

Organizing discretion: Collaborative decision-making and deliberative routines at the frontlines of public services

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Abstract

How is discretionary decision-making at the frontlines of public service organized, and what are the implications of different ways of organizing decision-making processes? The discretionary decision-making of frontline workers is a well-known theme in public administration. While the literature has so far focused mainly on individual decision-making, this paper argues that there is a need to recognize the organizational backstage as an important locus for decision-making processes. Based on extensive fieldwork in three child protective agencies, the analysis highlights that decision-making processes are in fact highly collective, collaborative and organized nature, and that organizational routines play a crucial role in shaping both processes and outcomes. Accordingly, we need to recognize discretionary decision-making as an organizational practice, not just an individual one, and explore more closely the ways in which discretion is organized in the context of everyday practice. Otherwise, we are missing a crucial piece in our increasingly detailed understanding of frontline organizations and the professionals who work in them.

Keywords: discretion, decision-making, public service delivery, practice theory, organizational routines

Introduction

Professionals at the frontlines of public service generally enjoy considerable autonomy in their work. The discretionary decision-making of these professionals is a well-known theme in the public administration literature (Lipsky 2010, Hupe, Hill and Buffat 2016). Many scholars have explored which factors may influence decision outcomes on an *individual level*, including for example policy preferences (Baviskhar and Winter 2017), emotional capabilities (Jensen and Pedersen 2017), and social identities (Dubois 2010, Harrits and Møller 2014, Maynard-Moody and Musheno 2009).

While decision-making of individuals is important, this paper argues that we need to supplement our focus on individual aspects of decision-making with a deeper understanding of the collective and organizational aspects of decision-making. This argument builds directly on observations from extensive fieldwork among social workers in three different child protective agencies in Denmark. The most important observations are these: First, that frontline decision-making in this particular setting is characterized by being not only highly *organized* but also highly *collaborative* in nature, as opposed to something that is engaged in on an individual basis. Second, that decision-making at the frontline cannot be fully comprehended as isolated 'events', e.g. formalized meeting in which decisions are (supposed to be) made. Instead, decision-making is, to a large extent, a process that exceeds formalized boundaries. Indeed, decision-making in this context is perhaps best conceptualized as continuous processes of *direction-making*, where formalized decisions are continuously revisited, and regularly altered, depending on a host of different factors.

Based on these observations, this paper asks: How is decision-making organized in everyday practice? And what are the implications of different ways of organizing decision-making processes? In other words, instead of focusing on individual attitudes, preferences, identities or capabilities, I focus on actual practices of decision-making as they unfold in 'real-time' (Schatzki 2006) and 'real-life' settings. More specifically, I show how decision-making – or direction-making – processes are organized very differently across the three agencies, and, further, how the different organizational routines provide very different opportunities for professionals to engage in collaborative decision-making. Important differences relate to the extent to which decision-making processes are formalized, which (groups of) professionals are invited to participate, and the extent to which certain artefacts, such as case files, are centered or decentered. Reflecting on this, it becomes clear that different routines enable or constrain the mobilization of different sources of knowledge relevant to the decision at hand and are thus, to some extent, constitutive of decision outcomes. Moreover, routines come to function as symbolic venues for jurisdictional struggles between professional groups. As a result, they are routinely contested, negotiated, and changed.

The empirical data that underpin the argument was generated through fieldwork, following an interpretive research design (Schwartz-Shea and Yanow 2012) based on organizational ethnography (Ybema et al. 2009). Organizational ethnography has a long history in public administration and management research (Cappellaro 2016; Yanow 2009). After a notable absence, the approach has gained renewed interest in public administration and political science in recent years (Auyero 2006; Bevir and Rhodes 2010; Brodtkin 2017; Joseph, Mahler, and Auyero 2007; Rhodes, t'Hart, and Noordegraaf 2007). Hence, while the focus of the paper is on decision-making, it also answers recent calls to reinstate organizational ethnography as an

essential approach to political and public administration research, which may yield highly original insights (Boll and Rhodes 2015; Rhodes 2014).

The paper proceeds as follows: First, I discuss the focus on individuals in the extant literature on frontline professional decision-making and outline the reasons why this focus on individuals is problematic. I then present the empirical setting, methods and data which underpins the argument presented here. The argument is then presented in three parts: First, I show how frontline professional decision-making is very much about direction-making. Second, I present the different organizational routines that underpin these processes. Third, I discuss how these routines include and exclude different (groups of) professionals, leading to two important implications: Different routines enable and constrain the mobilization of different sources of knowledge to inform decision-making and thus are important factors in shaping decision outcomes. Further, routines come to serve as symbolic arenas for struggles over professional jurisdiction. I end the paper with a discussion on the implications of these findings for future research and some concluding remarks.

Frontline decision-making

Discretionary decision-making constitutes a crucial element in public service delivery. Because frontline professionals deal with “*complex tasks for which elaboration of rules, guidelines or instructions cannot circumscribe the alternative*” (Lipsky 2010, 15), scholars generally agree that discretion is both necessary and desirable (Møller 2016), ensuring that unique and often highly complex cases are treated equally and in accordance with intention of the law. However, as highlighted by Lipsky, frontline work is characterized by increasing expectations from the public, and limited resources to meet them. Therefore, the work can rarely, if ever, be carried out according to ideals. Because of these conditions, Lipsky describes how frontline workers, or ‘street-level bureaucrats’, engage in *satisficing* (Simon 1947) in terms of decision processes as well as outcomes, as they employ various coping strategies to keep a sense of adequacy and control. Some of these strategies are subjective and informal, while others amount to formal organizational policy or service standards that are enforced locally (Lipsky 2010, 82-86). Notably, Lipsky describes child protective workers as “*the ultimate street-level bureaucrats*” in terms of the discrepancy between their working conditions and the severity and dilemmas involved in their task (Lipsky 2010, 233).

Lipsky’s work on street-level bureaucracy provides a valuable framework for understanding the conditions and dilemmas that characterize the work of public professionals in street-level organizations. Following Lipsky’s seminal contribution, a large body of literature has examined the working conditions and behaviors of these ‘street-level bureaucrats’, offering many insights into how street-level professionals must cope

with ambiguous and conflicting policy goals, insufficient resources and cross-pressures from policymakers, managers and the citizens they are meant to serve (e.g. Brehm and Gates 2010; Hupe, Hill, and Buffat 2016; Tummers, Bekkers, and Steijn 2009; Tummers et al. 2015). Scholars have examined the antecedents and effects of e.g. coping strategies (Baviskar and Winter 2017), policy preferences (Tummers 2011, 2013) and personal abilities such as empathy (Jensen and Pedersen 2017) on street-level bureaucrats' discretionary decision-making.

In line with Lipsky's perspective, the majority of this literature views street-level bureaucrats primarily as implementers of policy. However, there is also a different strand of the literature, which focuses instead on the 'embeddedness' of street-level bureaucrats in broader organizational and societal contexts (Hupe, Hill and Buffat 2016). These studies show how street-level bureaucrats respond to citizens and their circumstances by drawing on social identities and societal norms. Seeing themselves as "citizen-agents" rather than "state-agents" (Maynard-Moody and Musheno 2000, 2009), they define themselves in terms of relationships and exercise normative judgments and categorize citizens based on stereotypes of lifestyle, normality and need and perceptions of worth and deservingness (Dubois 2010; Harrits and Møller 2014; Maynard-Moody and Musheno 2012; Møller 2016). Some argue that the concept of discretion presents a too narrow analytical lens, suggesting that focusing on the agency of street-level bureaucrats presents a more rewarding way forward (Sandfort 2000; Maynard-Moody and Musheno 2016).

While both these strands of the literature offers important insights into the organizational conditions for professional practice at the frontlines of public service, they both center on individual practices and/or encounters with citizens (Foldy and Buckley 2010; Hupe, Hill, and Buffat 2016). As a consequence of this emphasis on individual rather than collective and organizational aspects of frontline work, the organizational 'backstage' (Brower et al. 2002) is left relatively unexplored, and collective routinized practices such as collaborative decision-making have received little attention. This is particularly striking in relation to social work, where professional literature often highlights the crucial role of deliberation and collaborative decision-making (e.g. Egelund and Thomsen, Munro, Cartwright et al.). Focusing solely on individuals, whether through the lenses of discretion, coping or agency, involves a risk of missing crucial aspects of decision-making as it unfolds in everyday practice in the conference rooms, hallways and office spaces of public service organizations.

A practice-based perspective

In contrast to the majority of research on frontline decision-making, my approach is grounded in a practice-based ontology of the social world (Schatzki 2002). Following the "practice turn" in social theory (Schatzki,

Knorr-Cetina, and Savigny 2001), practice-based approaches have gained ground in many fields of research, not least organization studies (e.g. Brown and Duguid 1991, 2001; Jarzabkowski 2005, Feldman and Orlikowski 2011, Nicolini 2013; Cook and Brown 1999). Given the central role of organization theory in public administration research, this reorientation has so far had surprisingly little impact in this field. Nonetheless, a re-orientation towards practice holds great potential in terms of both theoretical and methodological development, not least with regards to decision-making. A practice-based perspective implies “the notion that social life is an ongoing production and thus emerges through people’s ongoing actions”, where “practices are understood to be the primary building blocks of social reality” (Feldman and Orlikowski 2011, 1240–41). Accordingly, I take organizational and professional practices – rather than individuals – as my main unit of analysis, to develop an understanding of frontline decision-making which is grounded “in the everyday realities and meanings of social worlds and social actors, rather than taking problems from policymakers, general theorists, or others.” (Silverman in Coffey and Atkinson 1996, 5).

In organizational theory, practices are often defined in terms of work, for example as “the coordinated activities of individuals and groups in doing their “real work” as it is in-formed by a particular organizational or group context.” (Cook and Brown 1999, 387). Brown and Duguid (1991) distinguish between the espoused or canonical practices of an organization, i.e. the abstract formal descriptions found in training programs, manuals, and strategy documents, and the actual practices of its members, including non-canonical practices such as ‘workarounds’. Drawing on concepts from Bourdieu (1977), they argue that canonical practices are characterized by *opus operatum*, i.e. the finished view, which tends to see action in terms of the task alone. In contrast, the *modus operandi* of actual practices, i.e. the way a task unfolds over time, includes unresolved options and dilemmas and “the way in which the process of doing the task is structured by the constantly changing conditions of work and the world.” (Brown and Duguid 1991, 41).

Brown and Duguid argue that capturing the complicated routes that practitioners take to accomplish their tasks is essential to understanding how work gets done, and to appreciate the fact that actual working conditions may require quite different strategies from practitioners than the accounts found in their formal job descriptions (to which they are held accountable). This is in line with another implication of a practice-based perspective, namely that it calls on us to study organizations “as they happen”, i.e. to focus on the carrying out of an organization’s constituent practices in “real time” (Schatzki 2006, 1864). These constituent practices may also be, and are perhaps more commonly, conceptualized as organizational routines, since organizational routines are, in short, “the primary means by which organizations accomplish much of what they do” (Feldman and Pentland 2003, 94).

As discussed by Feldman and Pentland (2003, 97), organizational routines have traditionally been viewed as functional, i.e. as means to reduce complexity or promote cognitive efficiency (e.g. March and Simon), reflecting responses to managerial goals or environmental pressure. Routines may also be viewed as ways to foster perceived legitimacy through conforming to established norms of how things should be done (e.g. Meyer and Rowan 1977). From a practice-based perspective, however, organizational routines are simply ways to structure work (Feldman and Pentland 2003, 98), defined as “repetitive, recognizable patterns of interdependent actions, carried out by multiple actors” (Feldman and Pentland 2003, 95). Note that this definition does not include routines carried out by individuals in isolation from others. Organizational routines are collective practices, embodying a duality of structure (the abstract idea or ostensive aspect of the routine) and agency (the actual performances or performative aspect of the routine). Each performance may contain variations that may be incorporated into the ostensive aspect. Hence, routines are seen as inherently dynamic and therefore critical to organizational adaptability and flexibility, whereas it requires effort to maintain stability (Feldman 2000; Feldman and Pentland 2003; Feldman et al. 2016; Howard-Grenville et al. 2016).

Empirical setting, research design and data

The empirical analysis draws on qualitative data generated through fieldwork in three child protection agencies in Denmark. Denmark is a small country with 5,5 million inhabitants. In the words of Hestbæk (2011), the country “considers itself a small, efficient welfare state” with a tight social security net and lots of possibilities open to everyone. All citizens are guaranteed certain fundamental rights, should they experience social problems. Social service delivery is highly decentralized, and the main responsibility for implementing and administering child welfare legislation and provisions lies with the country’s 98 municipalities. Municipal child protective agencies are responsible for investigating cases of possible child abuse and neglect, and to instigate relevant and proportionate interventions, if deemed necessary. The overall choice is between preventive measures, of which there are many different types of intervention to choose from, such as parent management training courses, family support or therapy, and out-of-home-placement. Interventions are usually delivered by professionals with a background in e.g. psychology, social pedagogy, family therapy and/or specific methods (all referred to as family therapists below).

I carried out fieldwork in three local child protection agencies in two different municipalities. One municipality is in the capital region and has a population of approx. 600,000. Agency A and B are located here, and are the largest and smallest of six local agencies, respectively. The other is located in Western Denmark and has a population of approx. 87,000. Agency C is located here. Fieldwork encompassed 29 days

or approx. 150 hours of observation over a period of 14 months (October 2015-December 2016). 22 out of the 29 days were spent shadowing five different coordinators for 4-7 days each (two in Agency A, two in Agency B and one in Agency C). I also conducted 29 planned semi-structured interviews with frontline staff, coordinators, managers and political representatives, additional informal interviews with frontline workers, and collected various documents and artefacts (e.g. strategy documents, standardized forms, check lists).

I applied an inductive strategy throughout the fieldwork process, which included continuous writing of analytical and theoretical memos (Emerson, Fretz, and Shaw 2011), as a way of connecting incidents, new ideas and emerging insights. It was through this process that the crucial role of organizational routines in relation to decision-making became increasingly clear. By shadowing coordinators, I was able to participate in different types of meetings and informal discussions both within and across professional groups, which turned out to be consequential for decision-making, as will be unfolded below: an insight I would have most likely missed, had I chosen a more deductive approach and for example observed only meetings in which decisions were supposedly made. This abductive process is characteristic of a focused interpretive design and one of its most important strengths (Schwartz-Shea and Yanow 2010).

Following completion of the fieldwork, interviews were transcribed and coded systematically using NVivo, in combination with close reading and re-reading of field notes. All data excerpts relating to organizational routines were inserted into a matrix, where each identified routine was coded according to categories (content, purpose, rationales, prerequisites and concerns). Subsequent cross-case comparisons (Miles and Huberman 1994) revolved around the following analytical questions: 1) Which organizational routines can be identified in relation to discussing and deciding on interventions? 2) Which understandings are expressed by participants about the nature and purpose of the routines, and are there disagreements (e.g. regarding actions or participants)? 3) How do routines enable or constrain the mobilization of different forms and sources of knowledge? 4) Why and how are routines changed?

Figure 1 presents the casework routine based on the legal framework in the Social Services Consolidation Act. Over the years, there has been a considerable increase in the number of sections in the law concerning child protection services, so that “casework routines in the local authorities are, to an increasing extent, the object of legislation and government guidance.” (Hestbæk 2011, 149). The casework routine may also be described as an “amalgam of multiple smaller routines” (Feldman and Rafaeli 2002, 313). The analysis zooms in on backstage organizational routines associated with deciding on a specific method of intervention, i.e. once an investigation has concluded that there is a need to intervene, and an Action Plan has been formulated (cf. Figure 1). This part of the routine is key to the argument for two reasons: First, discretionary decision-making regarding which intervention is more likely to yield the desired results is

required to move forward at this point. Second, it is at this point that other professionals become directly involved in the case, namely those responsible for delivering the intervention. As we shall see below, the process is far from linear, and decision-making is not necessarily confined to designated “steps”, as this neat figure might imply.

Figure 1. The casework routine



ANALYSIS

Decision-making as direction-making

Underpinning child protective work in the three agencies are some fundamental conditions, which permeate participants’ understanding of their work. First, many social problems are perceived as socially constructed and ‘wicked’ in nature. As opposed to ‘tame’ problems, which are easily identified and relatively manageable, even if their solution may be complicated, wicked problems are difficult to define and delineate and call for complex solutions involving many different actors (Head and Alford 2015). Second, parents and children are perceived as active co-producers of services: not only do they have legal rights to be included in decision-making; their opinions, actions and engagement is integral to the success of any intervention. Moreover, the prevailing professional ethos in all three agencies casts citizens as ‘experts on their own life’; i.e. professionals’ knowledge about a family and its problems is limited. Consequently, professionals often need to make decisions under conditions characterized by what I call *multi-faceted uncertainty*: This uncertainty is not only a matter of limited time and unavailability of information, as proposed by Lipsky (2010, 29), but a more fundamental uncertainty regarding the depth, scope and nature of problems, combined with uncertainty about the willingness and capabilities of citizens to cooperate, and, consequently, uncertainty about the potential of any intervention to yield the desired results.

In this perspective, choosing an intervention is not a matter of matching an identified problem with a tried-and-tested solution. Instead, interventions are often conceptualized by participants as *entryways*:

Instigating an intervention is a way to get started, to learn more about the family and the nature of the problems which have initially been identified as a cause for concern. Only time will tell if the chosen intervention also turns out to be a good solution: The problem may turn out to be different than expected, the family may be unwilling to cooperate, or something may happen that changes the entire situation.

This leads us to another important aspect of work, namely the role of *time*. Of course, deadlines are a central aspect of bureaucratic and managerial control. Agencies and individual caseworkers are under constant pressure to adhere to the deadlines outlined in the legal framework and sometimes more ambitious local organizational standards. Yet, for many participants, time is experienced as pressing for reasons beyond bureaucratic control, which relate to the co-produced nature of services: Time is crucial to professional work, because the success of an intervention is seen as hinging on the family's willingness to cooperate. Participants find that all good intentions, and the very best evidence-based interventions, fall flat to the ground if citizens have no will to engage. In this perspective, long waiting times are not just undesirable in terms of legal requirements and local service standards, but also potentially damaging to the possibilities of enabling the desired change. Hence, a timely intervention, which may only partially match the stated purpose and goals in the Action Plan, is sometimes seen as superior to a more targeted intervention delivered three months too late: If the ideal person or the ideal program is not available when needed, they quickly become less ideal, and an alternative approach is chosen.

Together, these conditions challenge the idea that there exists such a thing as a 'perfect match' between problems and solutions and point us towards an important observation regarding decision-making: just as interventions are seen as entryways rather than solutions, decision-making is often referred to by participants as a matter of 'creating direction': Choosing an intervention is not something that happens once-and-for-all. Rather, pending decisions may be discussed at length in a variety of fora, before a decision is formally made. Following the formal decision, adjustments may be made continuously. This is to ensure a fit between the chosen intervention and the constantly evolving life and situation of the children and families at hand, but may also relate to agency matters, such as financial issues or availability of resources. In other words, decision-making at the frontline cannot be fully comprehended as the kind of isolated 'events' which scholars may try to replicate in a controlled setting, using vignettes or survey experiments. Instead, decision-making is, to a large extent, a matter of continuous *direction-making*, where formalized decisions are continuously revisited and maybe slightly altered, depending on a host of different factors. This direction-making is an organizational as much as it is an individual undertaking and often involves

several professionals, team leaders and/or managers. Attending to the way these processes are organized yields further insights into the collective, collaborative and organized nature of frontline decision-making.

Organizing decision-making processes: Deliberative organizational routines

As they unfold in everyday practice, processes of creating direction are structured by a specific kind of organizational routines, which I have chosen to label *deliberative organizational routines*. Deliberation can be defined as “the act of thinking about or discussing something and deciding carefully”, or as “a discussion and consideration by a group of persons (such as a jury or legislature) of the reasons for and against a measure”.¹ Based on this, I define deliberative organizational routines as a type of organizational routines, which serve to create more or less structured venues for mobilizing and discussing knowledge among professionals. In other words, it is in the performance of these routines that knowledge possessed by individual participants and/or represented in various artefacts such as documents or checklists may be mobilized, i.e. brought into the discussion, so that new knowledge to inform decision-making is generated in the process. This understanding builds on the insight that knowledge-as-product and knowing-as-process are mutually enabling phenomena (Cook and Brown 1999, 383). A theory, a check list or a research report sitting on a shelf somewhere must be mobilized by someone: Action is required for it to make a difference; knowledge must be put to work (see also Gherardi and Nicolini 2000).

From participants reflections during interviews and conversations, it becomes clear that the purposes of these deliberative organizational routines are manifold. Most importantly, they serve to mobilize participants’ knowledge to illuminate cases, qualify professional judgment and inform discretionary decision-making. Essentially, they serve to organize and collectivize the exercise of professional judgment and orchestrate the mobilization of different types of knowledge in these processes. Notably, these routines are performed backstage, meaning that they do not directly involve citizens. Hence, focusing on the role of these routines provides a different perspective on decision-making compared to the extant literature, which largely focuses on individual decision-making, as discussed above.

An overview of deliberative organizational routines across the three agencies is presented in Table 1. Note that this is not a complete inventory of all organizational routines involved in casework or service delivery; the listed routines are those which, during my fieldwork and analysis of the generated data, emerged as significant with regards to discretionary decision-making. They also do not only provide venues for

¹ <https://www.merriam-webster.com/dictionary/deliberative>

deliberation, but also serve other purposes, e.g. coordination and emotional support. Notably, they differ greatly in terms of how many participants are involved, as well as the degree of formalization.

Table 1. Deliberative organizational routines

Name	Form (how is it done)	Content (what they do)	Participants (who is involved)
The daily rounds	“Checking in” with professional teams, as coordinator walks around the office and hallways	Answer all kinds of questions, engage in deliberation and advice as needed	Coordinator and professionals
Individual case reviews	One-on-one discussion between coordinator and one professional, often in front of computer screen (especially caseworkers)	Discuss cases, progress, problems, managing individual workload, checking that deadlines and budgets are met	Coordinator and professionals
Regular case discussion meetings	Collective discussion among team members led by the coordinator, sometimes cross-professional (varies across agencies and teams)	Discuss several cases to inform decision-making, discuss other issues of relevance (e.g. organizational issues), share information	Coordinator and members of professional team, sometimes also other professionals (internal or external)
Ad hoc case discussion meetings	Collective discussion of one case among all involved professionals	Discuss a specific case to adjust the direction and/or inform decision-making	Professionals involved in the case (internal and sometimes also external), coordinator and/or service manager
Formal decision-making on interventions	Varies between the three agencies	Discuss case with the purpose of making a formal decision regarding the choice or adjustment of an intervention	Varies between the three agencies

The daily rounds: In all three agencies, coordinators spend great amounts of time everyday answering questions, offering second opinions and trying to teach especially newcomers how things should be done. They are frequently being called on at their desks, when walking down the hallway, while eating their lunch (also often at their desks) or when waiting by the coffee machine and are clearly missed when they are not available. As the casework coordinator in Agency C smilingly remarks, as we walk back to the office after a morning of meetings: “Now I will go to back to playing ‘A Thousand Questions to the Professor’ [referring to the parlor game ‘Twenty Questions’]; that is what it’s usually like when I have been gone for a while.” (Field

notes, Agency C, September 2016). Sometimes, professionals will seek out coordinators just to update them on a situation, share an observation or validate a pending decision. At other times, a more thorough discussion is called for. These may include advice on where to seek further information, how to best involve the parents and ensure cooperation, or it may be to discuss the potential outcomes of a pending decision:

When they are facing a difficult problem, I try to give them some, to ask some questions and give them some input as to: 'how might you do things differently?'. Like, 'if you think he should be placed in institutional care, what could we do instead?', I mean, 'why do you think that? What would the purpose be? What do you think the outcome would be?' To provide that opposition: 'I think the outcome would be this', then say: 'I think we could reach the same outcome by doing this, which is less intervening, but also [may result in] a different outcome.'" (Casework coordinator, Agency C, November 2016)

Coordinators, however, are generally busy and often away from their desks. Some make a point of having open slots in their calendars during which they are available for ad hoc discussion, but they are also aware that not all professionals will be proactive and ask for advice, even if they need it. Consequently, coordinators perform a routine at least once a day, but often more, which consists of walking through the building, stopping at every office and desk to check in on team members (sometimes, service managers would also perform these rounds, but much less frequently; it was clearly part of the coordinators' job). One of the coordinators refers to this as the "daily rounds" [in Danish: stuegang, referring to the routine that doctors perform in hospitals as they walk around the ward to check on individual patients]. The purpose of the daily rounds is to see how things are going, answer questions, and make sure that pressing issues are taken care of as soon as possible. The daily rounds also often involve stopping by the offices of professionals in other teams or different professional groups to discuss the status of specific cases and coordinate activities. While the routine is not formalized as such (only one of the coordinators has labelled it), the 'daily rounds' is an important routine, as it serves to make coordinators available and approachable.

Individual case reviews: All coordinators engage in individual case reviews. Typically, every caseworker or therapist will go through an individual case review every 4-8 weeks. The enactment of this routine usually involves the professional and the coordinator sitting next to each other, facing either the computer screen, showing the interface of the database used to store case files, or going over a list of cases, dates and activities printed on paper. The off-screen model is more often used among family therapists, while caseworkers tend to review cases on-screen, as this allows them to perform the required tasks (e.g. checking deadlines, ticking boxes and filling out the standardized forms and documents that make up the case filing system) while discussing these actions with the coordinator.

Individual case reviews can involve many different things. For caseworkers, there is generally a strong focus on meeting deadlines and documentation requirements. For family therapists, individual case reviews often revolve around managing the workload and prioritizing resources. Individual case reviews may sometimes lead to changes in an intervention. For example, a review revealed that a family therapist was genuinely overworked and that it would not be feasible for her to keep working with the number of families and hours planned. Realizing this, the coordinator suggested that, in one case, the therapist should focus her efforts on the mother and stop working with the grandmother, as this would reduce the number of hours. The therapist was at first reluctant, but eventually agreed that this solution would be professionally responsible. The coordinator then went to consult with the caseworker about the proposed adjustment. In this case, the caseworker did not approve the change. Still, the example demonstrates that the specificities of interventions are not set in stone by formal decisions but created and negotiated continuously.

Case discussion meetings: All professional teams in all agencies engage in regular case discussion meetings, usually held every week on the same weekday and lasting for up to three hours. Some teams have two different meetings, where one is dedicated to general work-related topics, while the other is dedicated to discussing cases, sometimes in a cross-professional setting. In other teams, these functions are collapsed into one weekly meeting. While different agencies and teams have different ways of structuring the meeting, they share one characteristic, namely that case discussions are usually structured in three phases: first, the responsible professional will present the case and explicate precisely what they would like to discuss, and what their needs are. Then there is a round where everyone can ask questions. Only after everyone has had the opportunity to ask questions, going around the table systematically, are participants allowed to offer their reflections on the situation and come up with suggestions for next steps, hence influencing the direction of the work.

Managers and coordinators generally refer to the purpose of these meetings as a matter of “illuminating” or “broadening” the case, to mobilize different professionals’ perspectives and raise the quality of decisions. It is mainly aimed at complex cases and situations which are not straightforward.

There are no caseworkers who sit on their own and reject something that would require professional discretion. I mean, it is not economic calculations, we bring to the meeting, if you follow me? It is that which requires judgment. Where it gets difficult, or very vulnerable, and where we need to sharpen our attention to equal treatment and consistent casework. That is what we bring here. (Casework coordinator, Agency B, October 2016)

Sometimes case discussions result in specific decisions, while at other times they primarily serve to provide input for further individual reflection by generating new ideas and perspectives. They may also result in resolutions to consult with other professionals or to further investigate specific aspects of the case, for example by generating specific hypotheses for therapists to explore, as in the example below. Illuminating cases through collective discussion is an important part of the process of creating direction and may, as previously discussed, turn out to be consequential in terms of formal decision-making and future outcomes, regardless of whether the discussion leads to a formal decision in the moment.

During a case discussion, a therapist explains a predicament: Having spent several months (or years?) working with a family, she now finds that the mother is finally doing well and is able to manage her parenting role and responsibilities on her own. In fact, she was getting ready to close the case, when the school notified the agency that their concern for the child was increasing. She explains that she does not understand why the school is worried. Could it be that she failed to notice something of importance? After a systematic round of clarifying questions, it becomes clear that the school appears to be collaborating closely with the child's father. One participant offers the hypothesis that this could influence the school's perception of the mother and perhaps generate some antipathy towards her. In the ensuing discussion, this hypothesis is found warranted based on the observation that, compared to the father, the mother is likely to be perceived as a "weirdo": She lives on a messy and strangely decorated houseboat and celebrates Christmas by eating pizza together with the child, just the two of them. The therapist agrees that this is indeed "alternative" but also emphasizes that "it is not something that will kill you". However, she agrees that the close collaboration with the father might influence how the school perceives the mother and decides to investigate this hypothesis further, before deciding to recommend whether the case should be closed or not. (Field notes, Agency A, May 2016).

Ad hoc case discussion meetings: In addition to the regular case discussion meetings, ad hoc case discussion meetings are called when needed. These only include professionals who are directly involved in the case. Meetings may be called to prepare for a meeting with the family or network, or it may be that the caseworker needs to get an overview of a particularly complex case. A service manager or coordinator may also decide to call a meeting, if they believe that a case would benefit from thorough discussion or if they come across something that puzzles them. In contrast to the regular team meetings, these ad hoc case discussion meetings may be cancelled or rescheduled on a short notice. The ad hoc case discussions I was able to witness in Agency A and B were characterized by an intense atmosphere and very structured and focused discussions. Meetings were generally characterized by respectful dialogue, as participants took turns, listened, and allowed each other to finish their sentences before reflecting on their input. One

meeting displayed widespread consensus among the different professionals who participated, while the others displayed more diverse perspectives and conflicting viewpoints. Here too, deliberation serves to create direction and shapes both past and future decisions.

Formal decision-making on interventions: The formal decision about which intervention should be instigated in a specific case is often as much a decision about which specific therapist or external service provider should carry out the intervention. To my surprise, this routine varied significantly across the three agencies and was regularly subject to change. The differences in routines reflected the fact that autonomy and authority to make decisions regarding interventions was distributed differently across the three local agencies. In Agency A, decisions are made by a small committee of family therapists, the family service coordinator, and, in principle, the casework coordinator (who was too busy to participate in those performances of the routine that I was able to observe). Preparing for the meeting is time consuming: Participants read through all case files, which have been uploaded in the digital case filing system by the caseworkers. Caseworkers are also required to fill out a short, standardized form for internal use only, which presents an updated status and any additional relevant information that has emerged since the Action Plan was agreed upon. In the meeting, participants discuss each case in turn and make decisions regarding interventions. The family coordinator notes the details of their deliberation on a tablet during the discussion. When a decision is reached, these notes are emailed directly to the caseworker, to allow her to follow their reasoning.

In Agency B, the routine is rather different and was changed twice during the fieldwork period. Originally, the individual caseworker would prepare the case files and orally present the case and recommended (type of) intervention before a small committee, which included the service manager and the local agency manager. The committee would then decide whether to allocate the requested funds or not, sometimes coming up with an alternative. Prior to the fieldwork, this routine had been changed into a group meeting, to be held every two weeks. Participants included all caseworkers in the relevant team, the casework coordinator, the family service coordinator and two therapists, but no managers. Everyone would be required to read the case files, or at least the summary, beforehand. The casework coordinator would direct the meeting, while the authority to make a formal decision lay with the group. Later, the routine was changed again, so that the family service coordinator would instead attend the caseworkers' regular case discussion meeting, and decisions would be made there, by the authority of the group as such.

In Agency C, individual caseworkers have considerable autonomy to make decisions regarding a broad range of preventive interventions without having to consult with others. However, many choose to discuss pending decisions at the regular case discussion meeting and/or seek validation from the coordinator.

More comprehensive and expensive interventions must be approved by the coordinator or the district manager. Caseworkers may present complex cases for extended discussion at a so-called “case illumination meeting”, in which the district manager and family therapists discuss the case thoroughly.

Routines as arenas for struggles over professional jurisdiction

It should be clear from the analysis so far that organizational routines, and particularly deliberative organizational routines, are not merely ways of getting things done. Indeed, one of the most important purposes of deliberative organizational routines is to qualify professional judgment by turning it into a collaborative effort. The exercise of discretion and professional judgment is thought of not as an individual task, but as a collective responsibility, which requires deliberation and collaborative decision-making. Professionals are therefore generally expected to involve others in their decisions, and participants in all three agencies consistently emphasize the importance of illumination and collective reasoning. Deliberative organizational routines serve to orchestrate this exercise of collective professional judgment and, in the process, enable participants to cope with the inherent complexity and cross-pressures of their work. Besides enabling the individual professional to move forward with the case, deliberative organizational routines serve to provide emotional support and alleviate individual professionals of “burdens of discretion” (Molander and Grimen 2010, 183–84), by sharing the responsibility for decisions and outcomes within the team.

An important aspect of this, however, is the observation that different organizational routines provide very different opportunities for professionals to engage in these collaborative decision-making processes. This is especially visible when comparing the formal decision-making routines across the three agencies. By including and excluding (groups of) professionals, or by requesting professionals to represent their knowledge in specific ways, these routines enable and constrain the mobilization of different forms and source of knowledge to inform decision-making and hence shape decision outcomes.

The routine in Agency A places the family therapists’ knowledge at the center of deliberations, while the caseworker’s knowledge must thus be communicated in the case files; otherwise it will not be represented in the discussion. Members of the committee are left to trust that the case files adequately reflect the situation. The routine thus requires caseworkers to meticulously fill out the standardized forms that constitute the case file, as well as an additional document to explain recent developments. At the same time, however, the routine incorporates a ‘quality check’ of these case files, as they are scrutinized by the committee and will be returned to the caseworker for revision, if they are not satisfactory.

The service manager explains the rationale behind the routine: Making informed decisions, he says, requires specialized knowledge about different forms of intervention, and this knowledge is possessed by the family therapists. The job of caseworkers is primarily to define the problem, but not how to solve it. In his opinion, caseworkers do not need to know anything about the specificities of interventions, and, he adds, they have no chance of knowing, because, apart from the fact that they are often both young and inexperienced, they simply do not possess the proper “professional qualifications”. The purpose of the routine is therefore to uphold, in the manager’s words, “a sharp division” between the task of investigating and defining problems according to the legal framework, and the task of solving problems. It is essentially, according to the manager, “a matter of professionalism” (Field notes, Agency A, February 2016).

Caseworkers, on the other hand, argue that when decisions are made only on the basis of the written information represented in the documents, there is a risk that important knowledge is not taken into account. As explained by the casework coordinator:

When you sit in the meeting, you have perhaps 10-15 pages, you can only read, and then you need to reach a judgment. You have not met the family, you have not met the child, you cannot; all this information sits with the caseworker in that way. (Casework coordinator, Agency A, September 2016)

Participants agree that the fact that caseworkers do not participate in the formal decision-making routine sometimes leads to unfortunate decisions. The routine has since been modified in different ways to accommodate this shortfall: A decision was made to introduce an extra, informal but still standardized document, in which the caseworker can provide additional information not included in the case files. In some cases, the caseworker is also invited to attend the meeting to present the case orally, and finally, participants agreed to make notes of their discussions, explicating their reasoning and motivation behind the choice of intervention, and email these notes directly to the caseworker along with the decision, “so that the caseworker also gets that knowledge”, as the coordinator explains. This process allows the caseworker to intervene in due time, if the chosen method is for some reason not feasible. “We must be careful that we do not completely eliminate the professional expertise of the caseworker”, as the service manager puts it. The modified routine also means that caseworkers have a better chance of explaining to the family, “if we for example have turned it in a specific direction”, as the coordinator phrases it.

In contrast, in Agency B, caseworkers have managed to negotiate a routine that privileges their knowledge and deliberation. Before, caseworkers were required to present their cases before a committee with representatives from management, which would then approve or deny the request. The casework

coordinator found this routine burdensome and inefficient and was eventually successful in advocating for a change, which would delegate more competence to the caseworkers. In its first iteration, the new routine was conceptualized as one big meeting, bringing together the team of caseworkers, the casework coordinator, the family services coordinator and 1-2 family therapists, who would collectively decide on an appropriate intervention. According to the family service manager, the purpose of the new routine was to “gather all knowledge in one place”, based on the notion that, at this point in the life cycle of a case, “the caseworker is the one who knows the most” (Field notes, February 2016).

Yet, despite taking a diplomatic approach, the family service manager appeared doubtful as to whether the new routine would in fact provide adequate opportunities for mobilizing the family therapists’ specialized knowledge. The family service coordinator is equally skeptical and described the big meeting as “a stew”: a little bit of everything all mixed up, without clear demarcations of professional expertise. In an interview, the service manager explicitly questioned the format and emphasized the need to make better use of the family therapists’ knowledge:

We had a dialogue about who gets to “decide” which intervention it should be. And should [the family service coordinator] be a part of every decision? What if the caseworker has some knowledge about this family and knows that it is precisely [Celia] who should be the family therapist (...) But, I’m thinking: ‘what is the reason that you thought that [Celia] would be the best?’ How might [the family service coordinator] help qualify that? How do you make use of the professionalism that sits with the family therapists to qualify the good idea that the caseworker had? This occupies me (...) Because, I also think there’s a need for that, so that it’s not only the caseworker-professionalism that dominates (Family service manager, Agency B, April 2016)

In the second iteration of the new routine, the big meeting had been abandoned. Instead, the family service coordinator would participate in the caseworkers’ regular meeting. The coordinator emphasized that this new routine was a direct and welcome response to the caseworkers’ needs and preferences and the general need to increase efficiency in processing cases. It was in fact the caseworkers’ original wish that the family services coordinator should join “their” meeting, as this was where cases would be unfolded, and goals would be discussed in the first place, and so having to do that a second time in a different meeting was perceived by caseworkers as an extra burden and a waste of time. But, the coordinator remarks, initially, this suggestion was apparently too big a leap from the original routine (i.e. the one with the committee), and so trying out the big group meeting as an alternative was a needed stepping stone to arrive at the current routine.

Compared to the routine in Agency A, this routine directly enables the mobilization of caseworkers' personal knowledge of a given case, including extended narratives and the use of body language and imagery. It is certainly also less burdensome more time efficient on their part. The family service coordinator and therapists are primarily viewed as sources of knowledge about the availability of service providers, and hence an opportunity to identify solutions that are practically feasible, rather than an opportunity to mobilize alternative professional perspectives. The group of therapists are thus assigned a more passive role, where their main responsibility is not to partake in decision-making but to provide services on the caseworkers' request.

it is also worth noting that, in comparison, the routine in Agency B perhaps leaves caseworkers with less incentives to explicate and document their knowledge in the case files, which are not nearly as prominent in discussions as they are in Agency A: In Agency A, heaps of documents fill the small table in the meeting room, and participants actively consult them throughout the meeting. As they draw the meeting to a close, one of the therapists exclaims: "That was it. Another rain forest done for!". In Agency B, case files are projected on a big screen and are only referred to in passing as discussions unfold. There is no formalized feedback loop from family therapists to caseworkers regarding the case files as such. In a discussion of the new routine, caseworkers explicitly mention that this will hopefully mean that they are not required to send "much written material" for other participants to prepare:

Towards the end of the case discussion meeting, the coordinator moves to the final item on the agenda: the formal decision-making routine. 'The new format has been evaluated', she says, 'and from now on it will be the model that you have wished for, where the family service coordinator and someone else will sit in here, and we can make the decision directly following our discussion'. One of the caseworkers immediately responds with a loud 'Yes!'. The coordinator continues: I have not seen it in writing yet, but one can hope that we do not have to send to much written material, when everyone will hear the discussions that take place here. (Field notes, Agency B, October 2016)

Finally, in Agency C, the previous decision-making routine required caseworkers to present their case to a small committee. This has been abolished, and individual caseworkers now have the autonomy to instigate a range of interventions. A comprehensive meeting structure has been established, and caseworkers are still expected to discuss cases in both mono- and cross-professional contexts, but one of the main reasons why they have been granted individual autonomy is based on the notion that they are the ones who know the case best, since they are responsible for the entire process:

I think there are many things you cannot read your way to, and also you cannot, you need to have a relation to the citizens to be able to cooperate towards a goal, and it becomes more difficult, if there are too many shifts (...) that is why I think it works so well, that it is the same caseworker who follows through. (Casework coordinator, Agency C, September 2016)

The differences between the formal decision-making routines in the three agencies serve as an illustrative example of how different routines enable or constrain the mobilization of different types and sources of knowledge, particularly the knowledge about specific cases possessed by caseworkers and knowledge regarding specific types of interventions (that is: knowledge about content, focus, target groups, requirements and availability of e.g. evidence-based programs and various other forms of therapy delivered by internal or external service providers) possessed by family therapists. By including, excluding or clearly privileging different (groups of) professionals, and by dealing with the written case files in different ways, these routines effectively privilege some forms and sources of knowledge over others. Notably, they most often do so intentionally. In this way, routines become a reflection of professional hierarchies and struggles over jurisdiction.

Finally, the analysis also revealed a remarkable lack of stability. Indeed, what initially appeared to be rather stable organizational routines often turned out to be relatively novel ways of structuring work. In Agency C, the organizational restructuring entailed the establishment of several new routines within and across professional groups. In Agency B, caseworkers' dissatisfaction with the formal decision-making routine resulted in the establishment of – and subsequent changes to – a new formal decision-making routine, while the family service coordinator's professional ideals resulted in changes to the family therapists' case discussion meeting. In Agency A, a recent increase in the number of professionals, again due to organizational restructuring, had led to the establishment of new routines among the therapists, and a team of caseworkers came up with adjustments to the cross-professional case discussion routine during my fieldwork there. Shortly after, a change in the personnel situation prompted a manager to suggest that the – newly established – formal decision-making routine would have to be changed.

Discussion

The findings presented here demonstrates the potential in using ethnographic approaches to explore public organizations-as-they-happen and yield new insights into public administration as it unfolds in everyday life in all its complexity (see also Boll and Rhodes 2015). In this final discussion, I will highlight three insights from the analysis presented here, which may have broader implications for the way we approach frontline

public organizations: First, the analysis calls attention to organizational routines, both as structured ways of organizing work and as “real time” performances, which unfold amidst material arrangements such as meeting rooms, case filing systems and coffee machines, and profoundly shape decision-making at the frontlines. The crucial role of the so-called deliberative organizational routines underscore the collective, collaborative and organized nature of decision-making, or rather, direction-making, in this context.

Second, the findings highlight the importance of attending to performative aspects of knowledge and decision-making in organizational contexts (Brown and Duguid 1991, 2001; Cook and Brown 1999; Gabbay and Le May 2011; Tsoukas and Vladimirou 2010). Different routines privilege different forms and sources of knowledge, because they invite some professionals, and not others, to participate and contribute the discussion. Further, they make use of central artefacts such as case files in different ways. The conceptualization and performance of organizational routines directly shape deliberation and decision-making, and often intendedly so, as some forms and sources of knowledge are perceived as more valuable or relevant than others.

Third, zooming in on specific performances of routines and zooming out to trace connections between routines and the broader environment (Nicolini 2009) reveals the dynamic relationship between organizational routines and the institutional environment. For example, the process of negotiations and change that preceded the current routine in Agency B demonstrates how one group of professionals may contest an existing routine and succeed in establishing a new, which effectively privileges their own perspective, presumably to the detriment of others. In other words, struggles over professional jurisdiction may be effectively enacted through organizational routines and may reflect broader institutional developments and change (for similar arguments regarding this role of routines, see e.g. Barley 1986; Strauss 2008).

Given these observations, it is hardly surprising that participants would frequently engage in discussions over the practicality, efficiency and/or desirability of routines that are central to their work. Rather, this is a natural consequence of the fact that routines carry significant constitutive as well as symbolic effects. In this case, changes in routines is not just a matter of variation in individual performances, but deliberate – and contested – changes, which are, at least to some extent, rooted in participants’ convictions and disagreements about the expertise and jurisdiction of different professional groups. This brings to mind Alvesson and Berg’s statement that “[t]he ways formal meetings are handled are more than just places where decisions are made; they are symbols of social relationships and, at a deep and often hidden level, the values and priorities of members.” (Alvesson and Berg 1992, quoted in McAuley et al., 2013, p. 289).

Finally, it is worth reflecting on the finding that deliberative organizational routines are frequently subject to change, as this can have negative implications: As acknowledged by most participants, it takes time and, indeed, practice, to establish a new routine. Frequent changes – whether they stem from jurisdictional struggles of professional groups or from ambitious development projects or other managerial initiatives – may end up focusing attention on the routines themselves rather than the purposes they are meant to serve. Such misdirected attention may hamper opportunities for reaching higher levels of achievement.

Conclusion

The literature on frontline or street-level decision-making tends to focus on individual professionals, locating decision-making either as a cognitive process inside individual heads or as an outcome of professionals' interaction with citizens. While this has led to important findings and an increasingly nuanced understanding of frontline decision-making, the findings presented in this paper imply the need to supplement the focus on individuals with a focus on practices. This involves recognizing the organizational backstage as an important locus for decision-making processes, appreciating the collective, collaborative and organized nature of these processes, and not least investigating more closely the role of organizational routines in shaping not only decision outcomes but also professional hierarchies. These backstage processes are just as important as professionals' direct encounters with clients in shaping the exercise of professional judgment. Accordingly, we need to recognize the exercise of discretion as an organizational and not just an individual practice and explore more closely the ways in which discretion is organized in the context of everyday practice. Otherwise, we are missing a crucial piece in our increasingly detailed understanding of street-level organizations and the professionals who work in them.

References

- Abbott, Andrew Delano. 1988. *The System of Professions: An Essay on the Division of Expert Labor*. Chicago: University of Chicago Press.
- Auyero, Javier. 2006. "Introductory Note to Politics under the Microscope: Special Issue on Political Ethnography I." *Qualitative Sociology* 29 (3):257–59.
- Baviskhar, Siddharta and Søren Winter. 2017. Street-Level Bureaucrats as Individual Policymakers: The Relationship between Attitudes and Coping Behavior toward Vulnerable Children and Youth. *International Public Management Journal* 20 (2), 316-353.
- Boll, Karen, and R.A.W. Rhodes. 2015. Excursions in administrative ethnography. *Journal of Organizational Ethnography* 4 (2)

- Brehm, John, and Scott Gates. 2010. *Working, Shirking, and Sabotage. Bureaucratic Response to a Democratic Public*. Michigan Studies in Political Analysis. Ann Arbor, US: University of Michigan Press.
- Brodkin, Evelyn Z. 2011. "Putting Street-Level Organizations First: New Directions for Social Policy and Management Research." *Journal of Public Administration Research and Theory* 21 (suppl_2):i199–201.
- Brower, Ralph S., Mitchel Y. Abolafia, Jered B. Carr. 2002. On Improving Qualitative Methods in Public Administration Research. *Administration & Society* 32 (4), 363-397.
- Brown, John Seely, and Paul Duguid. 1991. "Organizational Learning and Communities-of-Practice: Toward a Unified View of Working, Learning, and Innovation." *Organization Science* 2 (1):40–57.
- . 2001. "Knowledge and Organization: A Social-Practice Perspective." *Organization Science* 12 (2):198–213.
- Cook, Scott DN, and John Seely Brown. 1999. "Bridging Epistemologies: The Generative Dance between Organizational Knowledge and Organizational Knowing." *Organization Science* 10 (4):381–400.
- Dubois, Vincent. 2010. *The bureaucrat and the poor: encounters in French welfare offices*. Burlington, VT: Ashgate.
- Emerson, Robert M., Rachel I. Fretz, and Linda L. Shaw. 2011. *Writing Ethnographic Fieldnotes*. 2nd ed. Chicago Guides to Writing, Editing, and Publishing. Chicago: The University of Chicago Press.
- Feldman, Martha S. 2000. "Organizational Routines as a Source of Continuous Change." *Organization Science* 11 (6):611–629.
- . 2016. "Routines as Process. Past, Present, and Future." In *Organizational Routines: How They Are Created, Maintained, and Changed*, edited by Jennifer Howard-Grenville, Claus Rerup, Ann Langley, and Haridimos Tsoukas. Perspectives on Process Organization Studies. Oxford Scholarship Online: Oxford University Press.
- Feldman, Martha S., and Brian T. Pentland. 2003. "Reconceptualizing Organizational Routines as a Source of Flexibility and Change." *Administrative Science Quarterly* 48 (1):94–118.
- Feldman, Martha S., Brian T. Pentland, Luciana D'Adderio, and Nathalie Lazaric. 2016. "Beyond Routines as Things: Introduction to the Special Issue on Routine Dynamics." *Organization Science* 27 (3):505–13. <https://doi.org/10.1287/orsc.2016.1070>.
- Feldman, Martha S. and Wanda Orlikowski. 2011. Theorizing Practice and Practicing Theory. *Organization Science* 22 (5), 1240-1253.
- Feldman, Martha S., and Anat Rafaeli. 2002. "Organizational Routines as Sources of Connections and Understandings." *Journal of Management Studies* 39 (3):309–31.
- Grimen, Harald and Anders Molander. 2010. Understanding professional discretion. In: Svensson, Lennart, Julia Evetts, Anders Molander, Harald Grimen (eds.): *Sociology of Professions: Continental and Anglo-Saxon Traditions*, Göteborg: Daidalos
- Greenhalgh, Trisha. 2008. "Role of Routines in Collaborative Work in Healthcare Organisations." *BMJ* 337 (November):a2448. <https://doi.org/10.1136/bmj.a2448>.
- Harrits, Gitte and Marie Østergaard Møller. 2014. Prevention at the Front Line: How home nurses, pedagogues, and teachers transform public worry into decisions on special efforts. *Public Management Review* 16 (4), 447-480
- Hestbæk, Anne-Dorthe. 2011. "Denmark - A Child Welfare System Under Reframing." In *Child Protection Systems: International Trends and Orientations*, edited by Neil Gilbert, Nigel Parton, and Marit Skivenes, 131–50. Oxford University Press.
- Howard-Grenville, Jennifer, Claus Rerup, Ann Langley, and Haridimos Tsoukas. 2016a. "Introduction. Advancing a Process Perspective on Routines by Zooming Out and Zooming In." In *Organizational Routines: How They Are Created,*

- Maintained, and Changed*, edited by Jennifer Howard-Grenville, Claus Rerup, Ann Langley, and Haridimos Tsoukas. Perspectives on Process Organization Studies. Oxford Scholarship Online: Oxford University Press.
- Hupe, Peter, Michael Hill and Aurélian Buffat. 2016. Introduction: defining and understanding street-level bureaucracy. In Hupe, Peter, Michael Hill and Aurélian Buffat (eds.) *Understanding Street-level Bureaucracy*. Bristol: Policy Press.
- Jarzabkowski, Paula. 2005. *Strategy as Practice: An Activity Based Approach*. London: SAGE.
- Jensen, Didde Cramer and Line Bjørnskov Pedersen. 2017. The Impact of Empathy—Explaining Diversity in Street-Level Decision-Making. *Journal of Public Administration Research and Theory* 27 (3), 433-449.
- Lipsky, Michael. 2010 (1980). *Street-Level Bureaucracy, Dilemmas of the Individual in Public Service (30th Ann. Ed.)*. Russell Sage Foundation.
- Maynard-Moody, Steven Williams, and Michael Craig Musheno. 2009. *Cops, Teachers, Counselors : Stories from the Front Lines of Public Service*. Ann Arbor, US: University of Michigan Press.
- McAuley, John, Joanne Duberley, and Phil Johnson. 2013. *Organization Theory*. Online version. Pearson Education.
- Meyer, John W., and Brian Rowan. 1977. "Institutionalized Organizations: Formal Structure as Myth and Ceremony." *American Journal of Sociology* 83 (2):340–63.
- Miles, Matthew B., and A. M. Huberman. 1994. *Qualitative Data Analysis: An Expanded Sourcebook*. 2nd ed. Thousand Oaks: Sage Publications.
- Møller, Marie Østergaard. 2016. "She isn't Someone I Associate with Pension"—a Vignette Study of Professional Reasoning. *Professions and Professionalism* 6 (1)
- Nicolini, Davide. 2009. "Zooming In and Out: Studying Practices by Switching Theoretical Lenses and Trailing Connections." *Organization Studies* 30 (12):1391–1418.
- . 2013. *Practice Theory, Work, and Organization, an Introduction*. 1. ed., Impression: 1. Oxford University Press.
- Schatzki, Theodore R, K Knorr-Cetina, and Eike von Savigny. 2001. *The Practice Turn in Contemporary Theory*. London; New York: Routledge.
- Schön, Donald A. 1983. *The Reflective Practitioner: How Professionals Think in Action*. New York: Basic Books.
- Schwartz-Shea, Peregrine, and Dvora Yanow. 2012. *Interpretive Research Design: Concepts and Processes*. E-Book version. Taylor & Francis Ltd.
- Tummers, Lars L. G., Victor Bekkers, and Bram Steijn. 2009. "Policy Alienation of Public Professionals: Application in a New Public Management Context." *Public Management Review* 11 (5):685–706.
- Tummers, Lars L. G., Victor Bekkers, Evelien Vink, and Michael Musheno. 2015. "Coping During Public Service Delivery: A Conceptualization and Systematic Review of the Literature." *Journal of Public Administration Research and Theory* 25 (4):1099–1126.
- Ybema, Sierk, Dvora Yanow, Harry Wels, and Frans H. Kamsteeg, eds. 2009. *Organizational Ethnography: Studying the Complexities of Everyday Life*. London: SAGE.