Translating Policies  
- How e-government can be a “glue” in multi-level government organizations  

Elin WIHLBORG  
Unit of Political Science,  
Department of Management and Engineering,  
Linkoping University, Sweden.

Abstract. All forms of e-government are integrated in an organizational structure defined by the institutional arrangements of the specific state. Thus when using e-government applications to make the government smarter it has to be contextualized in the specific structure of government. A common institutional arrangement is to divide governments into different levels – a multi-level government system. This paper focus on how e-government can be a smart tool for such integration and bridging over levels of government. Based on two case studies of implementation of welfare policies in Sweden. Implementation of public policies is here seen as a process of translation. The analysis elaborates on how e-government can be smart tool to translate policies from one national decisions into local practices. The concluding argument is that digitalization, if used smartly, can function as glue between the levels of government. in a multi-level government system.

Keywords. e-government; smart implementation, health promotion and disease prevention; multi-level government; digital patient records; policy translation

1. Introduction

Both democratic values and efficiency are argument to organize governmental institutions and organization into a multi-level system, commonly on national, regional and local levels. Implementation of policies in a multi-level system is often complex and a great challenge in many terms (Hill & Hupe, 2002; Baldersheim & Ståhlberg 2002). Today there are
complex interplay of public, private and voluntary organizations involved in the networked and global governance structures (Rhodes & Marsh 1992; Sörensen & Torfing 2008).

Through implementation of policies there is a need to keep up similar meanings from public decisions all the way through the mix of public administrations to achieve the expected social changes (Felténius 2016; Baldersheim & Ståhlberg 2002). It is a translation of policies both within governments and in relation to other actors and organizations. Translation is a social process where different meanings and contextual factors most often step by step re-frames and re-formulates the original intentions of a message, an artefact or a tool (Latour 2005; Rövik 2008). Thus the translation processes play a crucial role in multi-level government systems and will here be the lens through which digitalization in public administration is formed, implemented and used.

The use of e-government can here promote or hinder the translation. E-government refers to the general use of digital media in governments and includes both human and technical components in a socio-technical framing. It is processes including management “of data, technology, people and processes” (Heeks 2006, p.18). The focus of e-government is on the interplay of technology, data and processes often highlights the organizational aspects. Yildiz (2007) argues, based on an extensive literature review, that e-government cannot be defined by technology, since technologies develop, but it is rather about a continuing organizational development. Thus he indirectly points out the importance of the organizational arrangements of government for the functions and meanings of e-government. The innovative potential of e-government is obvious and Bertot et.al. (2016) have through an extensive research overview identified and categorized these innovations into ten types: “Service innovation, Service delivery innovation, Organizational innovation, Conceptual innovation, Policy innovation, Systematic innovation, Governance innovation, Rhetorical innovation, Administrative process innovation, and finally Communication innovation”. This points out how e-government is embedded into the public administration and open for several aspects of innovations. The importance of institutional arrangement as a pre-requisite of e-government has also been identified by Heeks and Bailur (2007). Thus the innovations of e-government are set into the framing of the multi-level setting and their different forms of innovations can play different roles. This points out the importance of a more explicit focus on e-government in multi-level government systems.

The function of e-government systems for translation is in focus of this paper, that aims to analyze how e-government can improve implementation by a coherent translation, or in other words function as a glue in a multi-level government system.

The multi-level setting of the Swedish government opens for comparative studies within a single intuitional framing. The autonomous municipalities here have to manage and implement national policies in relation to their organizational setting and local democratic governance. The cases used to illustrate the function of e-government for translation are two national policies. The first one is regarding public health promotion and disease prevention, the second case regards national policies on quality of education.
2. The Multi-Level Government structure in Sweden

The Swedish municipalities have a high level of autonomy and are funding their assignments by a flat rate tax. They have an extensive responsibility for welfare services and are the main contributors of public services. Most inhabitants see the municipalities as the public service provider in the society. The municipalities are funding public services, that can also be provided by private and alternative organizations in a NPM-model. The secondary municipalities, called regions, run under the same legislation and they have a high degree of autonomy regarding organization and funding. When it comes to health care they have to follow strict legislation and regulations on the medical care.

Both the medical sector and education in Sweden have in recent (last fifteen) years been reformed in line with basic intentions of NPM – New Public Management (Jarl et.al 2012; Blomqvist & Winblad 2013; Osborne 2010). In both sectors there are openings for alternative providers of services, so called independent schools and independent primary care units. All these have to follow the national legislations and they are funded by municipalities. The need for evaluations and control has thus increased in the paths of NPM. High quality of public services is also essential for legitimacy of the welfare state in general (Rothstein 2011).

All medical practices are regulated by national legislation and recommendations on evidence-based practices (Elg et.al. 2013). There is a national agency with strong emphasis on knowledge production, evaluation and control called the National Board of Health and Welfare [in Swedish: Socialstyrelsen]. This board plays a crucial function in the implementation and has assignments to support the development and usage of e-governmental systems to measure and evaluate medical services. Through a reform in 2008 (Legislation 2008/2009: 74) there are openings for private providers to establish primary health care centers and work on a contract by the region. The arrangement is similar to the British National Health System (NHS). The regions have to certify the primary health care provider in line with the regulations provided by the National Board of Health and Welfare. In line with NPM the citizens can signup for a primary health care provider of their choice. The same national legislation is regulating both types of primary health care units, but the local organization can differ.

A similar reform took place in 2004 for the compulsory education for all children, age 6-15. Jarl et.al. [9] have shown that in the educational sector NPM in Sweden had the effect to turn local schools into semi-autonomous organizations. Hereby, they also identified that numbers and levels of manager positions increased. They also point at the double localities for the principals of local schools, as they have to “… serve two entities: the state and subordinated local authorities (municipalities)” [Jarl et.al 2013, p. 436].

3. Policy Translation

In the contemporary setting of governance new practices ideas are travelling through structures and among actors and organizations and it makes policy making and into a new and different practice of translation (Czarniawska Sevón 2011). Here digital tools are integrated and they can, if used smartly, support the translation processes.
The theories on policy translation indicates that there are processes when meanings and interpretations are transferred, formed and set in the actual context (Latour 2005; Czarniawska & Sevón 2011). The translation theories have its roots in the Science-technology-studies, but it relates to all practices impregnated knowledge-methods-power settings There are in particular an approach to grasp how ideas are travelling between local places but also “up and down” through multi-level systems of governance. The focus is on how policies are framed into practices, relationship and networks between actors and institutions, typically scientists (or other knowledge providers), bureaucrats and policymakers (Lindskog & Sundqvist, 2011). The actor is constructed by its network, also shows how translation is co-constructed through the network it travels through by the actors that take on to carry the translation process. Also non-humans, as the IT-systems can act as actors in the network of translation (Heeks & Stanforth 2007).

The translation process refers to the prioritization of interests and the actors can in several ways modify, appropriate or even betray the meanings of the objective translated (Røvik 2016). When translation takes place in networks that grasp over multi-level organizational contexts actors have to build the network together to make the desirable outcomes possible. Hereby, the theories of translation both opens for an analysis covering over multi-levels and also points out the importance to follow actor through its network.

The multi-level government system, where these case is situated, opens for and in some respects also relies on networks, that are both formalized and structured and open for new arrangements. The actors get their functions and roles through the positions they take on in the network, which is not always related to the formal positions in other organizations. The translation perspective shows how in each and every local context a specific network has to be formed (Røvik 2016). In this context it means that each level has to adopt to the network and translate policies to make the other levels of governance meaningful in relation to local objectives. As a mirrored practice of the network formation are the local constraints, like the present actors, local resources (or lack of resources) and organizational structures. By this approach implementation is seen as a chain of translations that has to pass some obligatory passage points and is enforced by different mediators in actions. There is a need to bridge policy statements through a chain of translations in public administration to make them come through and change the society and peoples’ everyday life.

The links between the levels in a multi-level government system, are the weakest point of the chain of translation. In the theories of translation the concept ”obligatory passage point” helps to reveal the initial stage that either opens for or constrain a translation process (Star & Griesemer 1989). An obligatory passage point can take different shapes, but it is critical for the continuation of the translation and thereby of the process of change as such. The point has to be passed and it does influence how the process of translation continues. It can also include more general and even global processes that are given defining functions in the local setting, like law and regulations. An obligatory passage point can be constructed and managed by organizational constraints or by processes enforcing certain practices. But there is a need for key actors actually making the network pass the obligatory passage point, and these are the mediators.
The mediator is an actor, in the broad sense (including also non-human actors, such as organizations and institutions), conducting the translation within the network. When an actor functions as a mediator, “it” does not produce new knowledge or other resources, but are translating and re-framing them to fit into the new context (Latour 2005). Hereby, the mediator is similar to what in the policy analysis literature has been seen as a policy entrepreneur (Wihlborg & Söderholm 2013). But the mediator is indeed more flexible and it is extending the meanings of what happens in, and also who could be included into the network and thereby how translation takes place. The policy entrepreneurs are knitting the policy networks together (Wihlborg 2014).

By applying the broad meaning of actors, mediators can also be seen as other actors than human actors. Hereby the information system as such becomes part of the process of translation that as a mediator can enhance the translation of policy (Hedström et.al. 2015). This will take place if the system is integrated as a mediator into the organization and at the same time take on the meanings of the policy in translation. Cordella (2010) further argues that the information infrastructures in action, highlights both the dynamic of the system as such and the policies and values it carries. This statement will here open for an analysis of the policies and values as well as how they are embedded into the structure of e-government.

4. Methods and case studies

Both case studies have been conducted in Swedish municipalities during 2015 in collaboration with colleagues (Elg et.al. 2016; Hansson & Wihlborg 2016). In both case studies e-government has been considered one aspect of several for analyses of the translation processes, by focusing on the obligatory passage points and mediators in particular.

The case study of the implementation of the policy health promotion and disease prevention was conducted in three regions (Elg et.al. 2016). This case study was based on text analysis and interviews with key-actors. Key-actors are central policy makers and managers within the regions as well as heads of primary care units. The selections of primary care units strived to include the most different implementation strategies as was made based on regional evaluation reports and in discussions with the central managers. All had medical professional education and experiences, but were now working at a central administrative function. All interviews were semi-structured, conducted in Swedish and at the office of the informants or similar places. In total 40 interviews have been conducted.

The case study of the implementation of quality control systems in education (Hansson & Wihlborg 2016) was conducted in six municipalities, whereof two are included in this paper since they were the most different ones. Also this case study was based on text analysis, interviews with key-actors and focus group interviews with teachers. The municipalities can organize their quality management and control in relation to their local settings and competences. Also most of the staff at management level, in this sector, have a professional background as teachers the quality manager in one municipality had a background as quality manager in a private service company. Totally 24 interviews and three focus group interviews have been conducted in this case study.
The analytical interpretations are grounded in a general understanding of the multi-level government structure in Sweden and aims to be informed but still open as a discursive approach (Howarth et al. 2000). The analysis also strives towards a more general interpretation of the the functions of e-government as a bridge in multi-level government model, by contributing to a conceptualization of such processes (Eisenhardt & Graebner 2007). Thus the analysis here has focused on how e-government systems are used in the translation of national policies, by highlighting interpretations, use and design of the systems. Other aspects of the translation processes have also been in focus in the case descriptions (Elg et al. 2016; Hansson & Wihlborg 2016).

4.1. The regional case studies for Public health systems

Three regions have been included in this analysis, they vary in size and implementation strategies. They have been included here to show the different outcomes of different strategies towards e-government systems for translation of the policies (Elg et al. 2016).

The first case study is the most southern region of Sweden called Skåne. It includes app 1.3 million inhabitants. In recent years the immigration of asylum seekers has been massive to the region and it is challenging the public health care system in the regions in several ways. There are great differences in health among the population in Skåne and it relates to their differing socio-economic situations. Approximately one third of the 91 primary care units in Skåne are independent ones. This is the highest rate in Sweden. The region of Skåne was a later adopter of a digital patient record systems developed by a private firm. Thus the e-government system here only reaches two thirds of the primary care units and no independent unit is included.

The second case study was conducted in the region of Östergötland with 450 000 inhabitants. It is mixed region of both urban and rural areas with two main cities. Ten of the 41 primary care units are independent ones. This region has developed a digital patient record system together with a private firm, that now is selling the same system to other regions and independent care providers. The system is called Cosmic and has advanced modules for evaluation and control of activities in health care (Andreasson 2015). The region has developed a specific application to register activities related to health promotion and disease prevention. This is called the „health chart“, functioning as an integrated part of Cosmic. It was critical to make a system with “as few clicks for the doctors as possible” as one of the informants expressed it. The council of the region has also decided to reimburse the primary care units for registrations in the health chart, based on KVÅ-codes in Cosmic.

The third case is the most northern region in Sweden – Norrbotten with 250 000 inhabitants. This is a sparsely populated area where most inhabitants live in the urban areas close to the coastline of the Baltic sea. The unemployment rate among the former industrial workers are high. The inhabitants in Norrbotten rank their health among the lowest in the country and their expected life time is also among the lowest. Thus the council of the region has decided to make several initiatives and programs on public health already before this policy was adopted at national level. The municipality was one of the first to themselves develop and implement a digital patient record system in 2006 and in the early days they were seen as a role model among the medical professionals (Johansson 2010). Only four of the 34
primary care units in the region are independent ones. All units are using the same digital patient record system. But the national policies and the KVÅ-codes are not integrated into the system.

4.2. The municipal case studies for educational quality

In this case study the size of the municipality played a crucial role for the translation processes and thus the largest and smallest municipalities in the study (Hansson & Wihlborg, 2016) is included in this analysis. The key difference is the number of independent schools that opens for pupils and parents to apply (without additional fees) to schools with the “best” quality.

Göteborg municipality has a population of 547 000 people and growing steadily. This is thanks to access to the sea and the continent, but a historical tradition of developing industries, which nowadays has changed into focus on business, education and research. This large municipality has divided it’s administration and management into ten district city councils with separated areas of responsibilities. At primary school level the municipality has 139 public schools and 42 independent schools. Each of the district councils decided upon the aims and budget for each year, but the central municipal council for education are strategically following up and controlling in line with aims formulated by the municipal council.

Ydre municipality is one of the smallest in Sweden with app 3700 inhabitants. It is located in a rural area and there are several villages that the inhabitants consider to be their centre. Thus the identity of the municipality is weak and fragmented. But there is a main built-up area where the municipal administration is located. Today there are two schools in the municipality, recently two other village schools have been closed down (Cedering 2016). The two remaining schools are located in the main built-up area and the village were young families move in. Both these schools are municipal ones, there are no independent schools in the municipality. The conflicts around the closing of the schools are still present in the municipality and there have been discussions on independent schools.

5. The case of Health promotion and Disease prevention

The policy for health promotion and disease prevention is a broad program addressing the wicked problems of public health. The policy addresses the issues of alcohol consumption, smoking, physical activity and eating habits. This policy had been prepared through long processes among medical professionals at the National Board of Health and Welfare promoted. It is formulated as guidelines for health promotion and disease prevention and the main intentions of the policy is grounded in evidence based medical research. The Swedish government adopted the policy in 2013, by the following decision by the cabinet [own translation]:

By assigning the National Board of Health and Welfare to implement the guidelines for health promotion and disease prevention. The assignment includes to:

- diffuse the knowledge of the guidelines in collaboration with medical professions in the regions,
- map the need for development of new tools and methods in relation to the guidelines,
- create on-line education regarding the guidelines, and
- develop models and methods to secure the access to digital data for evaluation of the implementation of the guidelines.

(Governmental decision, 2013-01-13, S2011/484/FS)

This decision, at the top of the national level in the multi-level governmental system, indicates that the government puts an emphasis on the function of e-government solutions for the implementation into the regions. The digital systems are both supposed to function as a mediator by education the medical professionals in the regions to secure the possibilities to evaluate through good data access. There are also specific codes developed for this data gathering – KVÅ-codes – to note activities related to the specific policy.

The key tool of the policy is to raise questions on the health promotion in every meeting with patients and to open for coaching to them in need. There are special two weeks courses for this coaching provided in each region based on a program from the National Board of Health and Welfare. In this context the use of digital tools can play a crucial role both by informing and promoting individuals to change activity patterns and by strengthen the implementation in public health care administration. The e-government systems are also used to follow up the outcomes, based on the KVÅ-codes.

It is obvious that the digital patient record systems have a function for the implementation of this policy. In Norrbotten where most primary care units are using the same system, one of the persons in charge of the process said:

_It must have been complicated and there are those regions that are still not documenting what they do regarding disease prevention. And of course it is complicated if there are different digital systems in use, they can not talk to each other. Then these things are not the first you manually registrar if you have to transfer a patient record. But we in Norrbotten have shown that it can be made easy and quick. We also show that it is important to get the right information when the National Board of Health and Welfare is asking about our work._

(Interview manager, Norrbotten)

This interview person did indeed show how the design and implementation of the digital patient record system directly related to the national policies. Here the use of the digital patient record system is integrated into the work of health promotion and disease prevention in a way that it opens for an easy registration that also remembers the users to ask these questions and make the supportive conversations. The e-government system both supported the implementation of the polices and the feed back to national level for evaluation.

A similar application in the e-government system Cosmic were developed to enhance the implementation and evaluation of this specific policy. It was called “The health chart in Östergötland”. The application was integrated to the ordinary patient records in Cosmic
and was introduced in 2014. The key actors said the health chart really changed the practice of documentation and it also had been used to guide medical professionals to improve their contacts with patients (interview manager, Östergötland). The key actors at the central administration described it like this:

... earlier we documented it ... yes, a little bit everyone wanted, there were questions about tobacco in all the hundreds of templates located in the patient records and it was not so easy. It was almost impossible to search out the stats on it and we could not report back to the national level. Then we created a uniform model, based on the national guidelines, they follow exactly the same flow, the same questions. We made it possible to compare them nationally and in order to be able to make visible the work. It does not mean that the work is conducted only for doing that ... but since we introduced it here, we pushed the out some of the organization commissioned of our healthcare director and now you have to document this template.

(Interview manager, Östergötland)

This indicates that the health chart in the digital patient records system became an obligatory passage point for the translation of the policy. This point was enforced by the head of the regional administration, the healthcare director, who was a human mediator supporting the mediation of the policy in the digital patient record system. The use of the health chart is also supported by the reimbursement, that enforced and gave an economic power to system. Thus is worth discussing if it is the health chart in itself or the payment that comes for the registrations that became the mediator of the translation of policy in this region.

The digital patient record systems also have a function to support the feedback loop of translation back to the National Board of Health and Welfare that is following up and evaluating the work in the regions. In Norrbotten, that has a coherent digital patient record system, this functions well and the registered nurse in charge told us:

The National Board of Health and Welfare will so to say follow up what we are doing. They want to get the numbers out and we can deliver that. We have the KVÅ codes in use for also meetings with patients ...

(Interview manager, Norrbotten)

Again it is obvious that the comparison among the regions is important the development is supported by the comparison and usage in different regions. The success, or rather the failures, of translation in other regions is a reason for the development and improvement of translation in the own region. Here both systems were formed to support medical professions, down-wards in the chain of translation, and to give demanded data back to the national level, up-wards in the chain of translation. Here the notifications in the digital patient record systems became an obligatory passage point that the enhanced the
implementation of the policy. By integrating the policy in the system the ‘health chart’ became a mediator translating the policy from general ideas into practical issues registered with specific codes.

However, in the region of Skåne there were no common digital patient record system. Instead several additional systems were in use in parallel. Here the medical professionals, in particular the doctors, seemed to be most hesitant to use these systems and embed them into their daily practices. Thus these systems did not have same mediating function for transition and outreach as in the other regions. One of the interviewed doctors in the primary care summarized the situation and said:

Yes, we are tiered, we here in the primary care are tiered. One think there is so much, there are increased demands on us all the time. We tell them [the management] that we have had enough. We are not uninterested, it is just too many new and additional things, we just want to take care of people.

(Interview leader of management team, Skåne)

If the care-givers are seen as lowest level of the implementation chain of this policy, it is obvious that the policy was not translated through all levels of government in Skåne. There can be several reasons for the doctors’ hesitation. But it is obvious that their powerful position in the medical practice gave them power to reject the new and un-coordinated systems. Other care-givers have less power to obstruct the implementation of the guidelines. In line with the framework of translation as presented above the doctors in primary care can be seen as an obligatory passing point the implementation process and as such they play a critical role that not even the mediation of the digital patient record system could pass.

The explicit governmental decision included an e-learning platform. Such a platform was supposed to support the implementation of the guidelines and be in use in all regions. Almost three years after the decision only one of the regions could show any attempt to develop such a system. The nurse running the implementation of the learning platform in Norrbotten described it as:

So and now we just ... soon finishes the training platform, an e-learning platform, which is about the Guidelines. It concerns both the facts and the guidelines lifestyles and documentation that will provide support for the staff. So it will make it possible to reach many of the staff, since it is tough for them to get away for training.

(Interview registered nurse with central management duties in Norrbotten)

This shows the internal use of e-learning approaches and the focus on the internal use within the organization. The e-learning platform related to the national policy, but it is not embedded into the system as such. Even if there are also indeed potentials to use e-learning
tools for patients it has not developed in any of the studied regions. The potential of the e-government systems as mediators of policy translation has not been taken up here.

6. Policies on Educational Quality – the case studies in schools

There are national policies declaring the right to equal education in all municipalities and also in all independent schools. This is under control by the national agency the Schools Inspectorates (Rönnberg 2011). This is a new agency formed in relation to the reform on independent schools. The agency is both checking quality on regular bases through surveys and reporting on grades in schools and there are also in-depth control visits of schools approximately every fourth year and if there are formal complaints. There is an increasing interest in quality management in the educational sector in Sweden (Lindgren et al 2012).

All these evaluations are publically available in an open data-base managed by the national agency. The agency publishes both their reports and data on each schools. Also the self-evaluation reports given by the schools and municipalities to the national agency are published here after their final report. This indicates that the e-government system in this sector is used for information of post-inspection reports and surveys to pupils, grades, and general information as published on sites like [https://www.skolinspektionen.se](https://www.skolinspektionen.se) and [http://www.grundskolekvalitet.se](http://www.grundskolekvalitet.se), based on the same sources. These are open sites to compare quality in education but not designed to enhance learning and development among teachers.

The general impression of all the case studies in this sector is that the e-government applications are is designed to show quality of education by comparing schools. The system is hereby supporting the quasie-market arrangement of NPM. The indicators used are collected by the national school inspectorate and the grades of students. The e-governmental system is designed by “outsiders” and to be used by teachers in daily practices as in the public health sector. This is a national system not integrated into the municipalities local policy making and practices.

The principle in one school in the large municipality discussed in an almost wearied mood that it is a challenge to grasp, read and understand all the objectives of the national quality systems in the educational sector. And it is even more complicated and challenging to tell this to the teachers and make it work in pedagogical practice in everyday life. He summarized it as:

*The quality systems and management is so extensive and in many respect so complex that it is hard to grasp.*

*(Interview, Principal in Göteborg)*

This shows that these systems were not in the hands of the schools personal nor of the management of the schools. The e-governmental system was not designed to meet the needs to support quality of education. The systems are hereby not at all functioning as a glue in the implementation processes.
Similar general concerns were raised in the small municipality. But they still had an ambition to make teachers and even pupils aware of local policy aims as well as the national regulations of educational quality. This is a form of translation of what quality can mean in their own practices, but completely without support of the e-government system. This translation approach was summarized by one of the principals as:

_In daily work it is actually about everyone being present and aware of his or her role and take responsibility for it all. That makes quality in education._

*(Interview, Principal in Ydre)*

Here the small organisation for education in Ydre opened for more and tighter relations and contacts between all in the schools. Thus personal communication might function as a mediator of translation without the support of a e-government system. Here the need for an e-governmental system may be less important.

The organization in Göteborg, the large municipality, also included quality managers. These were supposed to function as mediators. They are managing the additional new task to the schools and it is not really embedded into daily routines even if that is what they are struggling towards. A first aspect of this is the clear emphasis on grades and results. In it is expressed in the plan for education in Göteborg as a clear ambition:

_The average merit points (based on grades) should over time increase at every school._

*(Mål och uppföljningsplan [Objective and Evaluation plan] 2012-2015)*

Even if grades have been part of education for long time, there are new practices developing when it is published on-line in national systems. There are e-governmental systems in use to report grades in the large municipalities, but the data is just presented and the need for interventions is hard to grasp. As one of the quality manager expressed:

_... now I have to analyze all the grades and look for patterns and results of interventions. We can even follow single pupils, and we do that to see where to make changes to improve the overall results [she shows graphs and analytical spread sheets]. There are single pupils here and we can follow them over the years. But how do we seen patterns and use the data?*_

*(Interview quality manager Göteborg).*

So even if there are e-government systems in relation to the policies on educational quality in Sweden, these are not designed to address the management of the schools nor to support the teachers and principals. Thus the systems are not supporting the translation of the policies nor gluing the levels of government together. In spite of the bad design of the systems they are obligatory passage points since all schools are controlled and evaluated.
There are also few openings for local mediators to translate the systems into a more practical use or by developing alternative local systems. The national control system, may even be seen as a lock-in of policy and e-government development in this area.

7. E-Government as a Glue in Policy Translation – Concluding Remarks

The main conclusion drawn on these case studies from a translation perspective is that e-government systems can be designed to promote implementation of policies. This is in particular the case if there is a coherent focus on concepts and models embedded into the practice of professionals. In such cases e-government can glue a multi-level government system together.

Through the comparative bottom-up case studies it became obvious that the translation through a multi-level system has to follow a track of coherent concepts. The most successful case here the quite simple “one-stop”-template for guidance of the health promotion coaching and registration of these interventions of health promotion and disease prevention in the region of Östergötland. It had the potential both to combine national policy values and norm and stretch all the way into the daily practices at the primary care units. The main obstacles in the other regions was the lack of a common e-government system (Skåne) or the constraints in to implement new applications in the old digital patient record system (Norrbotten). It was obvious in the public health policy area that the e-governmental systems had a potential to contribute to the translation and implementation in a multi-level government system. In Östergötland even the national decision was used as a road map for the design of the health chart in the digital patient record system.

However, in the educational quality case there were no signs of such translations. The national systems were not translated into local practices. Even if the national system was efficient when used for comparison of education quality in different schools it was not embedded to enhance the quality of education nor to translate national policies into local practice. There is a need for mediators enhancing the processes of translation and thereby gluing together the multi-level government system.

Taken together these case studies indicate the importance of functional e-government systems, not just for the systems as such, but for a sustainable translation of policies and thereby also trust in governments and public policies. The innovative processes has to be seen in relation to the institutional setting both in the meaning of the governmental structure and of the organizational context within the public administration. The digital systems have to be designed as mediators to support policy translation and implemented as obligatory passage points in daily practices.
8. References


