is no avoiding them.

Having established the lack of representativity within the intervention group, Peter expected no further trouble related to the drafting of people into the project. Helene, nevertheless, cautioned Peter not to be too optimistic about the intake. In her experience from earlier projects it often proved difficult to reach the target number despite optimistic calculations based on their internal statistics. As the months progressed, Helene's caution would prove to be timely. Despite the prognosis, they later had to ask for the project-period to be extended in order to reach the 200 participants for each of the two groups. However, on the day of the first meeting in the project group the most immediate foreseeable obstacle pertained to the definition of when a person could be said to have entered the project. Mette, the local manager responsible for the practical drafting of people into the trial, joined the discussion:

Mette: Do I understand you correctly; do we not yet have an internal description of what we plan to do?

Peter: No. That is what we are going to do now. To use a buzzword – we need to make a flowchart. But the whole procedure is totally straightforward. It is very comprehensively described here in the material from the National Labor Market Authority.

The procedure soon turned out to be not as straightforward as it seemed in the documents. The problem faced at present was how to separate the legally required "first-time conversation" (to which everyone who had received sickness benefit for eight weeks was summoned regardless of their involvement in the trial) from the first "project conversation" during which a person would be informed that they had been drafted into the project's intervention group:

Peter: One problem we need to handle is that our normal first-time conversation and the first project conversation *have* to be kept separate. And we have a maximum of one week from our first meeting with the people in the intervention group until we conduct our first project conversation. For different reasons it is unwise to wait. For instance, it would be unwise to say to a person "you have been drafted into a project which we will tell you about some other day". It makes no sense. So, despite the two conversations having to be kept separate, most municipalities have, like we have, decided to have them the same day. This makes most sense.

Mette: But how will that be done in practice?

Marie, one of the caseworkers who would be running the project on a daily basis, had been part of the former group Peter had dissolved in favour of the new group in charge of the implementation. She had therefore been involved in drawing up the initial response to the Ministry's call for participation. She took over to speculate on the practicalities of drafting, while Peter seemed to be thinking hard about something while he reread the documents from the Labour Market Authority:

> Marie: Well, I imagine we begin with our normal first-time conversation. We do what we normally do except we are attentive to how the information we get fits into the project. And then when we reach the point where we would normally say, "Listen, we have this project called 'Back to Work'", or we would mention the Back Pain Clinic or other offers, we say instead "Listen, you have been drafted into this project and here is a letter from the National Labor Market Authority explaining it". And then maybe they could go and have a cup of coffee while they read it and then come back. That way it would be two separate conversations while to them it would seem integrated. I think we should avoid confusing people.

Dealing with the daily summoning of people to the obligatory consultations in the municipality, Klara joined in:

> Klara: Well, people probably couldn't care less about the fact that somebody has decided these conversations should be separate. What would matter to them is if they were asked to come in here twice instead of once. They wouldn't like that.

With these comments from Peter, Marie and Klara, offered less than a quarter of an hour into the first meeting of the project group, a tension began to arise between what the project design "required" and what would be "wise" and would "matter" to the people, and how best to "avoid confusion". These tensions unfolded as the discussion progressed:

> Marie: The problem is if they report "fit for duty" [i.e. say they are ready to return to work, *red.*].

She had put her finger on what had been worrying Peter. He looked up from the documents. What if, he speculated aloud, having been drafted into the project by virtue of their birth date and year, people came to the meeting and it turned out that they were about to go back to work? The problem was, Peter explained, that the municipality was paid 7,500 DKR, or approximately £840, for each of the 200 people in the intervention group. This money was paid out in connection with the first project conversation, meaning that a person would be registered as part of the project the moment the caseworker informed them they had been chosen. Peter, Marie and Helene all found this approach problematic:

> Peter: Now, I would imagine that just telling people they are part of a project must have some effect research-wise. I mean, surely it must be interesting for the National Labor Market Authority to see whether telling people they have been drafted for a project that requires them to be active for ten hours a week while they are sick[2] has some effect on the frequency of reporting fit for duty. But they have specifically chosen not to look at this variable and this means that if a person reports fit for duty during the first-time conversation they are *not* part of the project and we do *not* register them.

As opposed to Peter whose work was of a strict administrative nature, Marie was handling the first-time conversations on a daily basis and questioned the straight-forwardness of his reasoning. In her experience it rarely happened that people showed up with a set date on which they planned to return to work. Usually, she explained, they would say something

vague like "I plan to return to work within the next three weeks". Would they then be in the project or out?

Peter: They are in. That is, unless they sign a fitness-for-duty certification with a specific date on it immediately. If you have already begun informing them of the project then they are definitely in.

Helene: And what if *after* having been informed of the project they decide they would rather go back to work?

Marie: Then they are still part of the project […]

Peter: The problem is that there is a fundamental issue with the project design regarding the timing of when they "report fit for duty" versus when we begin informing them of the project. Regardless of Marie's arguments for letting the two conversations progress as one, I think we need to make a break. Perhaps it is enough simply to let the person sit alone for five minutes and read the letter from the National Labor Market Authority. It all comes down to a question of showing consideration for the person versus showing consideration for the caseworker and the project design. I think it is important that we are able to clearly distinguish one from the other.

Three vectors of concern; citizen, project and case management

Peter had on that very first day in the municipal life of the project Active – Back Sooner, in a remark soon passed over by the general discussion, named the three vectors of concern which would proceed to push the project in conflicting directions throughout its continuous planning and implementation: the concern for the citizen, the concern for the caseworker's ability to best manage the collective workload and the concern for the validity of the project. These three concerns continued to do their work on Active – Back Sooner during a meeting the following day. During this meeting the responsible caseworkers Marie and Ida proceeded to plan how they would separate the two conversations in practice. Their first idea was to ask the drafted person to go back to the waiting area, read the letter and then return after 15 minutes. But what would Marie and Ida do meanwhile? Both of them had a lot of work just managing their normal cases, and 15 minutes waiting for each project participant to read a letter could not be spent doing nothing. They briefly contemplated spending the time entering the participant's details into the electronic registration system which had been set up for the benefit of the trial's quantitative evaluation. But against this option weighed the fact that the longer they let the participant spend reading the letter, the longer the subsequent citizen would have to await their turn in the waiting room. They wondered whether they would have enough time to conduct the next first-time conversation while the first participant read the letter; but that would mean they could not allow the second conversation to last very long, which was not desirable if the case proved one of the more complicated ones. Perhaps the solution was to spread the five people across two hours rather than one? That way the three of them (they anticipated that Kirsten, a caseworker colleague, would soon join them) had no more than one "project-person" per hour, and if they had time to spare they could always complete some normal first-time conversations.

The problem escalated when Ida did a quick calculation and found out that if they drafted five people into the project a week, as they had decided to do the previous day based on Peter's calculations, it would take 40 weeks to reach the 200 participants whereas, according to the official project description, the time

available was 17 weeks. This, however, they imagined could be solved by conducting less normal first-time conversations and by increasing the project intake. During the meeting, Marie and Ida continued to encounter and overcome such small hypothetical obstacles. Critical comments were offered and evaluated, and practical obstacles dealt with as their plan gradually improved. They would, they decided, conduct the first-time conversation, then leave their offices and let the participant sit there for a shorter period of time to read the letter while they themselves went to the toilet or to get a cup of coffee or to find some documents they envisioned they might need. They would not waste time this way since these were all things they would have spent time on anyway.

What eventually, once the "action" began, made them abandon their plan and conduct the two conversations as one regardless of any arguments raised by Peter and Marie herself, did not relate to the concerns raised and overcome in these preliminary discussions. What they had not foreseen was the fact that many people did not understand the letter, were done reading it before Marie and Ida could leave the room, or responded to the message that they had been drafted for a project with numerous anxious questions. Some broke down and cried. All the considerations that had gone into the planning phase (being able to distinguish clearly between the legally required conversation and the project conversation, not wasting time, not letting people wait unreasonably long, ensuring more time was given in the case of complicated cases, and so on) were set aside in favour of the practical realization that all that happened when they left the office or asked the person to leave it was that the multitude of anxious, curious, frightened or angry questions got postponed.

The heterogeneous nature of "local practice"

Returning to the first meeting on 14 January, such problems continued to crop up as Peter, Mette and the caseworkers continued to draw the flowchart. If local concerns were several and some of them incompatible, "local practice" was not a straightforward phenomenon either. What in the project design was referred to as the "normal intervention", against which the effect of Active – Back Sooner was to be measured, was marked by the presence of other "controlled trials" such as "Back To Work" and of other local offers such as referrals to the Back Pain Clinic, where professional physiotherapy was offered. In the local description of the project elaborated by Peter and Marie for the National Labor Market Authority's approval a month earlier, they had suggested that these other ongoing projects would only be offered to the control group. However, the National Labor Market Authority had insisted they changed this so that the two groups would be given the same intervention apart from the "extra" that would be offered as a result of Active – Back Sooner. This was in order to ensure a shared so-called "baseline intervention", but choosing this course of action did not make the related problems disappear:

Ida: So we *can* refer the intervention group to the "Back to Work" project?

Peter: Yes.

Ida: As something extra or as part of *Active- Back Sooner*?

Peter: Er […] well […] I would say it is an "activity", so I guess it *could* be part of our project […] But then we run into the big problem we anticipated when we originally decided only to offer it to the control group […] namely that we would then be offering the same intervention to our intervention group as we do to our control group […]

Ida: But what if people from the intervention group from *Active – Back Sooner* end up in the control group for the "Back to Work" project? Then it would not be an active offer.

Peter: Er [...]

Marie: No it would not. I am very fond of the "Back to Work" project as well but what we should do instead is see if we can find something similar elsewhere to ensure that the intervention group is in activity.

Helene: [internal consultant] But if you refer them to "Back to Work" then we cannot be sure they'll get ten hours of activity a week. Can we demand that "Back to Work" give them at least ten hours a week?

Peter: Then we will have to mix it with another activity. We can mix as we want.

Mette: But "Back to Work" is really just an occupational health assessment. We can buy that from the private employment agencies.

Peter: Well, I guess we need to think differently. What we need to think is this: normally we would have chosen "Back to Work" but in this case we have an extra door open and we can offer people *anything*. *That* is why we do not choose "Back to Work". Do you follow me? The important thing is that the ten hours can be put together however we want. Two hours of preventive bits and pieces, a fitness card and four hours of offers regulated by the law on active employment effort.

During this first meeting where the attention shifted away from the crafting of a national project design and onto the elaboration of a practical course of action, the clear-cut distinction between the intervention group (receiving the "project intervention") and the control group (receiving the "normal intervention") began to dissolve. The project design required base-line comparability between the two groups (to facilitate later evaluation), but some of the methodological requirements they had to operate by were questioned locally: they had to ensure ten hours of activity, yet the "intervention group" could end up in another project control group. There was Helene's objection that the insistence on including "the 01s" undermined the representativity of the project, and there was Peter's puzzlement over the design's disregard for registering those who decided to go back to work as a result of being informed of the project.

Illegibility and "local knowledge"
Weeks before the official start of Active – Back Sooner during a regional launching seminar on 17 December, 2008, it had become clear that most of the participating municipalities had no "active offers" ready. The municipality that Marie, Ida and Peter belonged to had just concluded a large procurement process that resulted in a framework agreement with a number of private employment agencies (PEAs). It was to this group of PEAs that the project group planned to refer those participants in Active – Back Sooner who were not able to go back to work part-time.

When the project group met on 14 January, they still had no active offers ready, despite planning to draft the first people into the project only a few days later. Marie, Ida and Kirsten, the caseworkers who would be responsible for implementing Active – Back Sooner, had until then worked exclusively with the "early intervention" – i.e. cases of less than 26 weeks of administrative age. Their job had primarily consisted of informing people of their legal rights and obligations as recipients of sickness benefit and of helping

people return to work part-time if possible. If they caught a more "complicated" or "heavy" case they had until now been obliged to transfer it to another team. In this capacity they had never dealt with the PEAs before. As team leader, Peter's knowledge was limited to what he had picked up from the caseworkers who worked with applications for early retirement pension and professional rehabilitation in other units. When they therefore discussed the attractive alternatives to the highly successful "Back to Work" project and "the extra" they would be able to offer the participants within the framework of Active – Back Sooner, it remained a purely speculative discussion. To make up for this, Peter asked Marie and Ida to read up on the PEAs and meet again the following day to decide which PEAs to use.

Marie and Ida each had five years of university studies behind them, as had the three other caseworkers who would eventually be involved. Trained in humanities or the social sciences, their analytical and reflective skills were manifest in their approach to the project. However, they had no formal training within the realm of social work in which the PEAs dealt. It was new and unfamiliar territory. After the meeting on 14 January, Marie had read through a brochure that contained a description of the offers and specialties of the different PEAs. She had also taken time to discuss them with a colleague who was a trained social worker and who frequently dealt with the PEAs. Yet, despite her best efforts, Marie did not feel very enlightened when she met with Ida and me on the following day in order to select the PEAs that would, in time, be used as suppliers of active offers:

> Marie: What I mean is […] ok, for example this one […] they *also* have a "special focus on recipients of sickness benefit" […] they write: "We are particularly skilled working with blind people; people with substance abuse; people with stress and depression; people with psychosomatic disorders and lifestyle diseases; with young people without education; with immigrants and refugees who need to learn Danish; with criminals and former inmates; with citizens who need job training". They basically claim to be particularly skilled in everything! […]

The descriptions in the brochures left the caseworkers with very little clarity on what kind of activities were actually carried out by the different organizations. This was a feeling they would continue to complain about throughout the project and even after the revised legislation had made referrals to the PEAs a stock part of their job. Marie said at one point that the PEAs all knew the most recent discourse and the right buzzwords but she had little if any idea of what they actually did. On the day when they had to decide which PEAs and which active offers to use in the project, the discussion therefore never went beyond general and structural issues: how to keep track of who was in the project and who was not; how to separate the first-time conversation from the project conversation; what to do if the participants applied for professional rehabilitation or early retirement pension (in both cases they would normally have transferred the cases to a specialized team since Ida, Marie and Kirsten had never handled such applications); what to do with the legal requirement for follow-up which ran alongside the project intervention; on what grounds they would exempt people from the project; what they should say to the people they would in a few days draft into the project when they themselves still did not know which activities to offer. Finally a large question remained: the project design obliged the caseworkers to conduct weekly meetings with each individual participant in the intervention group, but structurally, how could this be done (with three caseworkers handling the 200 citizens they would need to conduct between 60 and 70 individual meeting each week) and what would they talk about?

Initially it had been the plan that Marie, Ida and Kirsten would be responsible for all contact with the participants in the projects themselves. This was exactly the close involvement in each case that they had dreamt of and which had made them want to join the project to begin with. Yet it soon became obvious that they would not have the time. "Lack of time" was a chronic condition under which they worked. It was, one the one hand, what had given rise to a strong hope that things could be different (and would be in this new project), while on the other hand, it would undermine any chance of fulfilling these hopes. This general lack of time led, from the very beginning, to two competing sentiments within the project group, as we can see expressed in Marie's very contradictory remarks offered during the two planning meetings on 14 and 15 January, respectively:

> Marie: [On January 14th, to the project group] I have chosen to be a part of this project in order to try out some of the things that we have dreamt about as caseworkers and which we might be able to do in this project.

> [On January 15th, to Ida] Initially, when we wrote our local project description, I guess we thought it would be more "project-like". But we have moved towards what is compatible with our day-to-day business. So what we decide now has to be do-able in the long run.

Marie, Ida and Kirsten therefore readily accepted to hand over the responsibility for the weekly conversations, as well as for carrying out the active offers, to the PEAs they eventually chose. In this regard, the actual implementation of Active – Back Sooner was in practice handed over to the privately employed social workers and job consultants in all cases where part-time return to work was not possible.

Discussion: street-level planning and street-level "knowledge and practice"

With the introduction of the innovation agenda in the Danish, British and American governments, there has been an emphasis on the productive role of involving street-level workers in formulating new policy (e.g. Bason, 2010; Behn, 1995; Eggers and Singh, 2009; Patterson *et al.*, 2009). This is because they are presumed to possess useful insight into what people need, and valuable experience in how to provide it. A similar view can be found in Catherine Durose's (2009, 2011)'s analysis of how the role of street-level workers has changed since new labour set out to reform the British public sector's service provision. She argues that in this new type of governance, street-level workers' jobs have shifted from the bureaucratic role described by Michael Lipsky (1980) to what she terms "civic entrepreneurship" (Durose, 2011, p. 979): a role enabled by street-level workers' privileged "local knowledge", stemming from their "lived experience" (Durose, 2011, p. 985). This knowledge enables them to "work to reconcile policy priorities with community demands through community-centered strategies" (Durose, 2011, p. 979). The idea that a certain group of people, by virtue of their lived experience, should be particularly resourceful in policy-making is not a new idea within the public sector innovation agenda; "local knowledge" has long been a stock concept in international development literature, where is it seen as an important driver of viable policy. One classic example is James Scott's book *Seeing Like a State* (1998), in which he examines, among other cases, the implementation of a Tanzanian policy which promoted villagization in model villages. Scott attributes this case of failed implementation in Tanzania, and in general, to the centrally placed policy-makers' disregard for local knowledge and practices, *metís* (Durose, 2011, p. 227).

He advocates listening to and taking account of local experts and their knowledge in order to make viable and sustainable policy. Active – Back Sooner offers a good example of such bottom-up policy making. The "local experts", i.e. the municipal caseworkers, had been involved in its planning and crafting from the very beginning. The project initially came about as a result of a need identified by municipal caseworkers across the country; caseworkers such as Marie and Peter had taken part in the drafting of the various local versions of the overall design; Peter and Marie thought the plan was comprehensive, sound and that it "made sense". Yet it did not take more than a few hours of concentrated local drafting of guidelines for the controlled trial to dissolve and a new project to emerge that fundamentally undermined it. Why, if the policy's crafters had been attentive to the local knowledge and practice did this happen?

Here I return to my questioning of implementation literature's presentation of street-level workers as being a distinct group of people. The problem with the concept of "street-level workers" as used by Durose and others (Durose, 2009, 2011) and "local experts" as used by Scott (1998) is that in their accounts we seem to be dealing with a set of people with clear identities. Yet in the case of Active – Back Sooner, the whole thing is less straightforward. The caseworkers seem to swap identities all the time: one minute they are advocating the project like true politicians, while the next moment they are criticizing it like detached academic scholars. They are deeply involved in drawing up a workable project design one day, while ditching the design in favour of individual common sense approaches the next. One moment they resemble Maynard-Moody and Mucheno's emotionally involved citizen-agents (their hearts go out to the individual person they have to involve in this project), while the next moment they ship all the subjects off to the PEAs with one grand administrative gesture. They are devoted to the over-all requirements of the trial in one situation, only to make contradictory decisions in the next. They are interchangeably the trial's planners, implementers, administrators and underminers.

Accepting this will shed a different light on the difficulties faced by Peter, Marie, Helene, Ida and Mette. Rather than being "local experts" presented with a plan devised centrally and in ignorance of their local knowledge and practices, they are co-planners faced with a plan, partly of their own making, which, having passed its first test and been approved by the Labour Market Authority, now faces task of being put to work locally. Note that none of the "local experts" in the municipality is put out or even surprised by the fact that their initial plan appears unimplementable. They simply proceed to change, adapt and completely alter it so that it fits the task they now face. When we zoom in on the minutia of the local planning of Active – Back Sooner, we see that the policy's life in the hands of its implementers is in fact a second and highly unstable planning phase; Active – Back Sooner is pulled in different directions by the three concerns to which it repeatedly had to be adapted: First, the concern that it should makes sense to the sick people and inconvenience them as little as possible; second, the concern for managing the entire corpus of the caseworkers' responsibilities (of which the implementation of Active – Back Sooner was just one among many); and third, the concern for living up to the demands of the project design itself. These vectors might at first appear partially overlapping with the oppositional pairs found in the implementation literature mentioned previously: Hjern and Porter (1981) operate with an organizational vs programme rationale (Hjern and Porter, 1981, pp. 215-216); Lipsky (1980) sees a concern for results vs a concern

for managing the workload (Lipsky, 1980, p. 18); Maynard-Moody and Musheno (2000, p. 334) describe street-level workers relating personally and directly to individual citizen-clients, in opposition to their managers and to politicians who relate abstractly to the citizens as a generalized group. However, the caseworkers' discussions, as presented in this paper, challenge these oppositional pairs. In their street-level planning they must employ a tripartite consciousness. Here concerns do not belong to people in different parts of an organization, but rather to particular problems, and are pursued in turn by all involved. Concerns, then, are not internal psychological drives but rather external and dynamic perspectives which have to be juggled and weighed against each other on an hourly basis. We see most clearly how these three concerns pulled at the project in conflicting directions during the caseworkers' attempts to live up to the project design demands that the project conversation be kept separate from the obligatory first-time conversation.

Following on from this, we can see how "local knowledge and practice" is a tricky phenomenon. This is partly due to the fact that local knowledge is dispersed and, as observed by Scott (1998, p. 335), not possessed equally by all. We see this most clearly when the caseworkers ventured into unexplored territory and began working with PEAs. Yet there is more to it than a lack of knowledge which could be solved simply by accumulating more knowledge, as Durose (2009, 2011) and Scott's (1998) arguments would imply. The analytical value of the "vectors of concern" metaphor is that it helps us to see that what one person holds to be of importance in one specific situation is not necessarily what the same person might attribute importance to in a different situation – in other words what people know to be of local relevance in one situation might be different from what they know to be of local relevance in the next situation. We saw how, during the first project meeting, the project design initially appeared to Peter as straightforward to implement and then, in the course of a few sentences, as ridden with internal contradictions. We saw how Marie's interest in the project on 14 January was highly idealistic, while on the following day she spoke to Ida about the need for the project to adapt to the daily running of things as if that had been her concern all along. We saw how the knowledge Peter and Marie had needed and used while writing the local version of the project design (which was approved, with alterations, by the National Labor Market Authority) were of a more general nature than the more specific knowledge which was activated when adapting the project to concrete situations they envisioned. In other words, what had seemed a sensible course of action in one situation did not necessarily seem sensible in another. "Knowledge", from this perspective, is not something which can be accumulated inside a person and harvested with the production of development plans, legislation or local strategies, as Durose and Scott would have it. Rather, "local knowledge" consists of a number of dynamic perspectives the totality of which may therefore be both contradictory and fragmented. What the empirical findings in this study would imply is that when implementation inevitably distorts the intentions expressed in official policy, it is not necessarily because the centrally placed policy-makers are in ignorance of local needs, knowledge and practices, nor necessarily because implementers oppose or misread official policy. Rather, when the political and professional intentions expressed in a policy is distorted once they enter their administrative units this is because implementation happens hand in hand with street-level planning; a second, highly unstable planning phase which occurs in the hands of a group of people who must continuously plan and redraft the policy along the local vectors of concern.

Notes

1. People were referred to as "citizens" rather than "clients" which was perceived to be a derogatory term.

2. The trial set out – initially – to test the assumption that inactivity and rest during a period of illness would prolong the total period of sickness absence whereas "activity" most broadly defined would facilitate a quicker healing and return to work. Hence the project's name "Active – Back Sooner".

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