Organizational governance of activation policy: Transparency as an organizational ideal in a Swedish welfare agency

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Abstract The Swedish Social Insurance Agency (Försäkringskassan – SSIA) and its frontline staff have a key role in the implementation of activation policy. Drawing on ethnographic research conducted at local offices, this article investigates how the transparency ideal, as an integral part of the organizational governance of the activation policy, is negotiated and enacted in the everyday life of a welfare bureaucracy. The analysis shows the central role that the transparency ideal plays in the alignment of frontline staff with the normative regime of the agency. While the transparency ideal is central to the internal organizational life of the SSIA, the analysis shows how transparency is much less salient in relation to clients and other relations with the outside world.

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Introduction

The audit culture has penetrated the public sector in many countries in the Western world (Power, 1997), where the ideal of transparency is a key component to enable the inspection and follow-up of activities and performances (e.g. Strathern, 2000; Garsten and Lindh de Montoya, 2008; Albu and Flyverbom, 2016). Transparency is a fundamental condition for all organizations that permits to live up to expectations about accountability and legitimacy in relation to their surroundings. However, transparency is particularly critical for public authorities, as they must not only live up to organizational efficiency and goal-attainment but also follow the rule of law and requirements on equal treatment. As Flyverbom (2015) has noted, despite the widespread belief in transparency as an organizational ideal, we know relatively little about how transparency is practiced in various specific contexts. Meanwhile, organizational governance (with its inherent focus on audit and transparency) must be understood in relation to the goals the organization is expected to achieve. In a Swedish sickness insurance policy context, there has been a strong focus on reducing the number of people receiving sick leave benefits. In line with this development, strong requirements on activation have been implemented in the sickness insurance programme.

In the implementation of this activation policy, the Swedish Social Insurance Agency (Försäkringskassan – SSIA), one of the the largest welfare bureaucracies in Sweden, and its frontline staff have a key role. This article investigates how the transparency ideal, as an integral part of the organizational governance of activation policy, is negotiated and enacted in the everyday life of a welfare bureaucracy, the SSIA. The focus is placed on how the organizational ideal of transparency, as an inherent component of audit culture and key in the organizational mediation of activation policy, plays out in everyday practice in this agency. To achieve this end, we take a wide view of governance, investigating the role that transparency plays at frontline level in terms of the organizational culture and management practices, spatial-temporal governance, the organization of teamwork and case-management, along with performance targets and follow-up practices.

Previous research and positioning of the study

The audit culture has penetrated the public sector in many countries in the past decades as part and parcel of New Public Management (NPM), such as...
management by objectives and performance. This also pertains to Sweden (e.g. Hasselbladh et al., 2008; Ahlbäck Öberg et al., 2016). With this type of governance, organizations tend to become preoccupied with performance management in two ways: first, with how to manage the organization to achieve the targets, goals, standards, or elements of performance that are expected or demanded; and second, with how to manage the presentation of the organization’s performance in ways that testify to its achievements and effectiveness (e.g. Power, 1997; Shore and Wright, 1999; Strathern, 2000; Hood and Heald, 2006; Clarke, 2005). Technologies of transparency are, in this context, key to achieving visibility and, thus, accountability (e.g. Strathern 2000). The quest for transparency and performance display has led Ball (2003) to speak of a “performativity culture” that characterizes the daily work in the public sector; the productive worker is an entrepreneurial self who strives to excel in organizational attainment.

The audit culture, including transparency norms, has proved to have huge implications for welfare bureaucracies and casework (e.g. Lauri, 2016). A key aspect of audit logic is a strong belief in standardization and achieving comparability and control. Consequently, studies have found increased standardization of client assessments (Bejerot and Hasselbladh, 2011; Caswell, Marston and Elm Larsen, 2010; Bovens and Zouridis, 2002; White, Hall and Peckover, 2009; Brodkin and Larsen, 2013). Concern with formal accountability readily replaces professional judgment. This has been discussed as organizational professionalism replacing occupational professionalism (Evetts, 2011), or as the emergence of “professionals without profession” (van Berkel, van der Aa and van Gestel, 2010). Others have preferred to speak of “deprofessionalization” (Ahlbäck Öberg et al., 2016). In their studies of the SSIA, Hetzler (2009) and Björnberg (2012) have consequently found increased standardization of work capacity assessment in which medical certificates from medical doctors are increasingly questioned and disqualified. SSIA caseworkers who work with sickness insurance become primarily “rational programme administrators” (van Berkel and van der Aa, 2012) testing benefit eligibility in standardized ways and according to the agency’s own system logic.

However, studies have found that frontline staff have defended discretionary power and professional values also under NPM (e.g. Evans, 2011; Brodkin, 2011; Evetts, 2011; Jessen and Tufte, 2014). Nevertheless, thus far, most of these studies have focused on social work (which typically is characterized by a strong professional culture) rather than state agencies, such as the Public Employment Service (see however Lindvert, 2006; Garsten and Jacobsson, 2016), and the SSIA where caseworkers lack a common educational and professional identity.

Our analysis underscores the role that transparency plays in forming a distinct organizational culture and normativity at SSIA, and in particular the role of “horizontal transparency”. Interestingly, horizontal transparency has not been given much attention in previous research. In an often-quoted typology, Heald (2006)
distinguishes between “upwards and downwards transparency” and “inwards and outwards transparency” in organizations. We suggest that it is by horizontal, social governance – in teams and in the informal interactions and negotiations between caseworkers – that transparency, as a way to align staff with the normative regime of the agency, gets its social power and becomes performative.

In a research overview, Albu and Flyverbom (2016) distinguish between studies that see transparency as an informational matter (about visibilizing information) and studies that see transparency as something more fundamental, ordering social relationships in organizations. The former approach they label a “verification approach” and the latter a “performativity approach”. That transparency is performative means that it accomplishes things, for instance, produces social relationships and/or a normativity that mobilizes actors in a particular way (Albu and Flyverbom, 2016, p. 10). This article presents such a study. The performativity approach entails seeing transparency as a social process that involves subjects implementing transparency, socio-material transparency practices, and a concrete socio-spatial context where the transparency ideal is put into practice (Albu and Flyverbom, 2016).

Method and data

We draw inspiration from institutional ethnography (Smith, 2005), which has a point of departure in people’s everyday experiences. The aim is to understand the institutions and institutional relations in which caseworkers are embedded. The focus is on real persons and their actual activities in order to grasp how they are coordinated, that is their social organization (Smith, 2005 p. 70). We, thus, investigate the role that the transparency ideal plays in the coordination of actions in the SSIA.

The analysis is based primarily on ethnographic observations of the daily work in five local SSIA offices located in two Swedish regions. We observed team meetings, staff training, leadership/management training, co-worker meetings, quality control, as well as interaction in lunch rooms. We also “shadowed” individual caseworkers in their daily work (excluding direct client interaction for confidentiality reasons). In addition, the analysis draws on 38 interviews with staff in those local offices: caseworkers administering sickness insurance, their local managers, as well as local specialists in medical insurance. The empirical data was gathered in offices that complied with (or exceeded) the organizational goals in relation to granted sickness benefits. This was the case in four out of the five offices.

Seventeen interviews were conducted at the head office in Stockholm and one group interview was conducted with higher officials at the Ministry of Health and Social Affairs to obtain background information on organizational governance in the SSIA. We also draw on organizational documents obtained from the SSIA website. Data collection took place during 2015–2017.
As mentioned, organizational governance and control must be understood in relation to the goals the organization is expected to achieve. A critical task of sickness insurance policy in most Western welfare states in recent decades has been to reduce the economic burden on society due to sick leave. This is to be done by stimulating and enforcing labour market participation. Activation policies have gained strong support, and activities that prevent the “benefit-trap” are favoured by international organizations (see for example, OECD, 2010) as well as national governments (Eichhorst and Konle-Seidl, 2008; Lødemel and Trickey, 2001). Policies focus on “early return to work”, as work is generally considered to be good for health and wellbeing (e.g. Seing, 2014).

In line with general policy orientation, Swedish sickness insurance has become more restrictive; eligibility criteria have been restrained, and the possibilities of being granted a permanent disability pension have been limited. Since the early 2000s, the so-called “work strategy” has been strengthened with demands on an early return to work or otherwise readjustment to a new job in the labour market (Björnberg, 2012; Hetzler, 2009; Seing, 2014). In the context of activation policies, various attempts to steer and control the administration of sickness insurance have been introduced. During the last two decades, the SSIA has undergone several organizational changes and has initiated extensive internal “development work” (e.g. ISF, 2016). In 2008, the centre-right government (in office at the time) introduced the “rehabilitation chain”, which is a legislated working method that caseworkers are required to apply. This working method consists of a fixed time schedule for assessing individuals’ work ability and right to sickness benefits. A controversial element of this reform (which was given much attention in public debate and media) was the introduction of a time limit on the length of benefits (regardless if the person had recovered from illness or not). Initially, this time limit was set to 365 days, and, later, it was extended up to 915 days, depending on the severity and prognosis of the health condition.

In response to public criticism of the agency, in 2011, the centre-right government commissioned the SSIA to increase citizens’ trust in social insurance and the agency. Extensive internal organizational development work was initiated with the aim to move away from the detailed steering of caseworkers. Under the influence of Lean, the SSIA introduced teamwork in 2012 where caseworkers were organized into self-managed teams with a joint mission and

1. Lean is a management model based on Toyota’s production system, which in recent years has spread to the public sector in Sweden and in other countries. Lean aims to make the work process more effective and reduce “unnecessary” activities and resources (Womack, Jones and Roos, 1990).
the responsibility to plan and manage their own production (Holmgren Caicedo et al., 2015). A key element of this teamwork (and Lean) at SSIA is visual governance where goals, results, and work performance of the caseworkers are visualized for all team members as well as management. Visualization is expected to contribute to feedback on caseworkers’ work performance, which is aimed to make the work process more efficient.

In 2016, the controversial end point in Swedish sickness insurance was abolished by the centre-left government (that took office in 2014), but the overall orientation toward activation was maintained. In 2016, the centre-left government introduced a numerical target for the sickness absence rate in Sweden; it was stated that “the sickness benefit rate may not exceed 9.0 days per individual and per year in 2020”. Further, it was stressed that the number of newly granted disability pensions “shall not exceed 18,000 per year during the period 2016–2020” (Ministry of Health and Social Affairs, 2016).

In 2015, a new Director-General was appointed, and since 2016–2017 a shift (and return) to stricter management by objectives and results within the agency has been apparent. The SSIA must, to a greater extent, contribute to reducing the Swedish sickness absence rate by making sick leave periods fewer and shorter (ISF, 2016). There is an emphasis on creating increased “quality” in the handling of sick-leave cases by the correct application of the law, which ensures rule of law principles. The caseworkers are prompted to “make things right from the start” in case management and “increase the quality of the investigations” to ensure that “the right person receives the right compensation” (SSIA, 2016, p. 2).

The SSIA has about 14,000 employees, and it is responsible for administrating the public social insurance system – in other words, it is responsible for administering sickness insurance for the Swedish population; e.g. insurance and benefits to families with children and to people with disabilities and illnesses. The focus in this study is solely on the administration of sickness insurance (with around 4,000 employees), divided into 55 local insurance offices. “Support functions” such as insurance medical advisers (doctors) and insurance experts also work in the local offices where caseworkers handle sick leave cases.

The caseworkers are formally responsible for decisions regarding individuals’ right to sickness benefits, for setting up a rehabilitation plan, and for cooperating with other stakeholders, such as health care, employers, and the Public Employment Service. Caseworkers’ assessments of individuals’ right to sickness benefits are based on sickness certificates issued by physicians.

The cases are registered in an electronic case management system, known as ÄHS. The caseworkers’ documentation and journal entries, as well as incoming and outgoing communications, are recorded in the system. When a new document, such as a medical certificate, comes to the agency, it is scanned centrally and then is made visible to the caseworker. The cases that come to the
team are distributed among the staff, and a personal caseworker is appointed. The personal caseworker investigates and makes decisions on the case based on the guidelines and administrative support established by the SSIA head office. An investigation and the resulting decision-making can formally be understood as a formal and highly regulated process where only the personal caseworker (and if necessary also superiors) has insight into and the possibility to influence the case. As we will see, however, in practice, the case management process is characterized by collective negotiation processes in which the ideal of transparency is at work in various ways.

**Analysis: Transparency in the everyday life of caseworkers – External closure versus internal openness**

*Non-transparent practices and external self-containment*

Transparency cannot be understood solely in terms of what is made visible, but also what is made invisible and hidden in the organization in question (Garsten and Montoya, 2008). The starting point of the analysis is, thus, what is made invisible by the SSIA, especially in relation to the outside world; the agency’s external environment. This self-containment in relation to the outside world stands in sharp contrast to the ideals of internal openness and transparency within the organization.

External self-containment is manifested in the tools for communication with citizens as well as the limited physical contact between caseworkers and clients. The SSIA web page is a main strategy for communication with and providing information to citizens. Information about the services available can be found on the web page, and clients can also register their case by logging on to personal accounts. In many ways, the web page is the most noticeable facade of the organization to the outside world, and the SSIA works in a strategic way to direct clients to digital solutions on the web page when they look for information and are in need of services. Rules and regulations, application forms, general information on the areas of responsibility of the agency, can be found on the web page. However, only selected parts of the organization are made visible through the web page. Information about the inner life of the agency remains, to a large extent, hidden. For instance, there is no information about the location of local offices, no information on or contact details about local management or caseworkers, and no direct phone numbers or email addresses are available to the public. The central aspects of work within the agency, such as rules and regulations in relation to casework, professional support documents available for caseworkers in their work, areas for caseworker specialization, remain hidden...
from the public eye. Thus, the internal life behind the web page and the SSIA’s well-known logotype remain hidden from citizens; transparency ideals do not reach into this area.

Self-containment in relation to the external environment is also evident in relation to the caseworkers’ contacts with clients as well as other agencies. Caseworkers have their workplace in offices behind locked doors, in areas to which only SSIA employees have access. No client meetings take place in the work area. Communication with clients does not primarily take place face-to-face, but through letters, emails, and phone conversations. Decisions concerning clients are communicated by written correspondence, and clients’ responses to these are normally communicated to caseworkers via phone or email rather than face-to-face. Only where there is an evident need for coordinated interventions between the employer, health care authorities, and the person on sick leave, do face-to-face meetings become a part of regular casework. These meetings take place outside the SSIA offices, at health care centres, the workplace of the sick-listed person, or in small meeting rooms to which the SSIA and other state agencies have access. Working practices such as these mean that clients’ reactions are mediated by technology, and caseworkers do not have to be confronted directly with the clients, their personal reactions or life situations.

Clients’ knowledge of the caseworkers is often restricted to only the name, and clients can contact their caseworkers through a personal email address and direct number. Apart from this information, the caseworker remains invisible to the client. From the caseworker perspective, clients are also hidden or made invisible in regular casework. The caseworker has substantial knowledge about the health of their clients. Caseworkers read medical certificates, and based on the information from the medical doctor, an assessment of the work ability of the client – and thereby eligibility for sickness benefits – is made. Apart from this, the caseworkers have limited knowledge about other aspects of the clients’ lives. As long as caseworkers operate under the logic that the assessment of the sickness benefit, the rule of law, and legal aspects of the process are the prime areas of focus, this does not per se constitute a problem for caseworkers or managers. Instead, the anonymizing of clients is praised. This “invisibilization” or anonymization of clients and caseworkers in SSIA is an important aspect for understanding the governance of the caseworkers, their perception of their work, and the demands placed on them in their work. Thus, relationships between clients and caseworkers take place under very different circumstances – that is with restricted face-to-face meetings – than in most other human service organizations (Hasenfeld, 2010).

Contact between caseworkers and citizens is mediated by physical as well as technological barriers. Consistent transparency ideals in state agencies are, therefore, a challenge; in this context, we see an organization that, by different
means, closes itself in relation to the outside world – with clear boundaries between the inner life of the agency and the environment in which the agency operates. There are, of course, various rationalities behind the policy and practice of locked doors within the SSIA, such as staff security and protection of personal data. Nevertheless, the perspective of this article is on external self-containment as not only a background but also a contrast to the organizational ideals of transparency that otherwise penetrate and constitute the everyday life of SSIA caseworkers.

**Horizontal transparency in casework**

One area where the organizational transparency ideal is evident is in relation to routines and regulations that surround direct casework. All caseworkers belong to a team consisting of about eight to ten staff. A unit manager is responsible for several teams. One of the bearing principles of the team is the obligation to provide cover for one another. All caseworkers in a team can access each other’s cases and are given the authority to work and perform necessary tasks in the case. This means that team members have direct access to all decisions, communications, and documentation made by a caseworker in the cases, and team members take a collective responsibility for, or collective ownership of, the cases within a team. Making the casework transparent within the team is a central aspect of the casework and an important tool for reaching the goals set by the agency centrally. These procedures are coherent with organizational goals, such as keeping the casework in line with the time limits set for Swedish sickness insurance and making sure transfers of cash benefits are made in the correct manner and at the right time.

Another way of achieving internal transparency is through regular team meetings where cases are discussed. Meetings are scheduled on a weekly basis, and caseworkers bring cases they find complicated, and colleagues can give their input. Sickness insurance specialists and insurance medical advisors take part in the meetings on a regular basis. The cases are anonymized in these discussions. Through technical equipment, the medical certificate issued by the treating doctor is visualized on a black board. All members of the team can read the content, and the focus of the discussion is centred on the work ability and the benefit eligibility of the client based on this medical certificate.

The formal purpose of the team meetings is to support the caseworkers in difficult decisions regarding an individual’s entitlement to sickness benefits. However, this way of practicing horizontal transparency also creates a normative and self-correcting practice enforced by peer pressure. In this practice, overtly divergent decision-making is reduced through negotiation amongst team
members. The role of the team members in supporting their colleagues in complex cases can, thus, be understood as a practice of peer pressure, where caseworkers’ discretion is restricted through strong norms and discourses of collegial and organizational learning as well as shared responsibility for the outcomes of the team. When individual cases are discussed in the teams, the discussions, in fact, take the form of negotiations in which caseworkers and specialists give their input. The institutionalized routines for visualization make the casework transparent internally, which in turn becomes an important aspect of the governance of the caseworker. There is collegial pressure on the caseworker not to be too generous in the application of the insurance or to take personal circumstances too much into account.

Apart from the scheduled team meetings, caseworkers discuss their cases with each other on an informal basis during the workday; they regularly consult their colleagues ad hoc on issues they feel they need help with. Caseworkers not only use each other on issues related to clients’ work ability but also in relation to changes in formal routines and regulations that affect the work of the caseworker.

This means that, in spite of the fact that casework is formally articulated as a highly independent task where caseworkers act according to their own discretion in line with rules and regulations governing sickness insurance, the actual casework is characterized by extensive openness, transparency and negotiation within teams. This horizontal transparency, where team meetings and informal discussions influence the casework, is in sharp contrast to the formal transparency outlined in routines and guidelines within the agency. According to these, casework is to be made transparent to clients. We argue that the consequences of the internal transparency, as lived and performed by the caseworkers in their everyday lives, challenge the notion of formal transparency, thus, making it more difficult for clients to gain insight into their own cases and how they are processed (see also Saarju, Rasanen and Hall, 2017).

**Vertical transparency and audit**

For our analysis, horizontal transparency derives its power through its interplay with vertical transparency; transparency in relation to management and specialists is an important part of governance and quality assessment within sickness insurance. Whereas specialists audit/control the casework in relation to current legislation and formal regulations, first-line management focuses on team and caseworker performance in relation to outcome (e.g. numbers of rejected/approved applications).
Quality assessments are an important task for specialists. The specialists have direct access to all cases in the computer system and can access any electronic file they wish without the knowledge of or having received authorization from the management or caseworker. These assessments are made on a regular basis, and the cases are assessed based on a number of different criteria. For instance, a specialist reviews all cases in which a caseworker suggests a rejection of benefits before the rejection is communicated to the client. Apart from this, selected cases are scrutinized according to criteria formulated at a central level in the agency. This means that all caseworkers are assessed according to the same procedures. For instance, caseworkers are assessed for the way they communicate with clients and meet the standards set by the organization. This is to ensure that documentation is produced according to norms and standards and that decisions are made on the correct premises (e.g. based on sufficient information). A few cases from each caseworker are randomly selected by a specialist, and the caseworker in question does not know in advance which cases will be subject to quality control/assessment by the specialist. The areas in focus are marked as either weaknesses or strengths, depending on whether the specialist considers improvements necessary or not. The results for each case are presented individually to caseworkers, and this is followed by discussions between the caseworker, specialist and first-line management. One specialist described the discussions:

You can take out a diagram for each individual caseworker to see how things look. If the diagram shows mainly green, then you know you have done well. But if you have orange, it means you have areas that need to be developed. And then we discuss this with the caseworker together with the manager. We usually take an hour or so to go through the cases we have been looking into. And tell them what we see, and then we reflect on the outcome.

The frequent control of the casework documented in the files was described by both caseworkers and management as an important part of the “learning processes” in the organization. The procedures surrounding this audit were described as a tool to enhance dialogue between co-workers and to provide feedback to individual caseworkers and teams on their work. Despite the fact that caseworkers also described insecurity and anxiety when their cases were exposed to specialists and management, they also described a feeling of comfort and satisfaction; the audit was seen as confirmation that they were “doing the right thing” in “the right way”. Feedback was described as an important part of a “coaching management strategy”; feedback was explicitly understood as a “gift” from one person to another. Critique as a gift was seen as having the potential to improve the work, not primarily constituting a reprimand. One caseworker described her feelings:
You can feel controlled and scrutinized, that this may imply criticism, but it is also an important part of [professional] development, to learn how to achieve betterment.

The managers assess and control the work performance of caseworkers in terms of production. Their focus is, for instance, on the percentage of cases handled within the different time limits of the rehabilitation chain, communications made to clients, and the relation between rejections and approvals of claims for sickness insurance benefits. Each caseworker registers all activities done in a specific case in a software programme, which makes extensive statistical analysis of production possible, from the individual caseworker progressively up to the team, office, regional and national levels.

The statistical data is processed by management and is presented at office level, and first-line managers also present data at team level and in some cases at individual caseworker level. In most cases, managers take the initiatives to send the data to the team coordinator, who in turn gives the information to the team members. However, it is not uncommon that teams ask managers for recent data, visualized in spreadsheet files and diagrams, to see how they perform. One manager described the value of audit and the visualization of production in the following way:

We used to have goals like this; make 75 per cent of such and such [decisions] within 180 days. … And now, we have gone in another direction. … now, we look at numbers in a different way. We look for deviances. We do not really care if the number is 68, or 83 per cent. It is rather those who end up in the trenches – those who do not follow the general pattern.

The quote shows how vertical transparency is an essential aspect of audit and control within the organization. The audit becomes normative and self-correcting as teams and caseworkers do not want to stand out as “deviant” or as those who “end up in the trenches”. Vertical and horizontal transparency become mutually supportive. Each caseworker is expected to be in line, or coherent, with the work of the rest of the team. With the ambition to mainstream casework in line with a strong discourse on the principles of the rule of law and the 9.0 sick days on annual average, individual (and team) deviations from the mainstream are to be reduced through highlighting and visualizing outcomes based on the statistical analysis. Caseworkers are expected to stay within the “normal” outcomes of the team, that is, not to show a larger percentage of rejections or approvals of claimed sickness benefits than anyone else. The measurement work done by specialists and managers is, thus, visualized in various ways for the office, team, and caseworker levels. Visualization of results is seen as a fundamental part of the continual quality work in relation to
case management. Visual governance is in itself an expression of the transparency ideal manifested in the agency.

Transparency in relation to performance (that of caseworkers, teams and offices) is a tool used to achieve internal and external accountability. On the one hand, transparency is used as a way to demonstrate to the environment – the head office, the board of the agency, the General-Director, and the public – that the agency is working in line with the mission of the agency, and that staff are working in the prescribed way. On the other hand, transparency also serves an important purpose for the employees in the local offices. Transparency makes it possible for them to know that they are doing the right thing. The audit culture is, thus, not only part of a culture of distrust, serving as a technology of mistrust (Power, 1997); it is also a technology of ontological safety (Giddens, 1991), for the caseworkers and their superiors, providing them with a sense of security and a feeling of doing the right thing (Knights and McCabe, 2003). Consequently, quality work, assessments and reprimands are not primarily seen as measures of control but rather as help and support, and are, therefore, welcomed by most of the caseworkers we interviewed. This means that the organizational culture builds a strong notion of form rationality in which loyalty towards organizational ideals is underlined in everyday organizational practice. A local manager expressed this as follows:

Above all, there is great loyalty to the organization and to the insurance. This makes us very inclined to do things correctly … Well, you don’t come here because this is such a cool job. You come here to work because you believe in the idea and that this job is meaningful as well as because you are very concerned about doing things the right way. So, at times when the organizational directives have been more or less detailed, obviously the fear of not complying or making mistakes grows over time.

The transparency ideal and the normative governing that is made possible by audit practices are central to the formation of a distinctive “organizational professionalism” and loyalty towards the organization, and these serve to shape caseworker subjectivities in relation to their work, such as their understanding of the mission of the organization and what constitutes “good” job performance.

Socio-space and technology as transparency tools

The organizational transparency ideal is also reflected in the way office space is designed. In some of the offices studied, the caseworkers were placed in open office landscapes with limited space for “unnoticed” actions, which in itself is an expression of the transparency ideal. The caseworkers were made visible to each other and their managers; it was visible when someone was working on the
computer; when someone was speaking on the phone, the conversation was overheard, and it was noticeable when someone had left the workplace. This type of workplace allows for no back region, which a room of one’s own would possibly allow for. This means that the discretion that a closed door can bring to a caseworker (see Lipsky, 2010) is reduced. At the same time, our observations show that the transparency ideal, through the design of the office, penetrated the everyday life of caseworkers also in cases where staff had their own offices. As part of internal ways of communication, caseworkers were made visible to each other (and to superiors) through the means of technology. Caseworkers’ activities were made visible to colleagues via the computer system that is used internally; the system shows the time when a caseworker was last active, indicating to colleagues and superiors if they are at their office space or not. All caseworkers and managers had access to each other’s electronic schedule to see which activities were scheduled for the day.

Apart from these technological tools that directly or indirectly make the caseworkers visible, patterns of interaction can be seen as lived ideals of transparency and openness. As described, the dialogue around specific cases is an important part of casework; to ask and consult each other ad hoc is seen as an important support in caseworkers’ day-to-day work. Caseworkers frequently walk into each other’s rooms – often without knocking – when they have rooms of their own. One caseworker described the closed office door in terms of a wish to reduce the disturbance of sound – rather than a signal that the caseworker did not want to be disturbed.

Nevertheless, there were also examples of caseworkers and managers who tried to create space where transparency and openness did not reach, for instance, by creating a space for themselves within the open office landscape, or by leaving their computer and making phone calls where no one could overhear the conversation. Thus, even though the transparency ideal was manifested and lived out in many different ways, there were also techniques used by individual caseworkers and teams to avoid being exposed and made visible.

Conclusion

Audit society literature has primarily understood organizational transparency as an informational tool that enables accounting for and verifying performance in accordance with set objectives, both internally in organizations and externally in relation to their surroundings (Albu and Flyverbom, 2016). Such direct control by observation of performance is highly consequential for organizations. Nevertheless, based on this ethnographic study of local SSIA offices, we conclude that transparency as an organizational ideal can pervade an organization in a more fundamental way by building visual control into the organization’s
infrastructure and social processes. This makes it constitutive for social relationships within the agency.

In this article, we accounted for a range of ways in which the transparency ideal is put into practice in the SSIA. Our study suggests that, while vertical transparency is indeed a key component in the normative governance of caseworkers, it is through the interplay of horizontal transparency practices – social governance in the teams and in the informal interactions and negotiations between caseworkers – that vertical transparency gains social power and becomes the most performative as a way of aligning staff with the normative regime of the agency. As an internalized ideal, transparency becomes a self-evident part of organizational life and, thus, of the everyday work of the caseworkers.

The analysis has shown how horizontal transparency in subtle interplay with vertical transparency (e.g. by “coaching leadership” management style and visualization of team performance) is an effective tool to achieve the standardization of behaviour as well as thinking, and to enforce norms and achieve conformity and compliance. Thus, horizontal transparency is critical for coordinating action and for shaping social relations. Normative control is dispersed through horizontal transparency practices within the organization, instead of centralized. It is internalized instead of becoming something that mobilizes caseworkers to ceremonial compliance or tactical adaptation. In light of this finding, we conclude that this organizational steering is not experienced as alienating (Lauri, 2016), as tyranny (Strathern, 2000), or as something that makes work less attractive (Ahlbäck Öberg et al., 2016); rather, it makes the work meaningful for SSIA caseworkers. An audit is welcomed by caseworkers; it is a confirmation of them “doing things in the right way”, thus constituting a source of job satisfaction and sense of achievement.

At SSIA, the internalized transparency norms as an organizational ideal contribute to creating a sense of meaningfulness and work satisfaction despite the fact that the governance towards a stricter application of the rules in Swedish sickness insurance and the focus on uniformity in case management have meant less scope for discretion for individual caseworkers. The findings of this study allow us to qualify the understanding of the consequences of the audit culture, transparency, and organizational governance for street-level bureaucrats’ experiences of their work. For example, horizontal transparency could be a basis for professional autonomy with and even disloyalty to organizational goals. However, we saw no evidence of this in the SSIA offices studied. The findings of this study must be viewed in the specific context of SSIA. In social work, a professional ideal of care for the client provides a basis for resistance to an audit culture (Lauri, 2016). Within the SSIA, however, the friction-free form of organizational professionalism that we observed is enabled by the fact that the
caseworkers lack a common educational background and welfare-professional identity, as SSIA caseworkers are recruited from a variety of occupations.

The findings must also be understood in relation to the policy context of SSIA. In the light of activation policy, there have been strong legislative and organizational attempts to directly steer and control the client-related work of frontline staff; e.g. by the introduction of politically-set numerical targets for the sickness absence rate in Sweden, the rehabilitation chain, and standardized work ability assessment. The SSIA has taken on a greater gatekeeping role in terms of a controlling and administrative function in relation to clients. The main role of SSIA and their frontline staff today is to assess benefit eligibility and, to a lesser extent, to engage in rehabilitation and in coordinating and supporting individual needs.

Another note of caution is that the empirical data was gathered from offices that complied with – or even exceeded – the organizational goals in relation to granted sickness benefits. Audit and transparency in these offices was primarily confirmation of a work task correctly performed within the organization. In offices where results strongly deviate from official goals, we might expect more resistance towards the ideals of transparency and more friction and tension.

Finally, the analysis also showed that the organizationally negotiated visibility regime also encompassed non-transparent practices. The organizational professionalism that was established was based on strategies of distancing in relation to the external environment; client relations were not prioritized (presently) nor was collaboration with other authorities. Internal transparency in combination with external non-transparency enabled an effective way of steering the caseworkers towards achieving the goal of reducing clients’ days on sick leave. Thus, both internal transparency and relative seclusion in relation to clients and other actors are key components of the organizational mediation of activation policy.

Bibliography


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