Collaborative policy innovation:
Problems and potential

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ABSTRACT

Governments all over the Western world currently face wicked problems that call for policy innovation. A new strand of research in public innovation points to collaboration between public authorities and relevant and affected stakeholders as an important driver of public innovation. A case study of collaborative policy innovation in the area of mental health care in Denmark indicates that collaboration can contribute to qualify the politicians' understanding of wicked policy problems, and to fostering new creative policy solutions. The study also shows, however, that the new problem understandings and policy ideas produced in collaborative governance arenas are not diffused to the formal political institutions of representative democracy because the participating politicians only to a limited extent function as boundary spanners between the collaborative governance arena and the decision making arenas in representative democracy.

Keywords: Policy innovation, public sector innovation, collaboration, political boundary spanners, collaborative governance arenas

Introduction

Public sectors all over the Western world face new and emerging, as well as old and persistent, wicked problems that existing policies are unable to solve (Rittel and Webber, 1973). Global warming, life-style related illnesses and border crossing crime are examples of wicked problems that have recently risen to the top of the political agenda, while traffic congestion, unemployment and social inequality in education have been on the political agenda for decades. Governance researchers suggest that the public sector's inability to deal efficiently and effectively with these and other wicked problems stems from the facts that political decision makers and other public authorities know too little about the problems they set out to solve and the actual impact of different governance initiatives (Kooiman, 1993; Klijn and Koppenjan, 2004; Torfing et al, 2012). Collaboration between relevant public and private stakeholders is viewed as a key driver for developing new and innovative ways of coping with wicked problems (Borins, 2001; Mulgan and Albury, 2003; Dente et al, 2005; Feldman et al, 2006; Nambisan, 2008; Eggers and Singh, 2009; Bommert, 2010; Sørensen and Torfing, 2011). The main focus of attention in governance research, however, is on how collaboration can contribute to enhancing public service innovation, while little attention is given to the question of how collaborative forms of governance can contribute to promoting policy innovation. In order to fill this void in governance research, this article investigates to what extent and how collaboration between relevant public and private stakeholders can enhance policy innovation by promoting new and more nuanced understandings of wicked policy problems and creative ideas regarding how to solve them. The investigation builds on the assumption that if the new problem understandings and policy ideas developed in collaborative governance arenas are diffused to the institutions of representative democracy, it will enhance the capacity of elected politicians to innovate policies that result in desired outcomes.

The paper starts out by defining the concept of policy innovation and discusses how collaborative forms of governance can spur policy innovation. Moreover, it points out a number of potential barriers to collaborative policy innovation. Then we present the results of a case study of a collaborative policy innovation process that addresses a persistent wicked problem in Danish mental health care: The use of force in psychiatric treatment. The article concludes with a discussion of how the findings inform our understanding of the drivers and barriers of collaborative policy innovation.

Theorizing collaborative policy innovation

Innovation researchers generally agree that innovation involves the formulation, realization and diffusion of new creative ideas (Fagerberg, Mowery and Nelson, 2005). Taking our departure in this agreement, we define policy innovation as *the formulation, realization and diffusion of new problem understandings, new political visions and strategies for solving them.* All policies take departure in the construction of problem definition that calls for political action on behalf of the political community (Tucker, 1995). The problem definition is crucial for policy innovation because it directs the search for new innovative policy visions and the strategies that are chosen for their realization and diffusion (Moore, 1995; Tucker, 1995).

In traditional models of government strong visionary political leaders were viewed as the main source of policy innovation (Weber, 1920; Polsby, 1984; Tucker, 1995) and this leadership-focused approach to policy innovation were further enforced by the New Public Management (NPM) paradigm that highlighted the role of politicians, and in particular, executive public managers, as strategic change agents (Hood, 1991; Pollitt, and Bouckaert, 2004). Research shows, however, that top-down centered models of public governance that leave policy making and policy innovation in the hands of politicians and executive managers can result in policy execution problems: The policies fail to produce the desired outcomes because decision makers rarely acknowledge the full complexity of the problems they seek to solve, the limitations of existing policies and the potential of new and emerging policy ideas (Rittel and Webber, 1973; Nambisan, 2008; Bommert, 2010; Macmillan and Cain, 2010). Seen from a policy innovation perspective it should be added that policy execution problems also derive from a failure to critically scrutinize existing problem definitions and available policy options and look for new ones in the face of policy failure (Roberts and King, 1996; Hartley, 2005). This research suggests policy execution problems are not, as argued by implementation research and neo-institutional theory, overcome through new and more subtle ways of motivating and controlling public employees to act in accordance with what is requested by public leaders (Buchanan, 1968; Pressman and Wildavsky, 1973; March and Olsen, 1984, 1989). Rather, policy execution problems are overcome through the mobilization of the knowledge, ideas, entrepreneurship of the public employees and other relevant stakeholders not only in the implementation phase but also when new policies are being developed and tested.

This line of thinking finds resonance in collaboration theory (Gray, 1989) as well as in recent strands of governance theory (Agranoff and Maguire, 2003; Ansell and Gash, 2008; Feiock, 2008; Torfing et al, 2012). A part of this literature stresses that collaborative forms of governance can not only enhance the efficiency, effectiveness and democratic quality of public governance (Feldman and Khademian, 2002) but also serve as a driver of public innovation public innovation (Eggers and Singh, 2009; Sørensen and Torfing, 2011; Hartley,

Sørensen and Torfing, 2013). The main attention has been on how collaboration can promote service innovation, while few have considered to what extent and how collaboration between politicians and relevant and affected stakeholders can promote policy innovation. The goal of this article is to fil this gap in the literature on public innovation by clarifying how the involvement of relevant and affected public and private stakeholders can promote policy innovation. Drawing on theories of collaborative governance and theories of political leadership and policy innovation (Tucker, 1997) we claim that collaborative governance arenas can enhance policy innovation in three ways: 1) by creating new and more nuanced understandings of a policy problem; 2) by formulating new political visions for society, and problem solving strategies; and 3) by enabling and motivating relevant audiences to adapt, realize and diffuse these problem definitions and policy ideas.

As highlighted in Robert Tucker's seminal book *Politics as Leadership* (1995), political leadership involves the construction of policy diagnoses that calls for political action, the proposition of promising policy solutions, and the mobilization of public support for these solutions. Seen from the perspective of governance theory, collaborative governance arenas can strengthen the ability of political leaders to serve these functions by contributing to the development of innovative policies. Bringing political leaders into dialogue with public and private stakeholders with different perspectives on a policy issue can produce creative destructions of existing world views and policies and thereby pave the way for new perceptions of reality and new policy ideas (Hartley, 2005; Moore and Hartley, 2008; Eggers and Singh, 2009). This is particularly true if politicians get into dialogue with affected citizens, relevant street-level bureaucrats and NGOs and businesses. It should be noted that the degree to which a collaborative policy innovation process produces new understandings and policy ideas does not depend on the degree to which the participating actors reach consensus. Although conflict and contestation can sometimes prevent collaborative policy innovation from taking place because it reduces the willingness of the different parties to engage in debate with each other, controversies are an indispensable and productive element in innovation processes because they promote the creative destruction of old perspectives that are needed to begin to see things from a new perspective (Gray, 1989).

In addition to promoting the formulation of new innovative problem understandings and solutions, collaborative policy innovation can promote a broad sense of ownership in the public sector as well as in society at large and thereby stimulate the willingness to implement and diffuse policy innovations (Rogers, 1995; Mintrom and Vergari, 1998; Wejnert, 2002; Feldman et al, 2006). Among others, Feldman and Khademian (2007) emphasize how the creation of a broad and inclusive *communities of participation* can enhance the legitimacy of political processes. It is not least important to ensure ownership among the politicians who are going to bring the new policy ideas into the formal policy process. This can be done in at least two ways: by involving politicians directly in the collaborative policy innovation process, and by establishing procedures for bringing the new insights from the collaborative policy innovation arena into the formal political institutions where concrete policies are made and decided. When politicians participate in the collaborative innovation process with stakeholders they are likely to gain a stronger ownership of the new problem definitions and policy ideas, just as it is more likely that they will take on the role of policy ambassadors in the institutions of representative democracy. It is also crucial, however, that there are procedures for communicating the outcomes of collaborative policy innovation arenas to relevant political actors. Hence, the realization and diffusion of new political insights and ideas are easily blocked by institutional boundaries (Tuchman, 1977; March and Olsen, 1984; Torfing et al, 2012: Ch. 8). Therefore, the extent to which the new innovative ideas are realized and dif-

fused depend on the degree to which the participating actors and in particular the politicians step into the role as boundary spanners that can transport innovations across institutional boundaries (Williams, 2002).

As argued above collaborative governance arenas hold considerable potentials for promoting policy innovation. This is particularly the case if politicians participate in these arenas. Governance theories also point to a numbers of potential barriers that can hamper collaborative policy innovation (Torfing et al, 2012: chap. 8; Waldorff, Ebbesen and Kristensen, 2014). Some of these barriers have to do with the traditional institutional set up of policy making in representative democracy. In line with its theoretical legacy in different strands of neo-institutional theory (Sørensen and Torfing, 2007) governance theory suggests that the institutionalized incentives structures as well as the institutionalized role perceptions and routinized policy practices. While rational choice institutionalism point out that institutions affect agency by rewarding some patterns of behavior rather than others (Scharpf, 1994), sociological neo-institutionalism indicates how institutions represents a specific universe of meaning that affect the very hearts and minds and perceptions of what is possible and meaningful patterns of action for its members (Powell and DiMaggio, 1983; March and Olsen, 1989). Over time this universe of meaning develops into tacit knowledge and routinized procedures and patterns of action that no longer needs to be justified. The incentives structures and institutionalized role perceptions and routinized practices in traditional representative democracies place politicians in a difficult position when it comes to participating in interactive governance arenas. First, the competitive incentives structure in representative democracy between parties as well as within the individual parties discourages politicians from spending time away from the mediatized policy arenas, and spaces where intraparty party matters are discussed. Second, the traditional perception of politicians as sovereign legislators and strong visionary political leaders in their own right (Weber, 1920) leaves limited or no space to collaborative policy innovation with other actors than other politicians or leading public administrators. Finally, policy innovation has traditionally been organized and processed as an in-house activity rather than as a process that involves a wide variety of stakeholders. To the extent that social actors have been involved in policy making it has rather been in the role as lobbyists than in the role as participants in a collaboration process (Polsby, 1984; Kingdon, 1984; Christiansen and Rommetvedt, 1999; Woll, 2007). Politicians have in other words become accustomed to seeking media attention or spending long hours at meetings in the political parties and in political committees and representative assemblies. These political meetings are organized around rules of behavior and routinized patterns of action that the politicians know and master. In comparison, there are few political arenas that accommodate policy innovation between politicians and relevant and affected stakeholders. To the extent that such arenas exist they tend to be placed at a safe distance from the formal chambers of policy making and only weak procedures are in place for communicating the outcomes of these policy innovation processes to formal policy makers. In those rare cases where collaborative policy arenas are established and politicians participate, these politicians are often ill prepared and left outside their comfort zone because their traditional intra-institutional role as sovereign legislators leaves them without guidelines regarding how to interact with the stakeholders.

The potential barriers to collaborative policy innovation outlined above indicate that it can prove to be difficult to engage politicians in collaborative policy innovation, and that those who do participate might find it difficult to diffuse new innovative ideas from collaborative governance arenas to the formal political decision making arenas. We propose that the degree to which collaborative governance arenas are successful in promoting policy innova-

tion in representative democracies depend on the extent to which elected politicians are able and willing to step into the role as boundary spanners between collaborative policy arena and representative democracy.

A case study of collaborative policy innovation in psychiatric care

We designed our analysis as a case study in order to explore a collaborative policy innovation process in depth and to develop theoretical insights (Yin, 1989; Lunde and Ramhøj, 1995). Our case is the Council of Ethics, which is a think tank that was established in 1987 by the Danish Parliament. Its purpose is to advise the Parliament with regard to policy matters in health care and science that are wicked in the sense that they involve deep ethical dilemmas (as of November 10, 2014, listed on the Council's website: http://www.etiskraad.dk/en/Om-Raadet.aspx). The Council is headed by a Board appointed by the Parliament and different government ministries, and it is mainly composed of researchers and other experts with scientific and technical knowledge such as medical doctors, philosophers, lawyers, and biologists. The chair is a politician. The Council of Ethics is a relevant choice in this context because it represents a most likely case (Miles and Huberman, 1994; Flyvbjerg, 2006) of collaborative policy innovation. Hence, it establishes an open ended collaborative process that brings together a number of politicians from the Danish Parliament and a large number of relevant stakeholders over a longer period of time that aims to radically redefine a policy area. A most likely case is valuable for testing to what extent the proposed drivers and barriers to collaborative policy innovation are at play and whether or not the participating politicians step into the role as boundary spanners. If this collaborative policy innovation process fails, it is unlikely that others will succeed.

In 2011, a number of MPs, including the chair of the Council of Ethics were increasingly concerned about the persistent international critique of the Danish law that allowed the use of force in the treatment of patients with psychiatric diagnoses (Waldorff, Sørensen, and Petersen, 2014). The chair explained: 'It is depressing that we are again and again confronted with the fact that we use a lot of force in psychiatric care in this country, and that there are no known ways to reduce the level of force (Politician V, 2012). In her view, the problem was not so much the content of the law as it was the actual practices, and the fact that there was little knowledge about how to change these practices. In light of this situation she and other MPs with specific interest in psychiatric treatment decided that something had to be done. They needed more knowledge about the reasons for the use of force, and new ideas regarding how to reduce it. For this reason, they asked The Council of Ethics to take up the question. The Board decided that the assignment called for new ways of working. In its first 25 years of functioning, the Ethical Council had primarily produced policy advice in the form of policy reports summarizing the result of internal debates in the Council and its different working groups. This time, however, the Council decided to qualify the content of its advice to the Parliament by inviting a wide range of relevant and affected stakeholders to participate in a collaborative policy innovation process. The MP who was chairman of the Council of Ethics explained the decision thus:

> We had a feeling that the usual approach would not be successful in this case, because there had already been talked and written a lot about the topic, but without any impact on practice. So, we discussed this and agreed that we wanted a different product than the ones usually produced by the Council of Ethics. (Politician V, 2012)

The product should not only be more words but also actual change. Therefore, the Council of Ethics hired a consultancy agency, The DACAPO-theatre, that was asked to initiate and facilitate a collaborative policy innovation process that would shed light on the ethical dilemmas related to the use of force in the treatment of psychiatric patients, reveal the causes of existing practices and give an indication of to what extent and how the use of force could be reduced. The Board and DACAPO decided to organize the collaborative policy innovation process around four main events: three workshops and a conference. The participants in all four events were former patients and relatives and their organizations, nurses, doctors and administrative staff from psychiatric institutions and national and regional politicians, and at each event more stakeholders were invited. There were 15 participants in the first workshop, 60 in the second and third and 250 at the final conference that was held at Christiansborg Palace where the National Parliament resides. Each of the workshops lasted four hours while the conference lasted a full day.

The purpose of the three workshops was to prepare and gradually refine a number of theatre sequences where a group of actors play scenes from psychiatric care in front of a smaller or larger audience. The theatre sequences were inspired by stories about concrete real life experiences told to the actors by psychiatric patients, relatives or employees (Thellesen, Hansen and Have, 2014). The sequences are meant to trigger debates among the participating stakeholders. In this case the sequences were developed from stories told by patients, relatives and staff or obtained in other ways about tough ethical issues related to the use of force in psychiatric treatment. The facilitator used the theatre sequences as a point of departure for debates about what is actually going on in psychiatric care, what the reasons for the use of force in different situations are, and what can be done to reduce it. He asked the audience: Is this theatre sequence an image of reality? If not how should we change the sequence to make it more realistic? Is the use of force we experience in this scene acceptable, and what is motivating it? What could the involved actors or public authorities do to reduce the use of force in these situations? The process would give the Council ample information to write an advisory report to the Danish Parliament that provides a better understanding of the policy problem and identifies possible solutions to the problem.

We observed the one year long collaborative policy innovation process that lasted from October 2011 to October 2012 in order to clarify to what extent the process contributed to the formulation, realization and diffusion of new political problem understandings, visions and strategies related to the use of force in psychiatric health care. The collected data includes observations of some of the planning meetings and the four events, document studies and ten qualitative interviews with selected participants: three with members of the Council of Ethics, two with employees from the Council's Secretariat, three with members of the Danish National Parliament, two with regional politicians, one with a regional senior manager with responsibility for regional psychiatry, and one with the President for an interest group for relatives of psychiatric patients. The semi-structured interviews lasted 1-2 hours, and were subsequently transcribed and coded using techniques and procedures recommended by Huberman and Miles (2002).

Collaborative policy innovation in practice

As mentioned earlier, the purpose of the case study was to explore how collaborative governance processes can contribute to policy innovation through: 1) the creation of new and more nuanced understandings of the policy problem, 2) the formulation of new political vi-

sions and strategies; and 3) the mobilization of the politicians who are to endorse the new policy. In the analysis below we will first consider to what extent the collaborative policy process resulted in a new understanding of the policy problem, and then move on to discuss to what extent a new political vision and strategy was formulated. Finally, we analyze the extent and how the new insights were diffused into the larger political process.

1) Creating new and more nuanced understandings of the policy problem
The collaborative policy innovation process established a rare platform for debate between politicians and stakeholders that deviated markedly from other meeting points between them. As one of the participating politicians explained she was used to being approached by citizens and representatives from interest organizations who wanted her to forward their interests. When she first became a politician she decided that she would 'meet with everybody who wanted to meet me. And I do actually say "yes" to everybody. I also say "yes" to psychiatric patients when they come to visit' (Politician O, 2012). At these meetings her role was mostly to listen. She told that she also sometimes invited public employees in order to hear their point of view but again this meeting rarely produces new in debt knowledge: 'If you only talk to professionals – if you for instance invite some psychiatrists – they just claim that what the patients need is more medicine' (Politician O, 2012). The fact that she and the other politicians were not used to participate in collaborative policy innovation might explain why only a few politicians accepted the invitation to participate in the process. Those who did accept the invitation were all, as it turned out, specifically interested in the topic because they were relatives to psychiatric patients or had been working in the sector. A politician who first declined but later decided to participate explained:

> One of the reasons why I canceled the first time was because it was a workshop and it was not clear to me what the result would be [...]. But then after the first workshop someone called me and said: "It is a really good process. All sorts of people sit together. You simply must come!" (Politician F, 2012)

It took this positive comment from another politician to persuade her to participate. As time went on the participating politicians became more and more enthusiastic about the whole process, although it was difficult for them to find time to participate. This was visualized by the fact that very few of them were present at all the meetings and sometimes ran off in the middle of a workshop mobile phone in hand. Despite the shortage of time most of the politicians continued to participate because they enjoyed the debates and the composition of participants that gave them a unique opportunity to learn about the views, experiences and ideas of different stakeholders. One of them finds that: 'When you sit among professionals, users of public services and politicians you get the best input you can get' (Politician, O, 2012). Listening to as well as participation in the dialogues between patients, relatives and professionals gave her and the other politicians a more nuanced picture of what was going on in everyday life in psychiatric care. It was particularly valuable that the stories that the different stakeholders told were contested or explained by other actors with different perspectives. The theatre sequences promoted a constructive debate between the actors about the concrete practices at psychiatric institutions, and whether and how things could be different.

The politicians also stressed the fact that the process gave them an opportunity to approach the use of force in psychiatric care from the perspective of the patients. The patient's perspective was represented by a number of present and former as well as by theatre sequences that were inspired by stories told by patients and their relatives in letters or in interviews performed by the Consultancy Firm in advance of the workshops. The chair of the

planning group in the Council of Ethics explained that the particular value of the theatre sequences was that they made it possible to ensure that the patients were heard in the debates: 'It is insanely difficult to speak up as a psychiatric patient [...] I would have liked to include many more'. Theatre proved to be a valuable means to raise the voice of the patients (Chair for the Council's planning group, 2012). As clearly illustrated by the problems related to involving the patients collaborative processes, and thus also the process in question were ridden by the institutionalized power relations that existed between the involved actors. Not least the asymmetrical power relations between patients and professionals in psychiatric tended to surface in the debates. The professionals spoke most of the time and the patients rarely raised their voice and when they did it tended to be patronized by the professionals. The theatre sequences played a key role in ensuring that the patient perspective was taken seriously in the debates. Moreover, they encouraged the professionals to speak out about things they found problematic in the health care institutions. This was noted by a politician who found that professionals normally tended to keep criticisms to themselves because they feared repercussions from other professionals. She gave an example:

> I once wrote to 20-30 psychiatrists and asked: "If I have 100 million Danish kroner, how would you like me to spend them within psychiatry?" I only got three answers, and when I asked: "Why don't you answer me?" they said: "We don't dare to".

She found that the workshops and conferences helped to loosen the tongues of the professionals:

> The biggest benefit from this process is that it has made it legitimate for professionals to speak up [...] – to be critical from within. I think that the cultural barriers have been lowered. (Politician A, 2012)

The fact that the professions began to speak up gave the politicians the insights needed to get a better understanding of the causes and impact of the extensive use of force used in psychiatric treatment and place them in a much better position when it comes to defining the nature of the policy problem that they were to solve.

The discussions about the causes of the use of force in psychiatric treatment took departure in a heated debate about what psychiatric illness is and whether or not they can be cured. This debate gave the politicians a valuable insight into the basic thoughts that guide psychiatric treatment in Denmark, and some of the politicians entered into this debate with strong emotions because they themselves were relatives to psychiatric patients, but also because they were here given a rare opportunity to discuss issues that were at the heart of psychiatric care policies. The open and intensive debates about these core issues spurred the politicians to test their own viewpoints and comment on those made by others. Normally, the politicians were invited to present and later defend pre-given view points to a critical audience. At the workshops, they sat at café tables with a handful of stakeholders engaging in an open exchange of ideas and viewpoints. One of the politicians found this new role rewarding:

> I always give a lot of talks [...] and I am also among those who sit at the high table where I am asked questions and give answers. In contrast, when you're sitting at cafe tables, you are an equal part of the group. I think that it was a good thing that [the way things were set up was not] that some participants are wiser than the others. (Politician A, 2012)

The informality of the situation and being on equal terms with the rest of the participants made it much easier to test arguments, learn from others and develop ideas through collaboration.

Some of the politicians found that the most important outcome of the process was that they developed a radically new understanding of the policy problem. While the standard approach to the problem had been that the use of force was a result of a lack of funding and too little legal regulation, the debates gradually revealed that the main problem was the culture and ethics among the staff in the individual psychiatric institutions as well as in the sector as a whole. This new problem diagnosis was confirmed by the participating professionals as well as by the patients and relatives. A regional politician, who only attended the final conference, found this new problem understanding positive and refreshing because it changed the agenda among politicians:

> This conference shed light on the ethical issues and on how we can do things differently? It was not only about pointing fingers at the use of drugs, force and such. It was also about the culture, and what leads to the use of force, and I actually think they illustrated this quite well. (Regional politician F, 2012)

He felt that this new problem understanding clarified that there is a need to bring in new measures in order to reduce the use of force in mental health care. He had learned that more funding and legal regulation was not necessarily the best way forward. It was more important to search for ways to change the role perceptions of and the relationship between the professionals, the patients and the relatives. This was the message that he would bring back to the other politicians in the regional council.

We can now conclude that the collaborative policy innovation process resulted in the formulation of a new problem understanding that called for different policy solutions than those that had been pursued by the politicians for some time. The main problem was not insufficient funding and lack of legal regulation but a culture that took the use of force too lightly. The reformulated policy problem was developed through a collaborative effort to understand the realities of psychiatric care between all the relevant stakeholders. The relatively few politicians who participated in the collaboration process found it highly rewarding because it gave them new knowledge about a matter that they had been interested in for a long time, and because it gave them a chance to take part in the debates in ways that allowed them to exchange perspectives, knowledge and viewpoints with others in an informal setting.

2) *Formulating new political visions and strategies*

In June 2012, when the collaborative innovation process ended, The Ethical Council prepared a policy report to the politicians in the Danish Parliament and Government. The report proposes a number of best practices that can promote the development of new cultural norms and ethics in psychiatric care institutions. Some of these suggestions and conclusions are products of the collaborative process while others resulted from parallel debates among the experts in the Ethical Council. The main contribution of the report is the redefinition of the new problem definition. The fact that it is weak on policy advice has to do with the fact that the participants in the collaboration process as well as the members of the Ethical Council have a hard time suggesting a policy that leads to a change in institutional culture and professional ethics. This tricky question was raised many times in the final part of the collaboration process, and in light of this puzzlement some of the politicians began to wonder whether

or not politicians were in a position to make a difference. At one of the last workshops one of the politicians reflected on whether or not a culture can be changed by means of law, which she saw as the main governance tool available to politicians:

> We are the legislative power, so our debates are almost always related to a legislation process [...]. In fact, we are not doing anything in Parliament, which is not linked to legislation. (Politician A, 2012)

In continuation of this understanding of the role of politicians she wondered if laws can change: 'inter-personal values; how do you treat other people? [...] how do we capture this in legislation?' The traditional perception of politicians as sovereign law makers left her and the other politicians with very few options to act. Another politician experienced that this legal approach to politics and to the role of politicians was challenged by the stakeholders:

> During the process, when I talked about how I would like some changes in the law [...] someone jumped to their feet and said: 'Well, that's what we always hear from politicians!' Then I felt I was stigmatized [...]. I was just stating how I look at it from a legislation perspective. (Politician F, 2012)

This critical approach to politicians as law makers made her become increasingly uncertain about the role of the politicians and what they could take back with them into the policy process in the Parliament.

In light of the general reservations among the politicians and stakeholders about the effectiveness of legal regulations in solving the policy problem, the debate began to circle around alternative ways of promoting change. A politician suggested that politicians should formulate a mission statement about the general purpose of psychiatric treatment – that the purpose is recovery and that the use of force is to be limited to an absolute minimum:

> I think that if the culture is to be changed then you need to make a mission statement! Why is it that we don't have a mission statement for psychiatric care? Why is it that the only legislation we have in this area is about coercion? You can look into the Mental Health Act and there you can read about enforced drug treatment, involuntarily institutionalization and so on. But why isn't there a mission statement, just like the one in the United States, where the purpose of the policy is described? (Politician F, 2012)

Accordingly, she suggested that the politicians should change their role in the process from being legislators to being norm shapers. Another politician followed the same line of thought. She wants the Parliament to develop a more strategic long-term perspective in the planning of psychiatric treatment: 'I want a political plan for psychiatric treatment that has a 10-20 year time perspective and states: What is it we want? What are our visions?' (Politician O, 2012). She wants the politicians to take on the role of visionary political leaders who formulated and pursued a long term strategy for the development in psychiatric treatment, and the ideas that she and the other politicians developed in the collaborative policy innovation process could serve as an important inspiration in preparing this long term plan.

In sum, the new innovative definition of the problem triggered the search for new political solutions and a new role for politicians. The report itself did not provide any clear policy advice but set a new agenda for political debates in the Parliament, among regional

politicians and in the sector as such. Already during the collaborative policy innovation process, the new agenda triggered a discussion among the politicians and the other participants about how the culture in public institutions can be changed and what politicians can do to promote such changes. In light of these discussions, the politicians who participated in the process began to think about how political tool kits other than legal regulation and new funding could be innovated and brought into use in an attempt to change the culture and ethics within psychiatric institutions.

3) Enabling and motivating politicians to realize and diffuse new policy ideas.

The Ethical Council made a whole hearted effort to recruit and commit the participating politicians to assist the Ethical Council to bring the new thoughts developed in the collaborative policy processes into the Parliament and other formal political decision making arenas. This diffusion task proved to be difficult for the Ethical Council as well as for the politicians who were involved at different stages in the collaboration process. The Ethical Council had arranged to present the final report at a meeting in a special Parliamentary Committee for the Ethical Council. However, only a few MPs showed up because the meeting was held on the last day before the Parliament were closed down for the summer, which is traditionally a very busy day. One of the politicians stated: 'Never approach politicians in June, they are too busy'. The chair of the Board of the Ethical Council who is a politician agreed that the date of the meeting was ill chosen:

> Our task is to give advice to the Parliament and the Government so we present it to them, but they are busy people so we had agreed to present the report at the meeting in the Committee for the Ethical Council. But the meeting took place at the last voting day in the Parliament so very few people attended. (Poltician V, 2012)

She found that the few attendants were indeed regretful since: 'the few people who did participate were highly enthusiastic and said that the input was very useful for them'. Hence, the difficulties related to diffuse the outcome of the collaborative process could not be explained by lack of interest among the politicians of relevance of the message that was communicated. It was just bad timing. Another politician adds, however, that the low attendance at the meeting also illustrated that Parliamentary politicians tend to give this Committee limited attention. Ethics is not the most pressing issue on the political agenda, and when the time schedule is tight other meetings are given priority. This means that only those who are extremely interested in psychiatric treatment – in this case the politicians who had been involved in the collaboration process in the first place - attended the Committee meeting. For this reason the Ethical Council relied heavily on this group of politicians to serve as ambassadors for the new innovative perspectives and ideas at other policy arenas in the parliament. One possible arena is the meetings in the political parties, but as one of the politicians explains, these meetings are also very busy, and it was difficult to catch the attention of other politicians when it comes to communicating new policy ideas and perspectives that are not of immediate importance. She explains:

> We meet on a day-to-day basis but it is very seldom that we get the time to discuss matters. It has to be very quick. I can for instance suggest that we ask: "Could I ask this question to a Minister in the Parliament or at a Committee meeting"? (Politician O, 2012)

She adds that there are occasions where it is possible to initiate more long term debates:

> We have an evening meeting once a month where we start at 5 pm and end at 9 pm where we can raise discussions [...]. A couple of times a year we meet for a whole day in the party group, and then we have the summer meeting. (Politician O, 2012)

She intended to report her insights at one of these meetings but did not perceive it as an easy task since very few politicians were interested in psychiatric health care.

Because it was so difficult for The Ethical Council and the politicians who had participated in the process to catch the attention of the larger political system, they began to hope for change from below rather than from above i.e. from the Parliament and Government. Therefore, some of the politicians began to mobilize key stakeholders, and they found that the report from The Ethical Council helpful for this purpose. A politician explained:

> Every time we go out, we bring ten reports with us [...]. And this report has the advantage that it is so brief and clear, which is important in this area where many people are employed part-time; because if you want to change opinions, then you also need to look at who the recipient of the report is, right? It is the patients, but also many of the part-time employees who are out there. (Politician A, 2012)

The effort to recruit stakeholders for the new policy agenda was also voiced by a local councilor, who argues that politicians rarely have the capacity to change things on their own anyways. They rely on the stakeholders and in particular on the public officials:

> Most politicians like myself we raise our small voices, and they rarely lead to organizational change. [...] We are dependent on managers in the respective field who understand what we want, and what there has to be done, and they can initiate the necessary changes. And then I am also saying that within psychiatry there is professional disagreement and there are some barriers and resistance, which make all these good thoughts run out into the sand. (Regional politician F, 2012)

For this reason, he found that the best thing a politician could do was to try to influence the mindset of the public officials and the professionals. In doing so, the report from The Ethical Council was of great value because it proved to have a high degree of legitimacy among the stakeholders. An MP states:

> I have brought the pamphlet with me when I have been in some panels at conferences (...). And when it is the Council of Ethics saying: "We recognize that there are dilemmas" [...] it becomes a little easier to discuss, because then it's not just me who is saying that there are dilemmas. (Politician F, 2012)

Hence, the report serves as a valuable instrument when the politicians seek to mobilize stakeholders in support of the new policy agenda.

All in all, the findings suggest that it was difficult for The Ethical Council to diffuse the policy to the Parliament and other formal policy arenas, and that the politicians involved faced the same difficulties. The latter did an effort to take on the role as ambassadors and boundary spanners but the institutional set up of representative democracy and party politics made it difficult to catch the attention of other politicians. At least in the short term perspective, the politicians chose to focus on other target the relevant stakeholder audiences.

Conclusion

In this article we have analyzed to what extent and how collaborative forms of governance can contribute to innovating policies in the face of wicked problems. Recent strands of governance theory and innovation theory suggest that processes of collaborative policy making can enhance policy innovation through the formulation of new problem understandings, visions and strategies. Moreover, collaborative policy innovation processes are well suited for mobilizing the actors who are to realize and diffuse the new innovative policy. In this article we have been particularly interested in analyzing to what extent the collaboration process have mobilized the participating politicians to take on the role as boundary spanners between the collaborative policy innovation arena and the institutions of representative democracy that are authorized to endorse new innovative policies. We proposed that the success of the policy innovation process depended on the extent to which the participating politicians were able and willing to take on this role and thereby assist in overcoming a number of institutional barriers to collaborative policy innovation. The case study confirms that collaborative policy innovation can spur policy innovation and that the participating politicians were indeed recruited to take on the role as boundary spanners. However, the study also shows that the politicians, at least in the short run, did not succeed in diffusing the policy innovations into the larger political process. The speed and organizational set up of political life in and around the Parliament and Government leaves little room for visionary and strategic political debates. The focus is on passing law and if a policy proposition is not formulated as law there is little room for it in the day to day activities. In this particular case the challenges related to catching the attention of MPs were even larger because ethics in psychiatric care ranges low on the policy agenda in the Parliament. In light of these difficulties, some of the involved politicians turned their attention towards the stakeholders and took the first steps in developing their role as politicians from legislators to policy missionaries. In that sense, the collaborative policy process did not only result in new problem definitions and policy ideas but also in the transformation of the role perceptions of some of the involved politicians. Another important lesson from the case study is, however, is that there is an urgent need for arenas in which boundary spanning politicians can have a fair chance of diffusing innovative insights from collaborative policy arenas into the political process. If not, their potential contribution to qualify and inspire the political decisions made in representative democracies will not be fully exploited.

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