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## 21. Regulatory leadership: conducting mundane work to ‘tailor’ rules

*Lieke Oldenhof and Roland Bal*

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### INTRODUCTION

Although policy rules and regulations are often introduced to ensure good care, they are increasingly seen as a barrier to good care (Berwick et al., 2017; Kiers, 2018). Specific rules may hamper the personalization of care or the integration of different public services, such as housing, social and medical care. For example, rules to ensure food safety in elderly care homes may hinder clients in their personal choice to eat their favorite food, such as a soft-boiled egg (Van de Bovenkamp et al., 2017). In addition, organizational rules with regard to accountability of siloed budgets, may hinder the integration of budgets to ensure cross-service delivery. Increasingly, rules do not seem to fit in with changing philosophies of personalization and holistic patient/client care due to the complex nature of the healthcare system (Van de Bovenkamp et al., 2020; Roets et al., 2016). In this chapter, we zoom in on work that is being conducted by regulatory leaders to make (conflicting) rules fit with good care in an increasingly layered and networked healthcare system. We define regulatory leaders as actors that are positioned *vertically* ‘in-between’ the work floor and higher management of public (care) organizations and/or *horizontally* ‘in-between’ inter-organizational networks of different public service providers. Due to these middle positions, they have the unique ability to shape and tailor policy rules and regulations in interaction with multiple stakeholders, thereby engaging in regulatory leadership (Rutz et al., 2015). This definition of regulatory leadership is purposively broad, so it allows for the inclusion of both ‘formal’ regulatory leaders carrying line responsibilities within an organization and more ‘informal’ regulatory leaders that lack these vertical line responsibilities, but need to manage inter-organizational networks. Examples of ‘formal’ regulatory leaders are middle managers in public service organizations that carry responsibilities for leading public service teams. Examples of regulatory leaders that operate on a ‘horizontal’ level are strategy advisors at local government level that need to bring together the interests of multiple departments and/or public organizations in integrated public service projects. Moreover, they might coordinate with middle managers of other organizations to allow workers at the sharp end to collaborate. Finally, it is also possible that regulatory leaders combine both vertical and horizontal positions (Oldenhof, 2015).

Most of the existing literature on regulatory leadership tends to be rather abstract and aspirational in terms of how leaders ‘should’ act. In this chapter, we take a different perspective by studying daily practices of leadership. We argue that it is important to unravel the day-to-day work of regulatory leaders to get a better grip on what effective regulatory leadership practically entails. By doing so, we want to ‘bring work’ into current leadership studies (see also Barley and Kunda, 2001; Tengblad, 2012). To this end in this chapter, we examine the following research question: what work do regulatory leaders conduct to effectively deal with conflicting and/or non-functional rules, thereby giving shape to regulatory leadership? To gain

empirical insights into this question, we conducted qualitative ethnographic research on two projects where regulatory leaders play a central role in the co-reflection, co-production and co-tailoring of rules. The first project deals with a local policy experiment to create more personalized and integrated support for people with multiple problems (debt, care, housing) in the Dutch city of Rotterdam. In this project, local government policymakers and frontline managers supervised social neighborhood teams and were responsible for creating personalized and integrated support despite conflicting rules. The second project is a national improvement program concerning people with ‘behaviors of concern.’ In this program, local policymakers and managers of mental healthcare organizations and police departments were responsible for creating integrated approaches for the prevention and management of persons showing ‘behaviors of concern’ across siloed organizational, financial and accountability structures.

We structure the argument in this chapter as follows. In the theoretical section, we provide an overview of the theory of regulatory leadership demonstrating how it is scattered among a number of bodies of literature. We then combine insights from street-level bureaucracy (Lipsky, 1980; Hupe et al., 2016; Evans, 2010), experimentalist governance (Sabel and Zeitlin, 2012), regulatory pressure and rule-making literature (Bozeman and Anderson, 2016; Van de Bovenkamp et al., 2020; Potter, 2019) in order to flesh out key elements of effective regulatory leadership. After the theory section, we sketch the institutional context of Dutch health and social care and outline our qualitative case studies. In the results section, we discuss three types of work that regulatory leaders engage in: platforming work, reframing work and contexting work. In the conclusion, we reflect on what these types of work mean for the realization of good care and describe how regulatory leadership can be fostered by creating comfort zones. In addition, we reflect on the role of researchers studying regulatory leadership.

## THEORETICAL SECTION: COMBINING INSIGHTS INTO REGULATORY LEADERSHIP

Before discussing insights about how regulatory leaders deal with rules, it makes sense to first define what rules are about. While there is a tendency to formally define rules as official statements or prescriptions (Hupe and Van Kooten, 2016) as prescribed by law or state agencies (Potter, 2019), in this chapter we choose a broader definition of rules that also includes informal norms, rules and routines that are developed in daily work practices, for example, concerning ways of communicating. In line with Brewer (2010: 418), we define rules as ‘norms, regulations, procedures and expectations that regulate individual behavior in organizations.’ By looking at both formal and informal rules, it becomes possible to show the broad variety of rules in terms of by whom and for what purposes they were developed. While some rules derive from official agencies, such as regulators or professional bodies, other rules are developed informally in organizational routines or work practices of health or social care professionals (‘this is the way we do things here’) or by patients or informal caregivers. Rules encompass important goals, such as safety, quality and accountability. The perception however often is that rules do not always contribute to these goals but rather to administrative pressure and red tape. This is the case when rules do not achieve the functional objectives of organizations (Van de Bovenkamp et al., 2020). In addition to non-functional rules, the layering of different rules (even when they are functional) can lead to the proliferation of red tape. For example, rules with regard to market competition can be layered on top of existing

rules by the state or professional organizations. These layered rules cannot be easily balanced because there is no overarching norm to measure the importance of different rules. As a consequence, there is much uncertainty about how to respond to a variety of rules and which rules to prioritize. In such cases, organizations and sometimes even teams tend to be stricter than necessary according to official regulations to reduce uncertainty, thereby inadvertently creating red tape for the organization (Bozeman and Anderson, 2016).

When dealing with non-functional, ill-fitting or clashing rules, there are various strategies mentioned in the existing literature. An often-used strategy is that individual actors create 'work-arounds' (Wallenburg et al., 2019; Bozeman et al., 2021). Although this can provide temporary relief in the flow of work, it also creates organizational risks as deviations might lead to risky situations. Moreover, because work-arounds usually stay 'under the radar,' they are not seen by the organization and thus also not reflected upon.

In addition to the strategy of work-arounds, the street-level bureaucracy literature describes various strategies of street-level bureaucrats who need to cope with conflicting rules and directives in adverse work conditions with rising client demand (Lipsky, 1980). Coping strategies to deal with this include strict gatekeeping and stereotyping or cherry-picking deserving clients. While these strategies may contribute to achieving organizational targets (e.g., managing caseloads), they are often detrimental to the client/patient. Moreover, these strategies are often conceptualized as individual coping responses, while the layered and networked nature of the public sector increasingly requires institutional and collective responses to regulation.

This raises the question of how regulatory leaders can deal with conflicting and non-functional rules in a way that enables rather than hinders good care. Given the fact that rule conflicts are spread out across multiple organizational boundaries and accountability regimes (Benish and Mattei, 2019), it is important that regulatory leaders create collective discretionary spaces that offer opportunities to jointly reflect, discuss and experiment with good responses to rule conflicts and the problem of regulatory pressure (Sabel and Zeitlin, 2012; Rutz et al., 2015). This is not an easy thing to do. Although accountability regimes might grow to become dysfunctional, they still have an important role in democratically legitimizing action as official rules are often made to secure public values such as quality or affordability. Moreover, while one stakeholder may interpret the function of a rule as beneficial (e.g., contributing to safety), another stakeholder may perceive this as red tape and detrimental to good care. Rules are embedded in regulatory practices and routines that might be resistant to change, often leading to a de-coupling of rules from organizational practices in regulated organizations (Bromley and Powell, 2012). Therefore, the first step that regulatory leaders need to take is to bring together and 'recouple' stakeholders from different layers of the healthcare system—often also from different professional backgrounds—who have different perspectives on rules. According to De Bree and Stoopendaal (2018), recoupling stakeholders can also contribute to other forms of recoupling, such as goal-system and system-practice recoupling (cf. Bromley and Powell, 2012).

In addition to recoupling, regulatory leaders can promote reflection and experimentation with rules when they no longer fit. Rather than take rules as a given, reflection about them can be facilitated by continuously monitoring whether rules still contribute to organizational or societal goals (Sabel and Zeitlin, 2012; Rutz et al., 2015). This reflection is necessary to 'learn' from rules and their effects in practice on different levels. First-order learning is the most basic form of learning when stakeholders learn to 'work around' rules, while not adjusting the rules themselves. Second-order learning refers to reflection on non-functional rules that lead to the adjustment of those rules to make them more fitting. Third-order learning refers

to more systemic learning. Not just the individual rules are adapted, but also the institutional structures and contexts in which rule-making occurs (Hall, 1993).

It is these types of reflections and learning processes that we are interested in in this chapter.

## INSTITUTIONAL CONTEXT: DUTCH DECENTRALIZATIONS OF CARE

We focus here on regulatory leaders that operate in the Dutch social care domain which has recently witnessed major reforms. In 2015, the national government decentralized responsibilities for youth care, social welfare and care for chronically ill and older persons to the municipalities. The aim of the decentralizations was multiple: to bring support closer to people on a local level, to provide more tailored and integrated support, to increase participation of citizens in their own care process, and to save costs. As municipalities were expected to organize decentralized services more efficiently and effectively, their budgets were cut considerably. Recent evaluations of the decentralizations by national knowledge institutes show costs have significantly surpassed local budgets, while aims to personalize and integrate services remain far from view (SCP, 2020). Moreover, the participation of people with disabilities in society has not increased, there are severe bottlenecks in youth care, such as long waiting lists, and job opportunities for people with disabilities have not improved either (*ibid*).

In this new local policy context, regulatory leaders have to deal with multiple regulatory challenges when working in the local care domain. First, they are confronted with a lack of coordination between multiple decentralized laws (youth care law, social support law, participation law). This coordination is complicated by the fact that local governments are compartmentalized into siloed departments and are highly dependent on contracted private (social) care providers for service delivery. Second, decentralized care is to be coordinated with other types of medical care and support which fall under different laws, such as the Health Insurance Act and the Long Term Care Act and have different governing and financial structures. Thirdly, different regulatory bodies are in place that each issue their own types of regulation. Together, these challenges result in a highly fragmented, layered and hybrid playing field, which makes the need for local regulatory leadership, especially pressing.

## TWO CASE STUDIES IN DECENTRALIZED CARE

To provide an in-depth view of regulatory leadership, we explore two case studies in the local social care domain.

The first case study focuses on regulatory leaders in local government that participated in a policy experiment to provide more integrated and tailored support for people with multiple problems, such as a lack of (appropriate) housing, debt, bad health and joblessness. The experiment is set in the harbor city of Rotterdam, which is known for its high percentage of inhabitants with multiple problems (approximately  $n = 160.000$ ; about 25% of the population). People with multiple problems are said to fall in-between the cracks of bureaucracy due to the siloed nature of service delivery, conflicting organizational rules that determine access to public services and the lack of coordination between services. Professionals from different departments experience little discretionary space to tailor organizational procedures and

rules to the specific needs of people with multiple problems. As a result, support does not effectively address problems that further spiral out of control, even leading to homelessness and/or increasing debts.

The aim of the policy experiment is to trial new working methods that professionals from different departments in local government or private service providers jointly use to initiate, tailor and coordinate support more effectively, thereby potentially preventing (further) problems. This is, for example, done by organizing using the ‘breakthrough’ method that was developed by the Institute of Public Values (Westerveen, 2020). This method is used in multi-disciplinary meetings to realize breakthroughs in complex cases that get stuck due to conflicting rules and eligibility criteria for public services such as social support, social housing or debt relief. The breakthrough method consists of a ‘responsiveness canvas’ that can be filled in by professionals to legitimate an exception to a rule on a basis of public values like legality, citizen involvement and cost-effectiveness. During multi-disciplinary case discussions, the canvas is discussed to develop a shared understanding of the problem and discuss potential ‘breakthroughs.’ Professionals are challenged by consultants and regulatory leaders to not accept rules as they are but find room in existing case law and regulation. To be able to collectively learn from these case discussions, regulatory leaders and researchers organize learning sessions to adjust existing rules or set up integrated forms of financing. By doing so, the organizational context of decentralized care is not taken as a given, but is being re-ordered in incremental ways.

The second case study puts the Dutch national program focused on people with ‘behaviors of concern’ central stage. This new category of people came into being through police reports about the number of complaints they got as well as incidents they had to attend and concerns a broad category of complaints, from people with severe mental illnesses or addiction to wandering people with dementia. While the number of those reports rose every year, the problem got national attention after a couple of serious incidents involving mental health patients, especially the murder of former Minister of Health Els Borst, which sparked a national debate. While the category is hugely contested—both because of its unspecified nature and its negative framing, leading some to speak about ‘misunderstood behavior’—a national program was started to tackle the problem and especially promote collaboration between the police and mental healthcare organizations. Building blocks of the program concern monitoring, transport and acute care as well as prevention. The program stimulates local collaborations between social care organizations, mental healthcare and the police in getting to a common understanding of target groups, framing the problem, and setting up services. Local networks of organizations can get funding for projects that support the building blocks. Regulatory leaders consisted of local policymakers, managers of healthcare organizations and police departments. Like the first project, a main issue in collaboration between the different sectors concerns differing accountability regimes between the different sectors and organizations involved. Moreover, sharing of information between police and the care domain is a large obstacle as is the different framing of the problem and definitions of the target groups.

## METHODS: STUDYING THE WORK OF REGULATORY LEADERS ETHNOGRAPHICALLY ONLINE AND OFFLINE

In order to empirically investigate the work of regulatory leaders as an embedded and situated practice, we used ethnographic methods (i.e., observations, interviews, document

analysis). These qualitative in-depth methods are particularly suitable to study practices as they unfold in real life (Barley and Kunda, 2001). We particularly wanted to gain an understanding of how regulatory leaders interpreted and dealt with rules in interactions with others, that is, what ‘work’ they did to deal with a fragmented institutional setting. Rather than positioning ourselves as neutral ‘fly-on-the-wall’ observers, we undertook action research (Reason, 2003) in order to contribute to organizational learning processes about how to deal with conflicting or non-functional rules. As action researchers, we for example organized ‘learning sessions’ for professionals and policymakers about how to deal with conflicting rules.

Due to the COVID-19 crisis, we followed and studied a combination of online and offline practices. In the first case study, we primarily conducted a *digital* ethnography and *online* action research due to the fact that the policy experiment took place during the peak of the pandemic and the vast majority of the meetings were scheduled online. Part of the digital ethnographic approach is to follow online communication and practices (Varis, 2020). We observed online multi-disciplinary case discussions (n = 33 meetings in which 62 cases were discussed), project team meetings (n = 16) and inter-departmental learning sessions (n = 6). Watching and participating in group dynamics on-screen obviously is different than in face-to-face settings. Subtle body language and facial expressions can be read less easily off-screen. Moreover, presenting yourself as an action researcher and gaining credibility and trust is also more difficult in online settings. Nevertheless, participative observations of online communication provided valuable insights into how regulatory leaders in interaction with other actors reframed the purpose of rules. In addition to online observations, we analyzed diaries that project leaders made of their daily activities and conducted online and face-to-face interviews with key stakeholders, including professionals from different backgrounds, policymakers and project leaders of the experiment (n = 40).

In the second case study, we used multiple methods to reach an understanding of the ways in which the problem of people with ‘behaviors of concern’ was approached. As well as interviewing national policy actors and studying policy reports, we focused on three regions in which several projects were running alongside the interviewing project leads and professionals working within the different sectors involved as well as actors working on a national level (n = 122), we arrived at an understanding of the attempts that were made to stimulate collaboration. We moreover analyzed one ‘patient trajectory’ within each region to enhance our insights into the lived experience of people with ‘behaviors of concern,’ their next of kin and the professionals connected to their care. In focus group sessions (n = 4) with local and regional policymakers, we discussed our preliminary analysis for member checks and for discussing the mechanisms that help or hinder collaborative efforts (Petit-Steeghs et al., 2021). In this way, we got to a grounded understanding of the ways in which cross-sector collaboration could be established (or not). The role of and possibilities for street-level bureaucrats to show leadership proved to be a vital mechanism.

We analyzed the empirical data from both case studies following an abductive approach, by using sensitizing concepts derived from the literature that guided our analysis while still keeping sufficient room for inductive findings (Tavory and Timmermans, 2014). Examples of sensitizing concepts were ‘regulatory leadership as work practice,’ ‘dealing with non-functional and conflicting rules,’ and ‘interactions with key stakeholders.’ On the basis of the empirical analysis, we identified different types of work that regulatory leaders perform in relation to rules in multi-stakeholder settings.

## RESULTS

Below we describe three types of work that we identified as central to the daily practices of regulatory leadership: platforming work, reframing work and contexting work.

### **Platforming Work**

Platforming work can be described as organizational activities of regulatory leaders that facilitate the development and maintenance of inter-departmental and inter-organizational fora to bring together stakeholders from different backgrounds in a structured way. This fits the description of some of the activities of ‘system leaders,’ which is covered in Chapter 8 of this volume on leadership for integrated care by Robin Miller, Axel Kaehne and Jon Glasby. Regulatory leaders invested much time in organizing recurring multi-disciplinary team meetings, and setting up inter-departmental steering groups and learning sessions that joined together professionals and policymakers from different government departments and public service providers. By recoupling stakeholders in joint fora, it becomes possible to become aware of each other’s perspectives on rules (how do others view functionality of rules?) and how we should deal with them (according to the letter of the law or more flexibly).

According to regulatory leaders, recoupling is especially crucial when there are recurring ‘gaps’ in organizations. There can be ‘hierarchical gaps’ between stakeholders that operate at the street level and stakeholders that operate at the policy level. For example, professionals working at service desks or in social neighborhood teams stated that new rules are often developed and implemented ‘top-down’ by policy departments. Additionally, there are ‘horizontal gaps’ between stakeholders working at different departments within local government, police departments or public service providers. Stakeholders for example have different ideas about who is responsible for client referrals and coordination in case of multi-problem cases.

These gaps become problematic when there are recurring prejudices about each other’s roles and positions toward rules. For example, we observed that policymakers were often regarded by professionals as ignorant of on-the-ground realities when designing rules or guidelines, whereas street-level professionals were often viewed by policymakers as either too autonomous, ignoring relevant rules or, by contrast, as too afraid to deviate from non-functional rules. Moreover, prejudices existed between different governmental departments in the local government. Professionals from social neighborhood teams often stated that their colleagues from the department of work and income were rigid rule followers who lost sight of the client’s lifeworld, whereas professionals at the work and income department viewed members of the social neighborhood team as people that did not care about procedures and willingly ignored rules when this was in the best interest of their client. Police officers in the ‘behaviors of concern’ program sometimes had the feeling that healthcare organizations didn’t want to take in more patients, while the other way round healthcare workers thought that more of such behavior could be prevented if only police and social workers intervened earlier.

By creating inter-departmental and inter-organizational fora, regulatory leaders do not automatically bridge those gaps or eradicate prejudices, but they take a first crucial step in creating the right conditions for becoming aware of each other’s perspectives on rules and discussing potential prejudices more explicitly. During learning sessions or in focus groups, we helped to surface (as action researchers) awareness about prejudices, which was key to bringing the discussion about rules to another level. This awareness was raised in learning sessions

in the policy experiment about integrated support by using metaphors that magnified implicit prejudices. For example, researchers and regulatory leaders used the metaphors of hippies (that ignore rules) and police officers (that impose rules) to describe how actors from respectively the social neighborhood teams and the department of work and income looked at each other. Although at first sight, these metaphors seemed to further reconfirm prejudices that already existed between colleagues, at second sight they became productive as openings for discussions about rules and underlying values. For example, the metaphor of the police officer was used as an opening for discussing why sticking to certain rules (e.g., timely delivery of income documents by job seekers) despite personal circumstances of clients explaining why they could not comply, was not just a case of rigid rule-following but was deemed essential for guaranteeing public values such as equal treatment and legality. Conversely, the metaphor of the hippy was used as an opening to discuss why members of the social neighborhood team were more inclined to make exceptions to rules to facilitate access to public services for people with multiple problems and to enable personalized support to specific needs.

In addition to recoupling actors, facilitating discussions about prejudices and underlying values of rules, platforming work is also important for learning. We noticed that platforming activities of regulatory leaders especially contributed to making the step from first-order learning (i.e., *learning to* ‘work around’ non-functional rules) to second-order learning (i.e., *learning from* work-arounds by adjusting non-functional rules and institutional routines). Together with team leaders, project leaders and knowledge strategists, we as action researchers analyzed which work-arounds were currently used in street-level practices. The most recurring work-arounds were put on the agenda for inter-departmental learning sessions with the aim to adjust non-functional rules or design new rules that better-supported professionals in doing their work. In the ‘behaviors of concern’ project, we discussed the possibilities of giving professionals more room to maneuver in practice, making connections and decisions that were hard to account for in the siloed organizations; for example by creating specific budgets or by introducing more narrative ways of accounting, e.g., through discussing specific cases collectively.

However, we noticed that the step from second-order to third-order learning was more difficult to make. Platforming work was not a guarantee for the development of a sustainable shared problem definition and vocabulary across organizational and sector boundaries. Many policymakers and professionals complained that participation in inter-departmental platforms was taking a lot of time. They often argued that participation in these platforms came on top of their normal work. This reveals that cross-departmental collaboration and reflection on rules was not always perceived as an integral part of their work. Moreover, while leaders might want to give more leeway to professionals on work floor levels to interact across sector boundaries, this might conflict with their own accountability toward national levels.

## Reframing Work

Reframing the work of regulatory leaders consists of reconceptualizing the problem of non-functional or conflicting rules and norms in a different way, thereby enabling reflection in action on how to achieve good care. This type of work is more conceptual in nature than platforming work that focuses on creating the right inter-organizational setting for different stakeholders to meet and exchange ideas. Usually, platforming work precedes reframing work.



In the policy experiment on integrated support, an important step in reframing was to make the discussion on non-fitting or conflicting rules concrete and tangible (rather than voicing abstract critiques on regulatory pressure and bureaucracy). This was done by organizing multi-disciplinary meetings to discuss client cases that could not be solved. These meetings were important 'reframing arenas' for regulatory leaders to develop new understandings of how to deal with rules in interaction with street-level professionals and policymakers. Important 'reframing actors' were team leaders of social neighborhood teams, project leaders and consultants. They argued that clients with multiple problems could not be blamed for non-compliance with rules that did not align with the daily realities of their complex personal situations. For example, clients with multiple problems often had to comply with many requirements from different organizations to provide paperwork and proof (ID, receipts of bank accounts, work history, etc.). Due to mental problems, stress and lack of a stable house address, they often did not have the energy to coordinate multiple demands and comply with those requirements. Regulatory leaders reframed this issue of non-compliance by shifting the frame from 'fraud/ 'ill will' to 'lacking capabilities' and 'mitigating circumstances.' In this shift, they moreover stressed that people with multiple problems often were the victim of increasing scarcity of public services, which manifested itself in tighter eligibility requirements and strict rules on appropriate behavior (e.g., no yelling or getting into new debts when participating in debt relief programs). This reframing of the problem of non-fitting rules also implied other roles for street-level professionals: rather than checking the boxes, they were expected to think along with the client on how to solve acute problems and coach them. Moreover, regulatory leaders urged frontline professionals and policymakers to make use of hardship clauses within the law.

In the program on 'behaviors of concern' reframing had to do both with the categorization of the patient group and the label itself. Concerning the label, which had been advanced from a police perspective, especially professionals from the mental healthcare and social care sectors tried to reframe the issue into one of 'misunderstood behavior.' This reframing did not put blame on the person but on the interaction with their environment and helped to explain why it was necessary to really get to know the background of a person showing non-fitting behavior in order to get to understand that behavior. Although this largely worked within the inner circle of the projects, the category of 'behaviors of concern' was still in the police registries and taken up by the media. But while the classification of persons showing 'misunderstood behavior' did not officially change it was taken up within the projects, especially by training police officers in the recognition of certain types of behavior and by adding mental health nurses to the police teams that reacted to incidents and complaints. In this sense, on the work floor, partial reframing did occur.

In addition to reframing the problem of non-fitting rules or categories, regulatory leaders were also important for reframing conflicting rules and norms for service provision. A frequently encountered conflict during case discussions was between rule compliance (to ensure legality) versus responsiveness to the needs of clients by deviating from rules. This is a classic trade-off that frontline workers have to deal with (see Lipsky, 1980): more rule compliance, implies less responsiveness (and vice versa). Yet, regulatory leaders reframed this conflict in new ways because frontline workers no longer had to deal with directives from one organization, but multiple departments and organizations due to the siloed nature of service provision. Rather than a trade-off between client needs and organizational procedures, they reframed the main problem as conflicting procedures and eligibility criteria due to a lack of coordination

between different departments and organizations. This fragmentation frame forwarded particular solutions, such as installing coordinators and organizing inter-departmental learning sessions for familiarization with each other's eligibility criteria and procedures. According to regulatory leaders, increased knowledge and understanding of each other's work and rules, would enable compromises and more personalized support for clients.

## Contexting Work

Contexting work can be defined as activities that are necessary to adjust the existing institutional context and financing system in order to enable actors to provide more tailored support (cf. Asdal and Moser, 2012; Berghout et al., 2019). In a way, this type of work is integral to second and sometimes third-order learning when it is embedded in national systems. Contexting work goes beyond adjusting individual rules by creating supportive institutional structures and financial systems. Given the social and material embeddedness of existing structures and systems, this is not an easy thing to do.

Contexting work of regulatory leaders is likely to fail without first conducting platforming work that involves the recoupling of stakeholders at different levels, departments and organizations. The joint commitment of these stakeholders is necessary to put problematic institutional contexts (e.g., siloed financing in the social care domain) on the agenda and create a sense of urgency for reconfiguring them (e.g., by arguing that people with multiple problems fall in-between the cracks of the system). It also requires a shift in thinking: from viewing *contexts* as pre-given organizational environments that cannot be changed to *contexting*, i.e., viewing organizational contexts as changeable by conducting continuous work with others both within but especially outside the organization. Regulatory leaders were important in creating this shift. In the social domain project, they framed the policy experiment of integrated care as an opportunity for changing the fragmented institutional context of service provision. Moreover, they argued that professionals and policymakers should not feel the victim of a bureaucratic system, but, instead, be empowered to change it by becoming aware of their own role in the system. This framing was backed up by consultants who participated in the policy experiment. Their work experience in other municipalities was strategically mobilized in the policy experiment. By arguing that other municipalities had already made significant changes in joining up and personalizing services, a more proactive approach to changing the Rotterdam system was legitimized.

An example of productive contexting work in the policy experiment on integrated care focused on changing the financial context in which professionals worked. Members of the social neighborhood teams were often confronted by difficulties in finding appropriate budgets for financing temporary interventions for clients with multiple problems, such as temporary housing. They often used a national financial fund to 'work around' the siloed budgets of different governmental departments within the municipality. Due to dependence on a financial fund outside the municipality, the problem of not having an integrated budget for solving problems within the municipality remained unaddressed. Therefore, during learning sessions, the need for an integrated personalization budget was put on the agenda. Afterwards, project leaders worked on the implementation of a personalization budget for social neighborhood teams with more flexible eligibility criteria. Moreover, the implementation of an integrated budget that transcends departmental criteria was also put forward as a desirable policy option, thereby demonstrating a potential connection between first-order learning (learning to work

around the financial system) and second or even third-order learning (changing the financial system from within).

Within the program on ‘behaviors of concern,’ contexting took place firstly at the level of the program itself, which was initiated by two of the most involved Ministries—those of Justice and of Health. But the program also created opportunities for local contexting work, for example by creating shared budgets or creating new coordinating mechanisms. For example, police officers were trained by my mental health workers to deal with persons with ‘behaviors of concern’ in better ways, and a new type of ambulance was developed that created a safer environment for e.g., people suffering from psychosis or with dementia than normal ambulances did—let alone police cars. While for some of such measures, it was difficult to institutionalize them at a national level—especially concerning the different financial and legal arrangements that were at place—such interventions did provide more possibilities for integrated services on the ground.

## DISCUSSION AND CONCLUSION

In this chapter, we have empirically investigated the daily work that regulatory leaders perform in order to deal with conflicting and non-fitting rules in a layered and fragmented care system. Based on an ethnographic study of Dutch regulatory leaders in a decentralized social care domain, we outline three types of work that are crucial for regulatory leadership: *platforming work* (creating platforms that recouple professionals and policymakers from multiple levels, departments and public service organizations in order to discuss and reflect upon non-functional and conflicting rules), *reframing work* (reconceptualizing the problem of non-functional or conflicting rules in a different way to enable new solutions or redefining target groups or problem definitions) and *contexting work* (creating organizational and financial structures that support good care). In the daily practices of regulatory leaders, these types of work often intermingle and support each other. For example, in order to effectively reframe a problem with conflicting rules, it is first necessary to recouple and engage relevant stakeholders from different levels, departments and organizations that each have their own perspective on this rule conflict. Moreover, in order to effectively perform contexting work, it is necessary to first reframe rule controversies or problem definitions that seem intractable in order to be able to reshape organizational and financial contexts in interaction with relevant stakeholders.

The findings reveal that vertical and horizontal in-between spaces in fragmented public service contexts is not necessarily a bad thing that should be avoided or curbed in (see also Oldenhof, 2015). Instead, we argue that in-between spaces offer valuable opportunities for regulatory leaders to tinker with rules in interaction with key stakeholders in order to tailor for good (social) care (ibid). This collective tinkering with rules is however a fragile and contested process because of conflicting perspectives, frames and values (Heerings et al., 2021). It therefore requires mental and organizational ‘comfort zones’ (Perezts and Picard, 2014) in which stakeholders feel secure and protected enough to share doubts about whether rules and problem framings work, discuss prejudices about each other’s attitudes to rules, and problem definitions and adjust non-functional ones, thereby ‘curving’ the rigid side of regulation (ibid). In the policy experiments that we studied those ‘comfort zones’ were for example created by the introduction of new work methods for frontline workers that justified deviation from rules or tailoring of rules. Consultants and regulatory leaders jointly argued that methods like a

personalized care plan and societal cost–benefit calculations were important to create ‘comfort’ for frontline workers to feel secure enough to deviate from standard procedures, while still providing legal, ethical and financial justifications for their decisions. Despite the comfort that this method offered, the justification work for rule deviation (in the name of personalized care) significantly increased the administrative burden for frontline workers who had to fill in two different care plans. Regulatory leaders therefore had to walk a fine line between offering comfort through providing new work methods and keeping in check the administrative burden.

In terms of policy learning, we can see that reflecting on non-functional rules and problem frames between professional and managerial layers of the organization and between organizations is a crucial step. Learning from work-arounds developed on the shop floor is of great importance here as it points at the mechanisms that can be used to further institutionalize new routines and make a step from first to second-order learning. This is not an easy step to make and dominant frames are tied to more or less dominant positions and are institutionalized in regulatory arrangements and instruments. For example, the registration of ‘disturbed behavior’ by the police is part of national accountability structures that are hard to change, thus leaving the reframing of such behaviour (e.g., into ‘misunderstood behavior’) in an institutional void. Nevertheless, we have also seen some instances of third-order learning, in which institutional structures are changed through the process of contexting. This is a cyclical process as emergent changes (e.g., through incidents or new regulations or through the emergence of new relevant actors) as well as unexpected effects of earlier measures do pop up that need repair work in terms of new platforming, framing and contexting work.

As becomes clear from the empirical analysis, regulatory leadership does not take place in a vacuum as it is a highly relational and negotiated practice. As action researchers, we were involved in partially shaping regulatory leadership. We did so in different ways. By organizing learning sessions, we contributed to recoupling stakeholders and stimulated reflection about recurring rule conflicts and dominant organizational frames. This platforming work was done in collaboration with regulatory leaders. Moreover, by writing research reports and organizing reflection meetings (e.g., in focus groups) we facilitated regulatory leaders in their contexting work as those reports were used to justify the implementation of new financial budgets or to develop new organizational formats. These examples show that we as action researchers are embedded in the research practices we observe, while at the same time reshaping those practices in direct and less direct ways. It also shows that to facilitate platforming, reframing and contexting work, feedback is necessary that looks at the consequences of existing institutional arrangements and at the mechanisms used to transcend these. When doing such interventionist type of research, it is crucial to constantly be reflective of your own role in framing, contexting and platforming work to avoid institutional capture. Institutional capture can for example manifest itself when action researchers adopt institutional vocabularies without questioning underlying assumptions and performative effects of using those vocabularies. When this is the case, action researchers should ‘zoom out’ by using alternative perspectives, frames and theories, while at the same renegotiating space for expressing alternative thoughts that may not be in line with existing popular policies. This is a careful balancing act that we in our own action research had to perform on a regular basis. Rather than viewing this as a sign of bad action research, we argue that it is in fact essential for being able to perform action research in an ethical way.

## NOTE

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