The purpose of this report is to present an analysis of how diagnoses, evaluation activities, social studies and expert activity affect the design of local government cultural policies, and - in particular - to what extent diagnostic activity is a part of decision-making processes related to programming and implementation of cultural policies. Does this kind of knowledge arise? How are diagnoses performed? Does the knowledge resulting from the diagnosis affect the decision-makers' actions? Do these managers, officials and decision-makers share this knowledge with other stakeholders in cultural activities during participatory and consultative activities (assuming such activities are carried out)?

This analysis is based on field research involving 12 case studies. We were able to examine various types of long-term projects and programs implemented by regional and metropolitan regional governments in the field of culture. We conducted study visits, analyzed the documentation and interviewed decision makers, officials, managers, researchers and experts involved in these projects.

The main findings and conclusions of the study are as follows:

- Local governments and their agendas order diagnostics most often by outsourcing specialized research services. Such orders can be divided into two main types of diagnoses: operational (associated with the implementation or evaluation of specific projects) or strategic (related to cultural policy design / strategic document development).
- The majority of expert diagnoses are based on a closed catalog of research and consultancy activities, a predetermined schedule, budget and scope of research, methods and tools. Processual actions, open to dialogue with stakeholders, using participatory methods, research in action, real-world applied theories are practically nonexistent.
- If local governments have their own specialized diagnostic institutions, they conduct their own research program based on sources of research funding, without being closely linked to cultural policies and without having a research schedule established with the local government. None of the analyzed local governments has a budgetary task associated with evaluation / diagnosis, which would be constantly allocated to such activities.
- In the opinion of decision makers, officials, cultural managers, the vast majority of reports are unrevealing or simply "poor" in relation to what was intended to be diagnosed. They often attribute the analysis to the role of confirming intuition and self-reflection. Also, recommendations are considered correct, but their weakness is the lack of linkage to the entire complicated connections within public policies. What’s interesting – the smaller the scale of diagnosis - the better the opinions and the more practical the report is.
- On the receiver side, the diagnosis can distinguish several key groups, and each of them may have different interests in the diagnosis. Diagnostic reports can often be the source of tensions and escalation of conflicts as well as a source of deliberation and reflection. This is a big concern for those who order research - how to get inspiring, important effects while, at the same time, insure yourself against neglecting your own cultural policies / strategies.
- Within the twelve case studies analyzed, only two can be said to be diagnosed as initiatives initiating a major policy change/ implementation of new intervention using key diagnostic findings (where the researchers/ experts were treated as co-decision-makers). In other cases,

the diagnosis was treated as an additional source of reflection or material of general assessment.

- Diagnoses carried out by local governments are unrelated (in the sense that they do not form a mutually linked whole and do not develop common threads), and are more likely to occur in a situation of (sudden) identified need or when the resources available for this purpose arise.
- Within the local government's office, the analysis of acquired research is not usually carried out in a rational and institutionalized manner, based on permanent procedures that could maximize the engagement of different types of potential buyers in the office and its surroundings. Conclusions and recommendations do not usually become a part of the local government agenda; their use depends on the individual decision-makers, officials and managers (their interest in the topic and their convergence with the way they think about the issue).
- In local governments exist informal groups of experts, who are paid for the costs involved in selected projects in the field of cultural policy implementation and design. Because they are trusted interlocutors, their recommendations have a higher status than content of reports and publications. Very rarely these types of people function in a formal way (as in councils, panels, advisory bodies), therefore their impact on cultural policy is not formally recorded.
- Diagnosis is more often established to justify the adopted cultural policy rather than to work out something new or to become a foundation for an open debate about a new solution. Therefore, the results of the diagnosis do not initiate wider forms of dialogue, but rather are the basis for actions that are justified from other sources. It is also connected to the weakness of public consultation, which is being implemented when the main part of the agenda is already adopted and it can only be improved.
- Officials often revise diagnostic reports prompting the diagnostic team to remove more controversial parts or recommendations. This is a common practice in which negotiations on the final shape of a document / report are ongoing.
- Officials and managers are often too lost in a large number of publications, reports, and documents to address their specific issues. Looking for solutions and research proposals they can base only on their experience, because there are no charts, rankings, reviews or specialized search engines designed to set in order the accumulated knowledge.
- Officials do not cooperate with professional analysts and information brokers using reports and diagnostic effects. In the face of often unknown matter and lack of ability to analyze the reliability of the diagnosis, they prefer to keep the distance and the role of the non-engaged observer. Therefore, the results of the diagnosis are not systematized or peer-reviewed. In this context, many officials prefer the diagnosis which is ambiguous and the results and conclusions are lacking in detail.
- Researchers active in the cultural sector often refer to the same threads, findings, topics, and their conclusions and recommendations are usually basically comments on previous conclusions and recommendations. There is a lack of advanced research methodologies and referring to diagnoses/ research in culture outside the Polish field of research.
- Officials and decision-makers - as recipients of research - have an approach to diagnoses that predate them for failure (as in not being of any use). On the one hand they expect clarity and simple recommendation: what to do and how. Without designing appropriate workshop situations for analysis and reflection on research proposals, they simply pass on

recommendations that, on the other hand, relate to their experience, practical knowledge, rationality of action, usually indicating their uselessness.

- Decision makers, officials and managers in the cultural sector do not have much chance of changing and operating in a laboratory model - their margin of error is minimal. So they value proven and risk-free solutions. Hence, from their point of view, knowledge gained from their own experience is better than "interesting and inspirational" conclusions from the diagnosis and research.
- Diagnostic failures are forgotten. Diagnoses whose values are weak or completely unused do not becomecasestudies as failuresthatcan be drawn. As theyhavebeenreceived and paid, theycan not officially be seriouslyundermined. Thereis no reflectionback on howweretheyconducted and what was their utility.
- Diagnoses are often criticized for being expensive and for the opinion that the same conclusions/ recommendations can be reached without them. Many decision-makers, politicians, stakeholders who do not have the capacity to assess their values in the context of inputs / effects reject them as unnecessary inventions, which are a waste of time.
- Because professional diagnoses are relatively infrequent, if the decision to execute suchan order is made, the office usually tries to include in the project as many research areas/questions to answer/tools to use as possible. A research firm, wishing to receive an order, usually does not retreat from the pressure and expand of operations. As a result, the received document is overloaded with data, too long and the analyzes are superficial. At the end the usefulness of such document is very low.
- Decision makers, officials and cultural managers are very often experts in their fields: they make their own analyzes and carry out constant self-diagnosis of their activity. Unfortunately, knowledge management in a local government is not always an important issue. There is a lack of frameworks and tools for creating environments where the officials are willing to share their knowledge and resources, which – as a result – become cumulative and usable. Communication channels related to knowledge are particularly weak. There are two distinct worlds between which open paths for knowledge flow and relationship building are not established.
- In the consultative and participative processes, the diagnosis are used as a documents associated with the audit activity/the issuing of evaluations or the processes of control. Officials do not find it important to present right the results and create a space for reflection, open communication and analysis addressed to challenges. Many participants in participative and consultative activities do not treat the diagnosis as a study resulting from some accepted assumptions and research model. They treat it as an official control document or fiction incompatible with their views. These types of voices pave the way for lowering the rank of independent diagnostic work.