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# ***European Policy Analysis (EPA)***

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# Juggling Multiple Networks in Multiple Streams

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*This paper suggests a new conceptual gaze at theorizing the policy process. Alternating between practical, empirical, and theoretical perspectives, we describe how the hybridization of Multiple Streams, Policy Network, and Frame theories leads to a juggling metaphor to describe the process. From the initiation of this research program, we found that the information our research yielded was vastly more complex and dynamic than what is generally reported in similar research. In particular we discovered that dynamic interactions between actors in the different (policy, problem, and politics) streams, when appraised through a policy network lens, produce different network configurations in each stream. We also found that Kingdon's "Policy entrepreneurs" are likely to engage more in shaping the problem stream network configuration (through the process Kingdon labels "alternative specification"—which requires great perspicacity with words) than in the other streams. We therefore postulate that hybridization of policy network theory with Multiple Streams theory would create a more powerful conceptual toolbox. This toolbox can be enhanced further by insights from network management conceptualisations and frame theory. Finally, we have embraced the criticism that has been voiced of the stages heuristic and proposes that a more useful metaphor for policy processes is juggling: those processes may appear chaotic, but keen discipline, coordination, and acuity are required for policy students and operators to keep all balls in the air.*

**Keywords:** Networks, multiple streams, theory, policy process, health

## Introduction

In this paper, we propose the hybridization of different theoretical propositions from political science

to appreciate and further engage in the development of health policy. We follow a theoretical narrative that unfolds through empirical discovery: having started with the rigorous application of

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Kingdon's Multiple Streams Framework we discovered—through our direct engagement with a range of policy actors—that we could understand events and couplings within and between policy, politics, and problem streams better by adopting a policy network theoretical gaze. We contend that further hybridization (adding even more conceptual gazes) may establish an even more fine-grained understanding of health policy processes. In particular, we would be interested in connecting and contrasting policy rhetoric (e.g., Stone 2002) and framing theory (Schön and Rein 1995) with network mapping and alternative specification perspectives.

First, however, we need to establish the parameters for our particular health policy perspective (de Leeuw, Clavier, and Breton 2014). Health is created outside the healthcare sector. The healthcare sector aims to cure or mediate disease, and is ill equipped to deal with the “causes of the causes” of health and disease (i.e., the social, economic, and political determinants that create opportunities for people to make—healthy—choices; see, for instance, de Leeuw 2016a; 2016b). This assertion has been made and validated for over three decades now by scholars (e.g., Blum 1974; Laframboise 1973; Navarro 1986) and reputable national and global forums (Lalonde 1974; World Health Organization Commission on Social Determinants of Health 2009). A problem remains, though: if health is not created by the sick care sector, why should the sick care sector manage policy development for health? It would make much more sense if policy development for health is managed across those socio-economic realms where health is made.

Ideologically, the character

of true “policies for health” has been established since the early 1980s. The Declaration of Alma-Ata on Primary HealthCare (International Conference on Primary Healthcare 1978) and the Ottawa Charter for Health Promotion (World Health Organization, Canadian Public Health Association, and Health Canada 1986) recognized that broad and integrated policies would support and sustain the conditions for good health across individuals, groups, communities, and populations. Rhetorically, however, this is a troubled area. Many concepts are proposed and peddled, for example, Healthy Public Policy, Health in All Policy, and intersectoral policy (Peters et al. 2014), with only nominal differences in flavor or perspective. We would prefer the simple designation “policy for health.” Such policy consists of different subsets of sector or issue driven policies, jointly addressing the broad determinants of health. Yet—it is useful to describe the different flavors and perspectives, which we will do next.

The notion of Healthy Public Policy (thus, a subset of “policy for health”) endeavors to explicitly introduce health considerations in each of the underlying policy sectors, building momentum for change of all these policies towards health development (Kickbusch 2010). Following Gusfield's notions that actors can own or disown social problems (Gusfield 1981; 1989), health agencies (ministries, public health services) have assumed ownership of health as a problem—and thus appropriating its policy solution. However, this may be true to a lesser extent for the much broader Healthy Public Policy. In very operational terms health agencies have been charged through traditional governance

arrangements to develop two distinctive subsets of policies for health: public health policy, and health care policy. In their very nature these two are qualitatively different from each other, which becomes obvious when we look at the policy elements each is supposed to address. Traditionally, healthcare policy deals with operations, access to services, individual patients, and resource allocations. Public health policy, on the other hand, is driven by notions of risk, populations, settings (such as workplaces or schools), and particular risk areas. It seems that, because of the diverging nature of the policy elements, policy development parameters that are deployed in one may be ineffective in another subset. Making policy for health, therefore, is certainly not a case of “one size fits all”; it needs to take into account the unique conditions of each policy domain.

In this paper we invite you to follow our investigative journey and reflect on the theoretical political science propositions that we used. We will need to use a few empirical approaches and findings, but our intent is to relate the development of our conceptual toolbox. This will lead to an admittedly praxis-based set of theoretical suggestions.

## Policy Entrepreneurs Opening a Window

One theoretical perspective popularly applied to policy development issues in the health arena is Kingdon’s Multiple Streams Framework (1995) (Figure 1). In its simplest narrative, this theory claims that there exist three continuously evolving streams around issues in society. For a

complete reflection and meta-review see Jones et al. (2016).

Some of these issues become problems, and the nature of these problems is constantly massaged on and off agendas of those participants who feel engaged with the issue. Some of these participants are “visible,” that is, legitimate problem stream actors. They may include special interest groups, academics, and the media. Others are “invisible” and are called upon to provide (or they volunteer) their under-the-radar-services and capacities to contribute to problem framing. An invisible participant may be a lobbyist or a political staffer. Their “invisibility” relates not only to their legitimacy to act, but also to the formal role attributed to them. Visible and invisible participants similarly play roles in the other two streams, those of politics, and policies. An actor visible in one stream may well be invisible in another.

In the politics stream the essential phenomenon is the raw nature of politics as determined by Lasswell (1936): Who gets what, when and how? The dynamic nature of the politics stream is determined by a degree of seasonality (terms of Parliament, electoral cycles, etc.), the political preferences of those in power and those in opposition, and the shifting sands of “*what’s hot and what’s not.*”

Finally, the policies stream is characterized by the evolution, existence and engagement of public policies in their social context. Some of these policies are only symbolic (as, for instance, most public health mass media campaigns), while some are truly redistributive in nature. (Perceived) incremental change to existing policy is often easier argued than radical policy shifts.

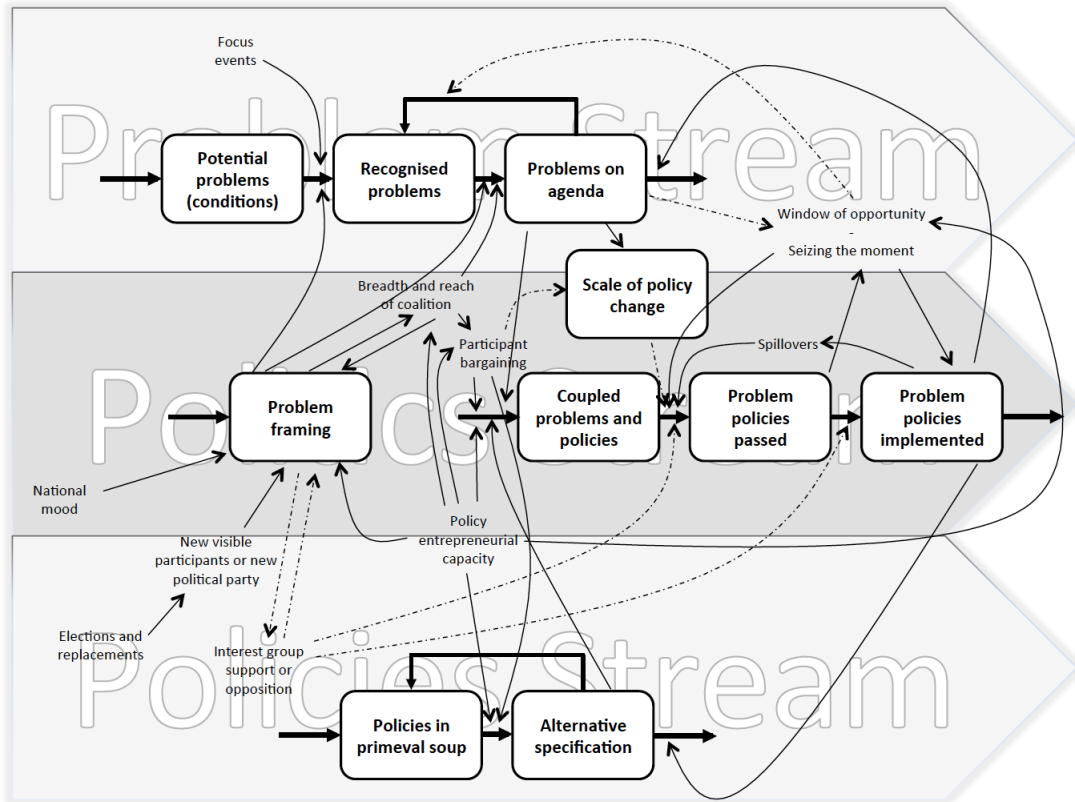


Figure 1: Events in the multiple streams (our interpretation of descriptions in Kingdon, 1995). Solid connections indicate a positive impact, dotted ones may also have negative impact

All the participants in each of these streams play their visible and invisible roles, either trying to maintain the status quo, or in trying to fuel arguments for change. Kingdon describes the players advancing policy change as “policy entrepreneurs,” although Skok (1995, 326) has described these roles also as the “social entrepreneur,” “issue initiator,” “policy broker,” “strategist,” or “caretaker.” Kingdon’s work is heavily based on a multitude of empirical observations. From these, he asserts that policy entrepreneurs endeavor to link participants and issues across streams,

through a process called “alternative specification,” so as to open “windows of opportunities” for policy change. In Figure 1, we endeavor to map some of the events that can take place in and between the three streams. It is obvious that the creation of windows of opportunity, and resulting policy change, happens in a complex networked environment.

## Empirical Gaze

In the first stages of our health policy development research (de Leeuw 1999; Hoeijmakers et al. 2007) we



looked at the question whether social or policy entrepreneurs were present in the complex health environment, and if so, what they did in order to open windows of opportunity for local health policy development. Similar research in the health promotion domain has been published more recently (Harting et al. 2010). A key finding of this work was that the very nature of the health domain dictates a very dense network, and that effective entrepreneurs need to have the tools to engage in shaping nodes and connections in it. Laumann and Knoke in their seminal “The Organisational State” (1987) mapped healthcare and energy domains in the United States, finding that the most effective policy operators allocate substantive resources to monitor communicative actions of the other actors in the network. Similarly, from our work some initial lessons could be gleaned for the development of policy for health (and, perhaps, the entrepreneurship of those engaged in policy development and health promotion). First, stakeholders may be assisted in structuring and aiming their health promotion (policy making) actions by acquiring insight into their position in these networks relative to the positions of others. Second, stakeholders would be supported in their actions if these were tactically and strategically informed by appropriate knowledge of actions of others in the network.

## **Networking for Health, and Policy**

### *Network Conceptualisations*

**P**olicy network theory is a rich, fast proliferating, yet developing field. Policy network theoreticians and

analysts have been challenged to “deliver” and to show the—theoretical or practical—benefits of a network perspective to policy development. Börzel (1998) described two perspectives: an American/Anglo-Saxon one where networks are being mapped on particular policy issues (such as “health” or “energy”), and a German/North-European one where policy networks are used as theoretical models describing new forms of governance. Neither, Börzel claims, has the potential to demonstrate its relevance to “on the ground” policy-making. In other words, in 1998 she claimed (and a good body of the *current* literature sustains that view, for example, Leczy, Mergel, and Schmitz 2014) that the current state of play in both policy network perspectives yields explanatory yet no predictive power. Our findings challenge that view.

Further theoretical advances have been offered to generate policy-making relevance. Kenis and Raab (2003) proposed a course of action to develop a sound policy network theory. Howlett (2002) found that further theorizing on the nature of the policy problem and characteristics of network participants would yield demonstrable insight into the impact of network configurations on policy outcomes. Hill and Hupe (2006) argued that mapping interaction capabilities of actors across different types and levels of governance parameters would enhance policy implementation potential.

### *Empirical Application*

Anticipating these new insights, we responded through a project which we carried out in a group of small municipalities in the southern province of Limburg, in The Netherlands

(Hoeijmakers et al. 2007). In this Dutch study, our aim was to examine Kingdon's streams in terms of the behavior of actors in those streams, the presence and activities of any policy entrepreneurs, a number of "context" factors, and—based on the partly participatory research approach—discover whether there was a difference in health policy development between two municipalities that at the start of the project had expressed an interest in health policy, and two matched ones that did not.

Making policy for health is a statutory requirement in The Netherlands. Under the Dutch Collective Prevention legislation, municipalities in The Netherlands must develop and implement local health policies. These were supposed to be policies for health, inspired by the national Dutch government's efforts in the 1980s through what was called "Nota 2000," a policy paradigm directly related to the European WHO Health for all by the Year 2000 strategies (de Leeuw and Polman 1995). In the first iteration of the legislation such a broad perspective was reaffirmed, and specified in its background documents and evaluations of its predecessors (Lemstra 1996; Ministerie van VWS 2000; Ministerie van VWS et al. 2001). Explicitly and expressly, these local health policies aim at the promotion of health across sectors, with a strong community involvement, and based on available epidemiological information. However, in the successive—amended—Public Health Law, the broad understanding of local health policy prescribed more precisely the particular (public health) policy elements. This may have traded off the opportunity to develop broad systemic health policy against the willingness of

local governments to engage. Since the adoption of the legislation virtually every stakeholder in this policy community has been challenged in driving this process forward or even assuming appropriate ownership and responsibility (de Goede et al. 2010; Harting et al. 2011; Jansen et al. 2010). No one at the local level has assumed ownership of broadly-defined-health. Hoeijmakers et al. (2007), applied the social network theory (e.g., Wasserman and Faust 1994) and concluded the same in studying local health policy making. This is no surprise, as in the local discourse few actors advocate for *health*; rather, they advocate for *absence of disease* (e.g., the Public Health Service), *access to and efficiency of services* (healthcare and social work providers), or *patient interests* (QUANGOs such as local chapters of Cancer Council, or the Patient and Consumer Platform). Municipalities report a lack of operational knowledge and due to lack of sufficient resources, they are professionally unable to formulate comprehensive health policies (Jansen et al. 2010). In desperate quests for "health" advice they end up in the preventive care realm and focus on healthy lifestyle issues rather than systemic change. Besides, since the Public Health Law does not control and enforce whether policies are broadly defined, no explicit incentive (or sanctioning) mechanism is present in its legal framework.

This notion that "health" is an intangible, fluid and orphaned policy issue is mirrored by the findings of Putland, Baum, and Ziersch (2011) who investigated lay understandings of (the causes of) health inequity. The authors concluded that "... *the findings in this study are evocative of a kind of collective inertia within the public health field. The lack of*



*congruence between explanations and public policy responses suggests that public health arguments directed at addressing the social determinants of health have not become absorbed into bodies of lay knowledge.”* No one owns health, and hence no one can be mobilized for its advocacy. We suggest that such a void of understanding necessarily leads to limited political expediency to address the issue. Also, the broad conceptualisation of (social determinants of) health is not a policy frame that resonates in the “lay” community. One of very few research efforts to consider what it would take to mobilize communities politically towards a more substantive social determinants policy effort has been undertaken by the Robert Wood Johnson Foundation, Carger, and Westen (2010). Over four years they systematically investigated frames and metaphors for health in the United States and found that there is a meaningful divide between language and rhetoric deployed by public health professionals and scholars on the one side, and what the US public (across the Democratic-Republican spectrum) feels on the other. Popular support for broad health policy seems absent, but can be framed meaningfully toward some degree of awareness and advocacy. The social determinants message needs to resonate at a deep metaphorical level. The framing of the “health is created outside the healthcare sector” issue appears difficult—at one level because the language that needs to be used generally eludes health practitioners and scholars (de Leeuw 2016a; 2016b).

Recognising that we were facing a stagnant policy environment with a multitude of actors, we started our inquiry with a stakeholder analysis.

Stakeholder analysis is popular in organizational analysis, policy analysis and programme development (Brugha and Varvasovszky 2000). Stakeholders may include individuals, organizations and different individuals within an organization, as well as networks of individuals and/or organizations. Stakeholder analysis is used as a tool to map the actors who have a stake in a policy, organization or programme and to describe the characteristics of these actors. For example, stakeholder analysis in policy-making is used to create support for policy decisions and commitment for the implementation of policy (Provan and Milward 1995).

Our investigation into Dutch local government policy for health looked at the following characteristics of identified stakeholders: their ideas about local health policy, interests, collaboration with other actors in public health, influence and the contribution they made towards policy development. These attributes formed the principal constituents of the annual interviews with stakeholders; they also structured our approach to participatory observation. Over 3 years, we monitored the change or stability of the characteristics of stakeholders. We were interested in knowing how these characteristics related to the policy development process and whether stakeholders engaged in entrepreneurial activities for policy change (Hoeijmakers 2005). With a very small initial sample, we used “snowball sampling” to reach a stable research population (Salganik and Heckathorn 2004) and subsequently one Delphi round to identify the most important stakeholders to the issue of “broadly-defined-health” policy making in the municipal cases under study.

Of interest is that we were eager to know if citizen groups, neighbourhood committees, resident associations, etc. would be included in the list. Even when communities are symbolically at the centre of the health argument, they may be absent from the policy game (e.g., de Leeuw and Clavier 2011; Löfgren, Leahy, and de Leeuw 2011). Community groups were indeed included as stakeholders and from here we adopted a normative approach to explicitly monitor the participation of these groups in the policy making process and their position and connectedness in the policy networks. Ultimately, we found that their role and position were peripheral.

### *Conceptual Reflection*

Whereas stakeholder analysis provides information on the set of actors who (should) have a stake in a certain issue, social network analysis provides information on the interactions between these actors. In other words, stakeholder analysis describes the actor differentiation; whereas network analysis describes the actor integration related to a certain issue. Network analysis is a tool to describe and analyse the interactions between a defined set of actors. Network analysis considers the presence and the absence of relations among actors (individuals, work units, or organizations) more powerful in explaining social phenomena than the attributes of these actors (see e.g. Brass et al. (2004) for an overview). Consequently, actors are embedded within a network of interconnected relationships that provide opportunities for and constraints on their organizational and political behavior.

As stated above, the most central tenet of network mapping is that networks

exist around certain issues: the same set of actors involved in the implementation of vaccination programs may display an entirely different network configuration when mapped for their annual Mardi Gras participation. In the exploratory phase of our research, therefore, we reviewed whether “local policy for health” was in fact such a demarcated issue (Laumann, Marsden, and Prensky 1989). Stakeholders informed us that this was not the case, and that they felt that they interacted differently, and on different dimensions, with other local stakeholders in engagements that not necessarily were construed to be related to “health.” From this feedback we decided to map three networks for all four municipalities: communication for health policy development, involvement in public health action, and strategic (or opportunistic) collaboration. These approaches to network mapping emerged from the participatory engagement with local policy for health processes, and were not initially operationally aligned with Kingdon’s Multiple Streams work. The data on interaction between stakeholders in these domains were obtained from a structured questionnaire filled out during interviews. We calculated density, centralization and actor centrality of the abovementioned networks. The result of these calculations indicated that all networks described were relatively stagnant over the three year period that they were observed, without discernible policy entrepreneurial activity, with policy ownership attributed to (and possibly reluctantly accepted by) local government, and generally unaware of the potential and capacity there was for the development of local health policy.

### *Practical Consequences*

Such findings have been found repeatedly in follow-up studies. Most of these have started from the premise that something is going wrong at the nexus between research, policy and practice (de Goede et al. 2010; Jansen et al. 2010). Such studies have, for instance, endeavored to develop and validate local health reports for policy making (Van Bon-Martens et al. 2011), similar to the Health Profiles that have been part of Healthy City efforts in Europe and elsewhere (Waddell 1995). Others have taken this idea a step further by exploring the utility of such reports as perceived by institutional actors (i.e., the public sector stakeholders formally mentioned in the relevant legislation) in the local health domain (de Goede, Putters, and van Oers 2012) and a third perspective has endeavored to map relationships between such actors and academia in already existing collaborative arrangements (Hoeijmakers, Raab, and Jansen 2012), similar to the program to reduce health inequities in Montreal (Bernier et al. 2006). Ultimately, policy action needs also be grounded and sustained by a social agenda for changed rooted in the community (de Leeuw 2016a; 2016b).

### **From Opportunistic to Strategic Policy Networks**

It would have become clear from the above that our local health policy development research, up to that point, was prominently driven by the need to develop *social* (rather than *policy*) network analysis as expressed by local policy stakeholders. The fact that we looked, in the perception of

stakeholders, at “tangible” social network issues (communication; collaborative action; and strategy) was in retrospect perhaps not the wisest option. The result was, as we showed, that stagnant, single, “independent” social networks were described. Reflecting on the constructed network configurations, we noticed a certain dynamic undertow when looking at the networks simultaneously, influencing the same process of policy making. The position and possible (coordinative) activities of actors in the communication network for instance would be of interest for taking an influential position in the action or strategic network. With the data from our inquiry we were at the time not yet able to really grasp and underpin this observation, although we were curious how such dynamics could be stimulated further and be visualised; especially to create better possibilities for community groups to get such positions in policy networks that enable their participation also in policy decision-making.

### *Practical Validation*

Only when we discussed these findings with policymakers, and put them in the context of the theory that drove our inquiry, it dawned on us that an altogether different approach might well have contributed to policy change. The intent was—as in so much political research—to describe the processes that would lead to change. In this endeavor, we made an effort to distance ourselves as “objective” and “value-free” researchers from the actual engagement in potential change. Our policy and practice colleagues, it turned out, were less interested in the process descriptions, and much more in tactical process prompts: “So what could

we *do* to be more policy-relevant?” It turned out that combining the network perspective with Kingdon’s Streams made for appealing narratives that instantly rang true to those involved in (health) policy networks. Looking back, there may have been more of a need to act ourselves as policy entrepreneurs than we ever anticipated—and our adoption of a Participatory Action Research perspective would possibly have had an impact on the local policy games (e.g., Quoss, Cooney, and Longhurst 2000). We also learned an important lesson on choosing and applying theory: adopting hybrid frameworks in which several commensurate and complementary theories are applied may

yield important new insights (see also, for instance, Greenhalgh and Stones 2010).

Based on our theoretical, methodological and empirical foundations we thus developed IMPoLS: the Interactive Mapping of Policy Streams tool. In a number of sessions with practitioners, policymakers and academics we presented and tested the dummy version, which evolved as a consequence. IMPoLS operates, still in its alpha version, on a secure internet URL. One of the key considerations in possible implementation is that its management and operation is essentially driven by the end users themselves, and that very little “theoretical debris” or “text ballast”

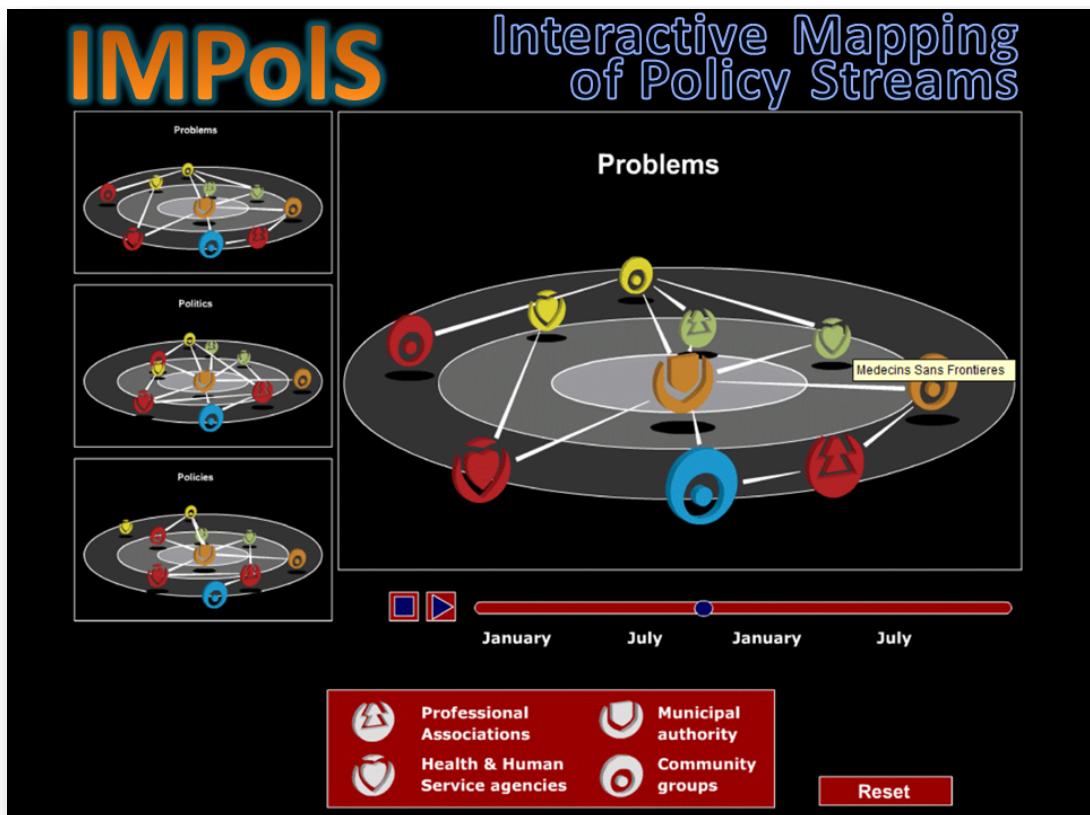


Figure 2: IMPoLS main visualisation screen with switchable problems, politics and policies networks. Actor/stakeholder descriptions visualise when the cursor is hovered over the actor icon (in this case “Medecins Sans Frontieres”)

should be present on the site. End users would self-identify as actor-stakeholders in a specific policy domain, either by directly signing up to a specific (self-defined) URL within IMPoS and then nominating network colleagues (the tool will then send e-invites), or by initiating an IMPoS instance during a network meeting (for instance, an Annual General Meeting) at which a first round of network data is entered.

At this stage, actor/stakeholders also choose a representative icon (categories in Figure 2 shown in the red box at the bottom of the screen, but fully adaptable to other specific policy domains), and may define and select categories of participants. Actors may continue to be added; the expectation is that from the initiation stage onward actors will regularly access their domain and answer about a dozen questions relating to their position and connection in the network. These data will then be added to the database and first, the network visualization algorithm will recalculate the three network configurations, *and*, second, notify other members of the network that an actor has updated their position and connection (thus prompting others to do the same). Over time, with more data added, the network mapping visualizations (and possibly actor behavior, about which more below) will gain intricacy, and will allow for a dynamically animated, pulsing set of network configurations. Further sophistication could be added, either by the self-selected network members or by a network manager (again, see below), through the refinement of the timeline with critical events, such as described by Kingdon above (e.g., elections, climactic events, policy change or press release, etc.).

In our alpha testing of the IMPoS tool we have found a number of things: first, a visually attractive and transparent architecture of both the input screens (user identification and network variable entry) and the network screens would increase the likelihood of actors engaging with the tool. This is precisely what the developers of the Gephi software platform (Gephi is an interactive visualization and exploration platform for all kinds of networks and complex systems, dynamic and hierarchical graphs—see [gephi.org](http://gephi.org)) found: applying visualization principles from the gaming sector enhances the attractiveness of the application (Bastian, Heymann, and Jacomy 2009). Second, and in full concordance with both the propositions by Kingdon and our initial research, virtually all actors in their “face-value analysis” of the network outputs focused more on the problem stream than on either of the other streams. They found that problem stream graphic network visualizations provided them with arguments and impulses to (re)consider

- a) the nature of the problem they are engaging with;
- b) their framing of the problem, and how it might link with other actors if reframed (Kingdon’s “alternative specification”); and
- c) how to seek alliances with actors found to be similar (sometimes called “homophilic network relations,” for example, Monge and Contractor 2003, and Provan and Kenis 2008), either in their position in the problem network (in terms of connectedness and centrality), or in perceived similarities in mission or vision of the institutional characteristics of the actor.



Also in their reflections on the problem stream, most alpha testers were curious how changes in problem framing and perception would impact

- I. on reconfigurations of the problem network (e.g., would they come closer to central actors?); and
- II. on their capacity and capability of reconfiguring the policy and politics streams.

Answers to such questions would be theory-informed, but relatively speculative until we have accumulated enough data to develop an algorithm that might suggest such outcomes.

Third, we were interested in the question whether the nodes in our network visualizations should be seen as individuals-operating-in-organizations or as actors-representing-institutions. Although we feel that this issue can ultimately only be resolved empirically (when, over time, large amounts of data have been input into a range of policy domain IMPoLS instances, and changes in policy have been mapped onto the resulting network configurations), our alpha testers felt that the tool would work at both levels: individuals engaging in policy change “a la Kingdon,” but also institutional actors assessing their positions in network configurations.

## Reflection

We set out to find Kingdon’s “policy entrepreneurs” and did not find any (Hoeijmakers et al. 2007). We also identified, in our own research and elsewhere, “policy inertia” or “a stagnant policy environment.” Whether

or not the policy inertia was a consequence of the absence of entrepreneurs could not unequivocally be ascertained. However, our alpha testing of IMPoLS suggested that participants in this policy domain may have been connected and activated to the problems, politics and policies discourse if they would have had insight in their own and others’ network positions. The question whether this would have led to stronger policy entrepreneurial activity, although speculative, seems to have to be answered in the affirmative. Further theoretical thinking about network governance may shed light on this.

Provan and Kenis (2008) and Kenis and Provan (2009) have proposed some interesting theory-based postulates on network performance and effectiveness. This is not the place to reflect comprehensively on their material, but in light of our quest for policy entrepreneurs in networks we find that the views on “network management” are valuable. Are policy entrepreneurs network managers? If they are, what are the conditions for them to operate effectively, and do they have the ability to create those conditions when absent? Ultimately—what would be the tools they need to play such roles effectively?

Based on the postulates by Provan and Kenis we could suggest theoretical and empirical—and tentative practical—approaches that would enhance the functionality of IMPoLS. The two network scholars suggest the following typology (see Table 1) for predictors of forms of network governance (Provan and Kenis 2008, 237).

Network governance in complex policy environments (such as the health field), according to this typology, requires a collective “Network



Table 1: Provan and Kenis' key predictors of effectiveness of network governance forms

Governance Forms	Trust	Number of Participants	Goal Consensus	Need for Network- Level Competencies
<b>Shared governance</b>	High density	Few	High	Low
<b>Lead organization</b>	Low density, highly centralized	Moderate number	Moderately low	Moderate
<b>Network</b>	Moderate density,	Moderate to many	Moderately high	High
<b>Administrative</b>	NAO monitored by			
<b>Organization (NAO)</b>	members			

Administrative Organization” that is capable of simultaneous monitoring and management of the many dimensions, actors, and connections in the policy environment. Such a role would require the capacity to dynamically engage at many different levels of governance and many elements of the policy process simultaneously. This inference resonates with Laumann and Knoke’s (1987) finding that effective policy intervention is predicated by larger teams of media and communication monitors based in influential (public and private) organizations.

## Juggling

This issue touches on the very nature of theories of the policy process. Theories applied in *behavioral* research are typically linear, at best with a feedback loop: a number of inputs (say, “attitudes” and “beliefs”) are transformed through a number of conditioners (say, “social norm” and “self-efficacy”) to

produce intermediary (“intention”) and final (behavioral) change (e.g., the theory of planned behavior and the theory of reasoned action, Madden, Ellen, and Ajzen1992). In more complex behavioral systems there may be iterative and more incremental steps, and sometimes the models may take the shape of a cycle.

This, then, is also how policy development is typically modeled. A policy cycle can variably exist of as little as three steps (problem—solution—evaluation), four stages (agenda setting—policy formation—policy implementation—policy review) with as many as 15 subprocesses, to retrospective policy analyses that yield dozens of policy development instances, phases, and events. In Figure 3, we can see the Google image yield for the search term “policy cycle.”

All of these represent the policy process as displaying a curved linearity in which one stage—sometimes under conditions—necessarily leads to the next stage, just like the behavioral theories

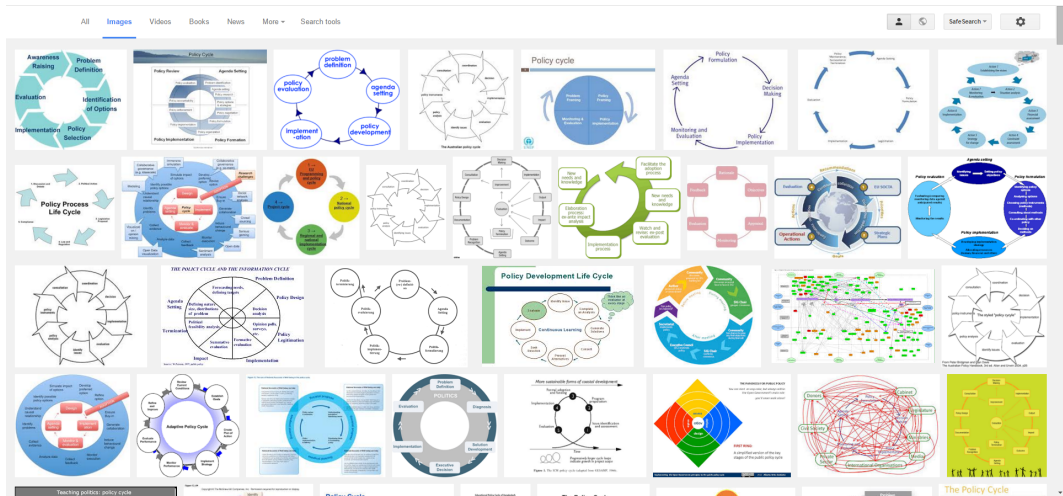


Figure 3: The first 32 “hits” when performing a Google Image search for “policy cycle” (8 March 2016)

introduced above. Although this cyclic metaphor may be useful for analytical purposes, the notion that there is a linear logic to policy processes may cloud and hamper the actions of actors at the policy development coalface.

It is not just that one stage or step coincides with another (for instance, the specification of policy alternatives may interface with the selection of policy instruments/interventions). In fact, often a step that comes “later” in the stages heuristic in fact precedes an earlier phase in the cycle. A “real life” example would be policy implementation. Implementation is driven by a wide array of contextual factors, including shifting power relations. Even when the policy problem is debated (as a first “agenda setting” exercise), actors in the system implicitly, or by default, know that some implementation strategies will be impossible to develop. Regardless of how well planned and analytical

earlier stages in the policy process are, only certain types of interventions can be favored (Pressman and Wildavsky 1983). In a comprehensive review of the literature on policy instruments and interventions, Bemelmans-Videc, Rist, and Vedung (1998) formulate the “least coercion rule”: policy-makers favor the intervention that is least intrusive into individual choice (as evidenced for obesity policy by, for instance, Allender et al. (2012)). Thus, despite following the policy planning process conscientiously, the outcome in implementation terms favors communicative over facilitative or regulatory interventions. Steps in the cycle are therefore in reality rarely sequential or with feedback loops between sequential stages: often the process jumps a few steps ahead, to return to a previous step, or it finds itself going both clockwise *and* counter-clockwise for only sections of the cycle.

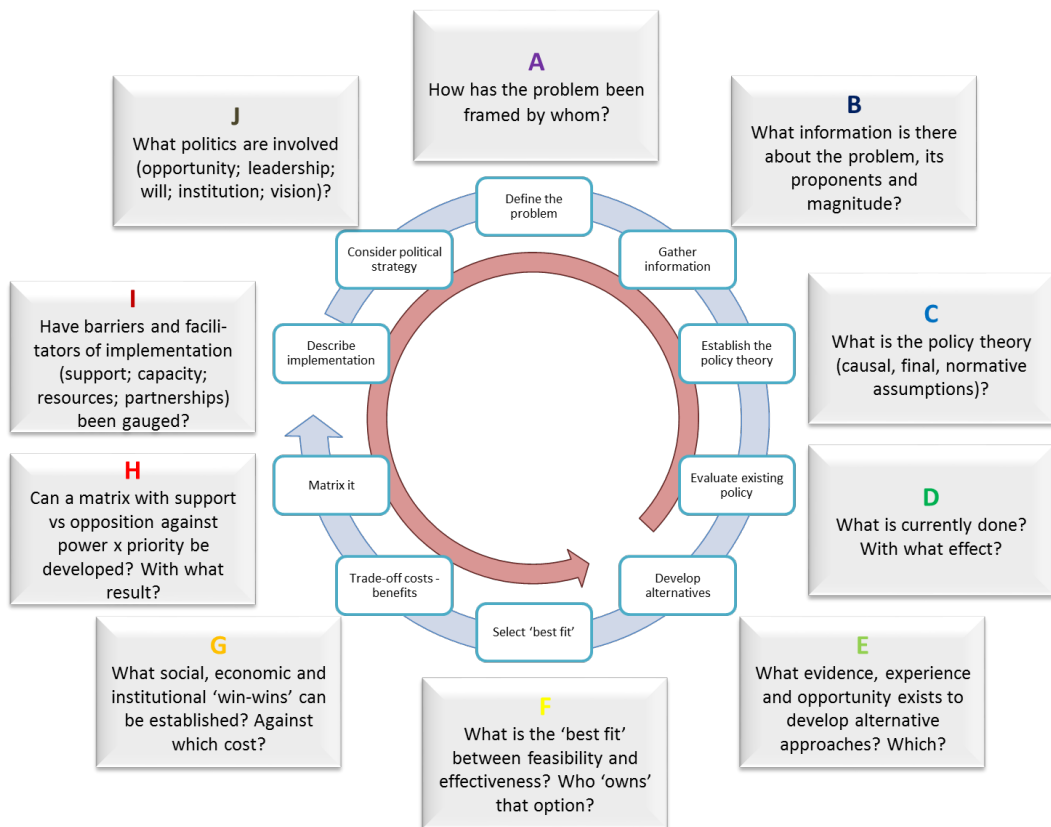


Figure 4. Ten issues in developing Health in All Policies (de Leeuw and Peters 2014)

We were commissioned by the World Health Organization to develop a tool that would guide the development and application of Health in All Policies (de Leeuw and Peters 2014). Through discussions with key stakeholders around the world we identified 10 issues that need to be analysed and mapped in order to enhance the feasibility of HiAP development. We drafted a HiAP cycle (Figure 4) for discussion with HiAP experts, showing both the clockwise and counterclockwise sequential options for considering these options. The feedback on the figure demonstrated that the intuitive response to the graph was to diligently follow each of the stages,

assuming there was a progressive logic to them. At the same time, our panel agreed that the reality is that “*everything happens at the same time*.”

This is the essence of the critique that has been voiced by political scientist on the “stages heuristic” (Nowlin 2011; Sabatier 1999; 2007a; 2007b)—that there is no causality between the different stages, and therefore stages heuristic models defy theoretical testing mechanisms. The stages heuristic is useful as a mnemonic and an analytical visualization of elements of the policy process, but does not describe the complex interactions within, between and beyond its different features. Hassenteufel (2011) furthermore argued

that the analytical linearity of the stages heuristic clouds the symbolic nature of policymaking in society as a sense-making activity rather than a purely methodical enterprise.

We sought an alternative to the linearity or cyclical nature of the policy process, and found that the best visual metaphor is that of juggling. The juggling metaphor appears to ring true to policy entrepreneurs and activists at the coal face of policy development and change. It recognizes that, although keeping all balls in the air virtually simultaneously creates an apparently hugely chaotic scene, systematic and disciplined action is required at all times. We contend that the mastery of perspicacious language (either by rigorous application of the Frame Theory and standard rhetorical repertoire, or purely grounded in a charismatic talent for words) is one of the most critical tools in this process.

Juggling is decidedly not the same as the idea of policy making as a garbage-can process (most profoundly professed by March and Olsen 1984)—the application of theories highlighted above would aim at structuring and making sense of the logic, diligence and structure of managing a chaotic process. Theory-led discussions between academics and practitioners have been suggested to work towards this end (Cairney 2014).

Policy entrepreneurs who want to make an impact in the art of juggling should consider:

- The complexity of the policy domain at hand, in terms of problems, policies and politics streams;
- The identification of actor–stakeholders, their relations and perceptions in these streams;

- The potential for further, bespoke, “alternative specifications” for bringing in actor–stakeholders from the periphery to the center of, particularly, the problem stream network;
- Considerations for the development, deployment and necessary morphing of rhetorical tools that resonate with different (cliques of) stakeholders, for example, compelling narratives, synecdoche, metaphor, and ambiguous statements (Stone 2002)
- The identification and empowerment of as yet disconnected actor–stakeholders to connect to the policy discourse (de Leeuw and Clavier 2011);
- The identification (and we would speculate that strategies of “naming and shaming” might have utility) of actor–stakeholders who sustain policies and politics streams inertia, thereby pointing to issues of trust, network membership and joint purpose;
- The analysis and description of critical agents in network governance; and
- The identification and enabling of new skills and competencies required for network governance.

It will be clear that such roles, objectives, and techniques require a certain degree of mastery of the theoretical foundations for network mapping, management, and operations as quite tentatively outlined above. The professionals and activists engaging in these entrepreneurial roles will also have to possess great skills and knowledge around issues of knowledge utilisation (de Leeuw et al. 2008). Mostly, throughout our analyses we have seen the importance of mastery of language, and rhetorical tools to mobilise

and frame policy agendas. Those agendas, we found (de Leeuw 2016a; 2016b), are shaped in sub-populations, cliques, and specific actor networks. For policy entrepreneurs it will help if they can speak with a certain authority and resonance on health (equity) issues to those that are directly affected (i.e., disadvantaged communities), but also to those that may not feel directly affected. Equity and the social gradient of health (Marmot 2005) by their very nature have two sides: the lower end and the upper end, the have-nots and the haves. Developing a public policy for all (no matter through which mechanisms, e.g., Carey, Crammond, and de Leeuw 2015) must, at least in its framing and rhetorical tools, embrace all.

## Conclusion

The dynamics in policies for health development processes can be better understood by applying hybrid theoretical lenses. And by the use of interactive techniques in analyzing network development and its efficiency as first order effects. Furthermore, techniques such as IMPoIS provide participants in the network with necessary insights to further aim their actions and strengthen their position to communicate, collaborate and make (joint) decisions in making policies for health. This is of utmost importance for community groups to better integrate in health policy networks. Network development then needs the explicit attention of stakeholders in health policy making.

Policy entrepreneurs should be active in raising this attention and awareness. There is an emerging body of

work that demonstrates that appropriate policy network management practices enhance the outcomes of policy development (Klijn, Steijn, and Edelenbos 2010) and that the juggling extends quite beyond the agenda setting “phase” (Pump 2011) or the role of government administration (Baumgartner et al. 2009; to add another—punctuated equilibrium—theoretical perspective to the mix). This suggests that effective policy entrepreneurs should be able to glean their strategies from our hybrid theoretical gaze. Such a perspective holds promise for two future paths: one where a more specific and guided policy network management toolbox can be made available to the aspiring entrepreneur, and another where our juggling metaphor is linked with network management ideas in an exciting new research program. Clearly the emerging practice of such policy entrepreneurship should be intertwined with the research agenda.

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