

Indications of Quality or Quality as a Matter of Fact?

“Open Comparisons” within the Social Work Sector

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Abstract

Improving quality by auditing, ranking, and measuring the public sector is now a well-established practice. Quality measurements within social work are no exception, despite professionals' initial concerns. The aim of this paper is to analyze how quality is measured within the social services and how the measurement tool Open Comparisons (OC) is received by professionals. The material primarily consists of documents and interviews with managers and quality developers. In particular, this paper contributes to our understanding of the process in which *indications* of quality become established *measures* of quality, reified into documents, plans, and tables. Practitioners can use the OC results as guidance or rhetorical props or for displaying their organization in a “shop window.” Because of the transparency of the results, the prospect of pride – and the risk of shame for being one of the few municipalities that withholds information – may explain the great readiness to voluntarily provide the data necessary for OC. Nevertheless, questions are raised by practitioners about whether OC measures “quality that matters.”

Introduction

Auditing, evaluations, rankings, and quality measurements of the public sector have become integrated tools to ensure accountability, improvement, quality, and transparency in publicly funded organizations (Power 1997; Sahlin-Andersson 2000; Shore & Wright 2004; 2015). This development largely derives from market-inspired New Public Management reforms, which have gained increased influence in the public sector. During the late 1990s, a number of changes occurred within the Swedish public sector, bringing the concept of quality into focus (Strannegård 2013). Virtually every area of the public sector is audited, from health care to higher education (Blomgren & Waks 2010), with the intention of ensuring transparency, control, and quality of organizational activities (Power 1997). In addition, an alarming lack of “systematic knowledge” in social work was announced (Bergmark & Lundström 2006), at which

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point the authorities launched the concept of Evidence-Based Practice (Alexandersson 2006). The ideas of New Public Management and Evidence-Based Practice represent parallel and sometimes intertwined threads that are said to share the common goal of improving quality within the public sector. Taken together, New Public Management and Evidence-Based Practice might explain what Lindgren et al. (2012) call the “quality measurement boom.”

The area of social work is now rather well acquainted with various sorts of quality measurement instruments, despite the fact that quality and outcome of social care have proven difficult to measure (e.g., Malley & Fernández 2010). This paper deals with one such tool, called Open Comparisons, an instrument for gathering and measuring data annually, based on standardized indicators of “good” quality. We pay particular attention to how this instrument is constructed, first by analyzing various documents, and second by examining how it is used and talked about among professionals within the social services, mainly those responsible for providing the data requested.

In 2006, the first Open Comparisons audited the quality of Swedish health care. Since then, Open Comparisons has grown to cover several areas of the public sector such as social services, education, public transportation, and many more. The objectives of Open Comparisons are extensive – in the words of the authorities:

The purpose of Open Comparisons is to improve the quality of social services and home nursing health care by providing a pertinent ground for political decisions on different levels and an efficient tool for practitioners’ continuous development of best practice. It will also serve as the basis for follow-ups and evaluations of social service practices (National Board of Health and Welfare 2010b:6; our translation).

Open Comparisons consists of a package of auditing techniques. One of them is a questionnaire distributed by the National Board of Health and Welfare to all municipalities in Sweden (National Board of Health and Welfare 2014a:29f). This questionnaire – its form, use, and function – is the topic for this paper, where we reference it as the “OC questionnaire.” When we refer to Open Comparisons and to “OC documents,” we also have this questionnaire in mind, along with its many manuals, instructions, and governmental decrees. As the name implies, Open Comparisons is *open*, accessible on the Swedish National Board of Health and Welfare’s website. Open Comparisons also aims at enabling *comparisons* between the organizations participating in filling out the OC questionnaire (National Board of Health and Welfare 2014a:8). The results of the OC questionnaire are thus publicly displayed, visualizing more or less quality in various municipalities by colours: plenty of green boxes are desirable while red boxes signal poor quality. In this sense, Open Comparisons involves soft regulation (Jacobsson, Mörth & Sahlin-Andersson 2004).

Despite professional skepticism and researchers' concerns (e.g., Clarkson 2010; Moran, O'Connor & Borowitz 2013; Strannegård 2013; Blomgren & Waks 2010), the idea (and practice) of measuring social work is now well established, particularly at the management level (Hjärpe 2015). As with pre-school teachers who initially were skeptics and resisted statistics but then quickly and easily adopted the calculative and evaluative stance that was expected of them when their work was "LEAN:ed" (Thedvall 2015), the underlying logic of evaluation also seems to be unchallenged within the social work area. This is apparent in the fact that even though filling out the OC questionnaire is voluntary, the level of support suggests an institutionalized practice. For example, the 2014 child welfare OC questionnaire was associated with only a 5% drop-out (317 municipalities and specialized social service agencies were included in the sample) (Swedish National Board of Health and Welfare 2014a:32). There is a sociologically interesting tension between a skeptical and critical attitude towards the idea of measuring social work on the one hand and the professional obedience or change of heart that may occur when quality measurement is enacted in practice on the other hand. What happens to "quality" when it is pinpointed by the authorities and strived for by members in the field?

Organizational researchers have shown that establishing rankings and standards having the name-and-shame logic – that is, the risk of having a poor result on display – makes organizations behave in response to these rankings (e.g., Blomgren & Waks 2010), adapting to the standards presented in the measurement documents (Clarkson 2010). Power et al. (2009) call this organizational awareness *reputational risk*, which they argue will eventually permeate all organizational activity. Such awareness can lead to a general sense of vulnerability when it comes to accountability and assessment of organizational performance (ibid.). Still, reputational risk only partly explains the tension between a critical and obedient stance, mainly focusing on the adapting tendencies by the organization.

Unlike many researchers' inquiries about quality measurement at the organizational level (e.g., Behn 2003; Blomgren & Waks 2010; Clarkson 2010; Moran, O'Connor & Borowitz 2013; Fung et al. 2008), we will examine in detail the documents that constitute Open Comparisons, focusing on how quality measures are fleshed out and selected. We will demonstrate the process by which *indications* of quality become factual *measures* of quality. Furthermore, we will analyze how the professionals who deal with the OC questionnaire describe it and what they make of its content, showing that practitioners use the OC results for more purposes than initially intended. In short, the aim of this paper is to analyze how quality is measured within the social services with the help of the instrument Open Comparisons and how the documents and the results are received by professionals. Our inquiries thus relate two overlapping aspects:

- 1) *The documents per se*: How is the concept of quality defined and shaped? What is “the agency” of the OC documents?
- 2) *Accounts*: How do professionals describe and define quality and the instrument Open Comparisons? In what ways is Open Comparisons portrayed as useful (or useless) for professionals?

A social constructionist framework

The theoretical and methodological framework for this analysis is based on social constructionism informed by ethnomethodology (cf. Gubrium & Holstein 2012). The notion of “member,” the shorthand term for “collectivity member” (Garfinkel 1967:57), is vital to ethnomethodology and refers to the shared competencies people have as members of society, a social group, or a local culture (ten Have 2002). Furthermore, “[t]he constructionist methodological stance distinguishes between the members’ *practical* project and the sociologist’s *theoretical* project” (Ibarra & Kitsuse 2003:21). Accordingly, the work of defining “quality”, finding “measurement techniques”, deciding on “indicators” – these are all tasks performed by members of the field of study, mostly by civil servants at the public authorities whose efforts eventually materialize in various documents. This association means that we view the terms “indicator” and “quality” as *members’ concepts*: we investigate how indicators and quality are constructed rather than using them as part of our technical (sociological) vocabulary. Likewise, the work performed by those who are subject to quality measurements – assisting with information, filling out the OC questionnaire, responding critically or approvingly to indicators and quality measurements – is also carried out by members (social workers, controllers, unit managers). A constructionist view on these tasks does not value some members’ accounts of “what quality *really is*” as more credible than others but asks questions about how such claims are made.

Our analytical vocabulary and approach thus include other concepts and (cl)aims than those circulating in the field among the social workers and managers we have interviewed. We use two specific lenses through which we interpret our findings: a sociological interpretation of the process of institutional fads (Best 2006) and a methodological stance in viewing documents as agents (Prior 2003).

QUALITY MEASUREMENTS À LA MODE

Quality measurements in general, and Open Comparisons in particular, can be said to be “à la mode” in Sweden (Lindgren et al. 2012; Jacobson & Martinell Barfoed 2016), and in a broader sense, Open Comparisons fits well into Power’s (1997) Audit Society. Inspired by Joel Best (2006), we describe Open Comparisons in terms of an institutional fad (or trend). Best (2006) analyzes how an

institutional fad arises, is promoted, and eventually is adopted in an organization. It takes a problem and a solution for a new trend to arise. The solution (i.e., the new fad) must offer a new and efficient way to deal with the problem, as well as proposing an explanation of the problem in a credible, rational, and logical way (Best 2006; see also Abrahamson 1996).

When a trend has been launched, it enters the next expansive phase: surging. Because the new trend promises to solve old difficult problems, this phase is often characterized by optimism and excitement. Members' belief in change, progress, and rationality makes them inclined to embrace institutional fads (Best 2006). As Brunsson (2006) puts it: trends are accepted and spread by "mechanisms of hope".

Often, some individuals are not as enthusiastic about the new trend and tend to express resistance and skepticism, but once a trend is established, it is rarely an option for individuals to decline. The trend's capability of surviving depends in part on enthusiasm, which is why a critical approach hardly is encouraged. Even if the new trend is presented as voluntary, the expectations from colleagues and superiors – and, in our case, from the state authorities – may be experienced as coercive (Best 2006, cf. Abrahamson 1991:594 on *The forced-selection perspective*). However, the spread of a trend can be explained not only by management governing but also with an emotional aspect (Best 2006:82ff.). Trends can be fun, interesting, and challenging. In this case, for example, managers and administrators can be attracted by or caught up in the competitive character of Open Comparisons and the prospect of presenting a successful organization. We analyze our material against this backdrop for explaining the fast spread and adoption of Open Comparisons despite members' initial skepticism and critique.

DOCUMENTS AS AGENTS

A new institutional trend is often launched in the form of various documents (for instance instructions, checklists, reports), and the Open Comparisons instrument is no exception (Jacobsson & Martinell Barfoed 2016). We employ a specific approach to these documents. In line with Lindsay Prior (2003; 2011), we contest the majority view of documentary data that documents are detached from social action. Rather than cold and passive containers of text, documents can be quite lively agents in their own right (Prior 2003); among other things, they tell people what to do, they stir up conflicts, and they evoke emotions (Jacobsson 2016). Human-created artifacts – such as documents of various kinds – can assume the appearance of agents or counter-agents in social activity. Many documents aim to get something done. By containing instructions or demands, the memo initiates what Prior (2003:67) calls *action-at-a-distance*. Documents not only represent the world but also create and re-create the world.¹

1 For other approaches on documents as agents, see Cooren (2004) and Ferraris (2012).

This view of documents is supported by Actor-Network-Theory (ANT), which strives to explain how non-human “things” are vital to all forms of organizational life in their own right (e.g., economic, technological, scientific). Whereas ANT makes up a serious theoretical option for redirecting our understanding of the importance of text and documents in everyday life (Prior 2016), for the purpose of this article, we have settled for the starting point that documents can be viewed as agents. This stance has both methodological and theoretical implications in guiding the analysis. For instance, the authors of the documents (and their intent) are of less importance than the document itself. We rather ask questions directly of the document: What is accomplished by the document? How is the document used by participants?

Another aspect pointed out by Prior (2003) is the ability of documents to make vague, abstract, and elusive ideas visible and traceable. “Quality” is one such indistinct idea that can thrive on definitions and instructions “in black and white” (or, in this particular case, green and red), and it can be manifested through various tables and plans. “Indeed,” says Prior (2003:62), “the actual organization of care can only be made evident in plans, registers and written protocols”.

Research design

The material selected for the present analysis is part of a larger body of material compiled by several researchers as part of a 3-year project on *Expanding documenting practices within the social services and health care*.² The total material includes field work at three sites within the social services and at three primary care units. In addition, observations in a monthly course in social work management over one year was conducted, along with interviews and recordings of meetings relating to the course (Hjärpe 2015). Taken as a whole, our fieldwork has yielded important background knowledge for understanding the role of Open Comparisons in everyday work. For instance, our observations show that Open Comparisons is of interest mainly to the managers. Ordinary social workers or primary care staff seldom mentioned Open Comparisons at all. For this analysis, only the field of social work is considered, and our material consists of official documents and interviews.

DOCUMENTS

Apart from interviews (see below), the material consists of public “OC documents” (Comparisons of social child and youth care 2014) produced by the state authorities, the public and private employers’ associations, and a non-profit trade

2 Funded by The Swedish Foundation for Humanities and Social Sciences (Dnr: P12-1045:1). The article is developed from the work conducted by Carlstedt (2015) within the framework of this research project.

association (Famna). Apart from the OC questionnaire, these documents consist of policy documents, handbooks, results, and reports. The documents are selected for covering the period during which Open Comparisons of Social Child and Youth Care was initiated (2009) and developed as commissioned by the government.

Table 1.

Document description	No. of pages	Issued by
Questionnaire for Open Comparisons of Social Child and Youth Care 2014	22	National Board of Health and Welfare (2014a)
National strategy for quality development through Open Comparisons, agreed upon by the Ministry of Health and Social Affairs, the National Board of Health and Welfare, the Swedish Association of Local Authorities and Regions, the Association of Private Care Providers and Famna	28	National Board of Health and Welfare (2009)
Project plan on intensifying the work with Open Comparisons	5	National Board of Health and Welfare (2010a)
Plan of action regarding the work with Open Comparisons 2010–2014	26	National Board of Health and Welfare (2010b)
Document produced by the National Board of Health and Welfare, the Swedish Association of Local Authorities and Regions, the Association of Private Care Providers, and Famna, in which they describe and define Open Comparisons	3	National Board of Health and Welfare (2011)
Handbook for analyzing and implementing the results of Open Comparisons	70	Swedish Association of Local Authorities and Regions (2013)
Excel files where the respondents' answers are presented as green (positive) and red (negative) boxes in a table	x	Web page of National Board of Health and Welfare (2014) ³
Report presenting the results of Open Comparisons of social child care 2014, including the questionnaire and indicators	93	National Board of Health and Welfare (2014a)
Handbook for developing indicators	27	National Board of Health and Welfare (2014b)

No particular document has been given preference over another. The thematic analysis of the OC documents focused on how indicators and measurements are defined, as well as how the professionals are supposed to use the Open Comparisons according to the authorities.

3 <http://www.socialstyrelsen.se/oppnjamforelser/barnochunga> (downloaded 2014-09-10).

INTERVIEWS

To access focused talk about Open Comparisons, we conducted interviews with eight people who were experienced in collecting information for Open Comparisons by filling out the questionnaire distributed by the National Board of Health and Welfare. Eighteen unit managers and “quality developers” (most of them social workers by training) were asked via e-mail to participate, and 10 of them declined. During the interviews, the interviewer kept the OC questionnaire at the table, allowing the interviewee to browse through the document. At times, the interviewees offered to go through and comment on their own filled-out versions, and at times, the blank OC questionnaire served the purpose of bringing the document to the fore. Most of the interviews were conducted by Carlstedt, and all of them were audio recorded. The interviews were transcribed verbatim. Quotations presented in this paper have been translated into English in a manner that preserves the original meaning and style. Names of places and other revealing details have been altered to preserve anonymity. The thematic analysis of the interviews focused on what “knowledge” about quality the OC questionnaire conveys to the interviewees, as well as if, and how, they think Open Comparisons influences their practice.

Research findings

The analysis is divided into two parts: *Making quality measurable* (based on documents) and *Quality at work: from measurable to useful (or useless) for practical purposes* (based on interviews). In the first part, we start out with the official OC documents, asking how “quality” is approached while we discuss how the OC questionnaire is constructed and how the survey results are presented by the authorities. Our task in this section is to analyze the processes in the documentary sources by which vague ideas of quality are turned into measurable “indicators of quality” and eventually become boiled down to simply “quality”. The second part takes the interviews with practitioners as a point of departure when examining how quality and the public Open Comparisons results are talked about and used by the practitioners for practical purposes.

MAKING QUALITY MEASURABLE

When analyzing the logic behind the OC questionnaire, the descriptions of the purposes with Open Comparisons, and how it is expected to be used in the field, at least three assumptions about “quality” are evident:

- 1) Quality is definable.
- 2) Quality is operationalizable.
- 3) Quality is measurable.

First, in its most basic form, quality is said to be equivalent to the rather imprecise concept of *Good care* (National Board of Health and Welfare 2014b:9). In

contrast to a “subjective” view on quality (i.e., patient or client satisfaction), quality is constructed as consisting of objective properties, distilled in “dimensions” of quality and “characteristics” of those dimensions. Thus, good care consists of six different *dimensions*, which taken together are assumed to constitute good quality. The selected dimensions of quality are (1) Knowledge-based work, (2) Safety, (3) Individuality, (4) Efficiency, (5) Equality, and (6) Availability (National Board of Health and Welfare 2014b:10). Each dimension is elaborated into characteristics, striving to explain the content of a dimension.

Second, whereas the term “measurement” commonly is used for indisputable things, such as temperature or weight, “indicator” is used as a simplifying operationalization of complex theoretical concepts (Lindgren 2014:57f). Thus, immeasurable aspects of quality have to be excluded, and what cannot be measured has to be peeled off. The process of operationalization consists of constructing measurable indicators that are meant to reflect or give evidence of the specific quality dimension and ultimately add knowledge to the main question as to whether there is “good care” or not. Quality indicators are based on requests for specific working methods, and each indicator is tied to a quality dimension of *Good care* (National Board of Health and Welfare 2014a:9; 2014b:9). Below, we illustrate the process by which questions for practitioners are formulated and from what quality dimension they are derived. This example is based on the OC questionnaire’s last two questions:

Table 2.

Question	Quality dimension	Characteristics	Indicator name (requested working method)
<p>Question 19 If the child has its own social secretary, how can the child get in contact with the social secretary?</p> <p><input type="checkbox"/> Via e-mail <input type="checkbox"/> Via text message <input type="checkbox"/> Via telephone <input type="checkbox"/> Other, name what:</p>	Safety	Care shall be safe. Risk prevention shall prevent injuries. Organizational activity shall also guarantee the legal rights of the individual.	Several alternative ways of contacting the social secretary daytime.
<p>Question 20 Do you give written (or if the child cannot read, verbal) information to every child placed in foster care about the child’s rights and contact information for the case worker and the Health and Social Care Inspectorate (IVO) where the child can report complaints?</p>	Safety	Care shall be safe. Risk prevention shall prevent injuries. Organizational activity shall also guarantee the legal rights of the individual.	Information given to children placed in foster care regarding the child’s rights and contact information of those responsible.


(Drawn from National Board of Health and Welfare 2014a:45-46; 2014a:92-93; 2014b:10; our transl.)

- 4 In our view, considering the indicator (“Several alternative ways of contacting the social secretary daytime”) and the following question, “availability” seems to be a more appropriate quality dimension than “safety”.

The OC questionnaire consists of 20 questions. Several indicators (and consequently the questions) regard documents: are there written agreements, plans, assessment instruments, and manual-based interventions? As pointed out by Prior (2003:62), elusive “things” such as work or quality can be made visible and traceable with documents. From an organizational point of view, this means that what is documented is given great priority because “care” can be lastingly manifested only in plans, agreements, evaluations, etc. The existence of the requested documents thus signals that the organization “has” quality.

Third, and related to the second assumption, quality is constructed as measurable. The results of the OC questionnaire are mostly not presented with numerical values, but in the more simple form of yes (green) or no (red). Practitioners are asked to check boxes to disclose information as to whether they have the requested quality indicators or not. The results are compiled in a report issued by The Swedish National Board of Health and Welfare (National Board of Health and Welfare 2014a), and the conspicuous colourful tables are published on the web site. The table below shows a segment regarding whether the municipality offers standardized group support in various forms for parents. The municipalities are listed on the y-axis, and the requested indicators on the x-axis:

Figure 1.

 Socialstyrelsen		Manualbaserade insatser i öppenvård				
x ² = sekretess (1-3 personer) *y = kvot med stor statistisk osäkerhet pga små tal (färre än 20) ** (tom cell) = bortfall För att förstå och tolka resultaten rätt läs i bilagan till rapporten "Öppna jämförelser social barn- och ungdomsvård 2014. Nationella resultat och metod" som du hittar på Socialstyrelsens webbplats.	Urt	Tillhandahåller manualbaserat föräldrastöd i grupp som biståndsbeslutad insats	Tillhandahåller manualbaserat föräldrastöd i grupp som service insats	Tillhandahåller manualbaserad psykosocial behandling som biståndsbeslutad insats	Tillhandahåller manualbaserad stödgruppsverksamhet som biståndsbeslutad insats	Tillhandahåller manualbaserad stödgruppsverksamhet som service insats
Kristinehamn	17	Ja	Ja	Nej	Ja	Ja
Filipstad	17	Nej	Ja	Nej	Nej	Nej
Hagfors	17	Nej	Nej	Nej	Nej	Ja
Arvika	17	Nej	Ja	Nej	Ja	Ja
Säffe	17	Nej	Ja	Nej	Nej	Ja
Lakeberg	18	Nej	Nej	Nej	Nej	Nej
Laxå	18	Nej	Nej	Nej	Nej	Nej
Hallsberg	18	Ja	Ja	Nej	Nej	Nej
Degerfors	18	Nej	Nej	Nej	Nej	Ja
Hällefors	18	Nej	Ja	Nej	Nej	Ja
Ljusnarsberg	18	Nej	Ja	Nej	Nej	Ja
Örebro	18	Ja	Ja	Nej	Ja	Nej
Kumla	18	Nej	Ja	Nej	Ja	Ja
Askersund	18	Ja	Ja	Nej	Nej	Ja
Kariskoga	18	Nej	Nej	Nej	Nej	Ja
Nora	18	Nej	Nej	Nej	Nej	Ja
Lindesberg	18	Nej	Ja	Ja	Nej	Ja

(Extract from Excel file⁵)

5 <http://www.socialstyrelsen.se/oppnajokforelser/barnochunga> (downloaded 2014-09-10).

The text in the left top corner reads: “To understand and interpret the results correctly, read the appendix to the report ‘Open comparisons social child and youth care 2014, National results and method’ [sic], which you will find on the web site of the National Board of Health and Welfare” (our transl.). This report actually has three appendices, starting at page 28 and ending at page 93, covering a detailed description of the methods and statistics used and giving an even more detailed account of the indicators chosen. It is thus a rather indigestible text and – as we have noticed in the field – it is more likely that the simplified colour scheme attracts more attention. Despite the disclaimer presented in the top corner of the Excel file, the concept of quality (initially with the rather vague definition of *Good care*) has now been boiled down to green and red columns in a table, visualizing each municipality’s amount of quality. The processes of defining, operationalizing, and measuring quality focus on making an abstract concept visible and (ac)countable with the result that it becomes reified (cf. Berger & Luckmann 1979). Quality becomes quantity: something to have more or less of.

To trigger an institutional trend, Joel Best (2006) stresses the importance of practitioners’ finding the new trend logical, rational, and credible. In our own efforts to penetrate the OC documents, we often found them quite difficult to follow. Furthermore, our experience is that social workers seldom consume reports, handbooks, and appendices regarding Open Comparisons. The mere volume of pages – the detailed descriptions of prerequisites and tables, the basic data, and sources of error, etc. – seems exhausting. Nevertheless, the massive production of documents on Open Comparisons, the persistent drive to implement this procedure for quality measurement in more and more areas, and repeated statements that Open Comparisons is a tool in great demand by workers in the field (e.g., Ministry of Health and Social Affairs 2009:6) are all features that may work convincingly in themselves: “important people must have done some serious thinking here.” However, new ideas do not necessarily spring from an actual demand from those affected by the new idea (for example, as mentioned before, Open Comparisons was rarely mentioned by social workers during our fieldwork). The launching of new methods and strategies seldom simply fills a well-defined need from those working in the field but is often advocated by influential individuals: “novelties have a hard time spreading unless they first gain acceptance at the top” (Best 2006:40). This is particularly the case in centralized institutions where a few key people set the policies. The launching and spreading of Open Comparisons can thus be said to tap into the zeitgeist of New Public Management and the increasing use of different auditing techniques (cf. Power 1997).

Indicating or proving quality?

We will end this part of the analysis by pointing out what seems to be linguistic slippage in the descriptions of “quality”, “indicators”, and “measurements”. Let us give an example:

An indicator is a measurement that shows (indicates) an underlying relationship or development. Indicators are used to measure and follow up the quality of organizational structures and processes, as well as their results (National Board of Health and Welfare 2014a:9).

In the first sentence, an indicator is defined as something that indicates a probable – but not certain – correlation between the existence of the indicator and what is said to be social service quality. In the second sentence – and this is where the slippage occurs – indicators are said to measure quality: the existence of the indicator *is* quality. According to Eliasson-Lappalainen and Szebehely (1998), these taken-for-granted correlations between requested ways of working and quality are common within quality measurements; the very existence of the indicator, in and of itself, is believed to constitute “real” quality. Such assumptions are rarely given support in research and clinical experience (*ibid.*).

It should be mentioned that a less certain view of quality appears in the OC documents. Challenging and sometimes contradictory constructions of quality flicker by and seem to serve as “disclaimers” to the otherwise solid fact constructions presented in the documents. For instance, it is stated that quality is relative and depends on individual assessment or experience of the service provided (National Board of Health and Welfare 2014b:10). Such statements constitute a small part of the documentary material; they are few in number and rarely discussed. The overall impression is an image stating that quality is definable, operationalizable, and measurable in a rational and logical way. The measurement results can then be used as valid, reliable, and effective information, which gives the organizations a requested tool in the pursuit of “more” quality, at least in the form of more green boxes in Open Comparisons.

“QUALITY” AT WORK: FROM MEASURABLE TO USEFUL (OR USELESS) FOR PRACTICAL PURPOSES

In the second stage of the analysis, we turn to the interviews conducted with professionals who had experience in filling out the OC questionnaire, to examine what knowledge about “quality” the OC questionnaire and results convey, and if (and how) that knowledge is perceived as useful to the practitioners.

Comparisons, accounting requirements, and rankings are expressions of so-called soft regulations (Blomgren & Waks 2010). Open Comparisons is obviously not only an instrument for measuring existing quality but also an instrument for launching and pushing for prescribed routines and methods (i.e., indicators). Given the request for such indicators and goal of influencing organizational decisions regarding quality development (cf. National Board of Health and Welfare 2010b:6), we can conclude that Open Comparisons is expected to *do something with (or to) the practitioners* (cf. Prior 2003). By “enlightenment

and persuasion”, Open Comparisons is intended to make organizations act in a certain way (Lindgren et al. 2012:46). The presumed soft guiding and voluntary regulation might be viewed not only as normative but also as mandatory and binding (e.g., Blomgren & Waks 2010; Clarkson 2010; Lindgren 2014). As one of our unit manager interviewees told us, the pressure to implement the requested indicators can be strong:

Interviewee: Speaking of Open Comparisons, take BBIC as an example [a standardized system for investigating children’s situation, cf. ICS: Integrated Children’s System]. If we are 33 municipalities in [the region], and we are one of three municipalities that doesn’t have BBIC, then you’ll understand the kind of high pressure we’re under to also have the BBIC.

An institutional fad is often launched and spread through different documents (Best 2006). Therefore, using a new strategy often means using documents. However, as Prior (2003) argues, the users of a document are not solely passive recipients of the written content. Rather, as both documents and users have agency, the relationship between production and consumption is dynamic. Documents are never to be regarded as fixed objects but as situated collective products. The user of a document and the purpose of using it can define and change the very nature of the document (Prior 2003; cf. White et al. 2009). The following analysis aims at discerning different ways in which this producer–consumer relationship is expressed.

Guidance and rhetorical props

Open Comparisons is said to “improve the possibilities” to achieve more quality⁶, to “point out the direction” towards more quality⁷, or “support”, “promote”, and “stimulate” more quality⁸. The direction of the indicators (that red or green equals “a good or a bad result”) is said to give “information about what should be pursued to achieve good care”.⁹ The rhetoric of the documents implies that Open Comparisons should be viewed almost as a key to (this year’s) quality and that implementing the indicators is on par with “implementing quality” (cf. Swedish Association of Local Authorities and Regions 2013). Some of the interviewees express a similar approach to Open Comparisons; as one interviewee simply put it: “It shows you that this is what you’re supposed to do”. The essence of this “guiding perspective” suggests a belief in

6 National Board of Health and Welfare 2014b:8.

7 National Board of Health and Welfare 2014a:9.

8 National Board of Health and Welfare 2010b:5; National Board of Health and Welfare 2011:1; Ministry of Health and Social Affairs 2009:8.

9 National Board of Health and Welfare 2014b:19.

the rationality of the new promising strategy (cf. Best 2006). When Open Comparisons is regarded as a guide, the indicators are described as “good”, “adequate”, and “up to date”. One interviewee says that she now understands that “this isn’t just a burden, it’s actually useful”.

The guidance perspective is characterized by a strong belief that indicators equal quality, as well as a faith in the authorities’ stipulated pathway. One interviewee browses through the OC questionnaire while commenting on its content:

Interviewee: [...] And then there are standardized assessment methods [referring to a question in the document], well, I think that’s good because it’s evidence-based, so... There’s not a lot to say, really, because then that’s the road we’re taking, that means that they’re good to work with.

Willingness to accept new solutions to old problems requires that the solutions continuously develop (Best 2006). This is certainly the case with Open Comparisons: the indicators may change or be slightly different from year to year. From the guidance perspective, the survey questions can be seen as a first indication of what this year’s quality “is” and what needs to be done this year to have “good” quality.

Interviewee: I mean, that’s why it’s great that we get this [survey] when there’s still time to stick your finger in the air to see where the wind blows. Because then we see, I mean, “my god, we need to do something here.”

“What gets measured gets done” is somewhat of a measurement mantra, attributed to management researcher Peter Drucker (Lindgren et al. 2012:24). It is assumed that to measure is to know and that the new knowledge demands action. From the guidance perspective, the new knowledge about quality initiates the task of implementing the indicators one does not already have. However, policy makers, managers, and politicians might not have the same perception of quality. In these cases, the indicators can be used as “rhetorical props” (cf. Prior 2003) to accomplish the change one desires. Open Comparisons can be used as an ally of interest, underpinning “knowledge” or “facts” that work to the professional’s advantage:

Interviewee: We know what’s in the air, we know in which direction we want to go, and it’s not always that the politicians want the same thing. But if we get a result that shows that everybody else is doing this except for us, then it would be pretty easy to walk up to the politicians and say “this is-” like “we *have* to do this” kind of.

The *name-and-shame* logic and the unwillingness to end up last in the rankings can be used by professionals as arguments for improving their work. By using the indicators as a reliable source of knowledge, the professionals can benefit from the “facts” conveyed by the OC documents.

On display in the shop window

The guidance perspective relies on practitioners’ voluntarily adopting and implementing the definition of quality promoted by Open Comparisons. However, some formulations in the documents suggest that despite what is presented as voluntariness, there are some more mandatory aspects of Open Comparisons:

Recurring attention will create a climate that makes it difficult for organizations with relatively poor results to neglect improving these (Ministry of Health and Social Affairs 2009:10).

A picture of Open Comparisons as a public shop window emerges where the organizations will have their “bad” or “good” results exhibited to the public (cf. Alvesson 2006). Accessibility and transparency regarding the results of the measurement are prerequisites of *naming and shaming*, the governing logic of Open Comparisons, by which the organizations are assumed to feel obligated to implement the indicators to avoid risking their reputations (cf. Blomgren & Waks 2010; Power et al. 2009). *Reputational risk*, as Power et al. (2009:302) point out, is not a “real” organizational risk. Rather, it is “human-made,” a social product created in human interaction and communication. Still, according to the authors, reputational risk is gaining increasing influence in organizations.

The fact that the measurement results are presented in the “shop window” evokes different emotions depending on whether the results are “good” (many green boxes) or “bad” (many red boxes). Most interviewees agree that green results are positive; there is prestige in being able to let others – the media, politicians, and managers – see the green boxes in the table. Green results seem to indicate that the workplace is in the lead and can evoke feelings of pride (cf. Best 2006:38):

Interviewee: Or, the opposite, that we are the only ones doing something. You could point that out as well, “I mean, look, we’re ahead of most of them, it’s just us and [Bigger city 1] and [Bigger city 2] that are doing this.” I’d be pretty proud.

Problems may arise when the professionals do not agree with the given definition of quality, but still, as one interviewee puts it, want to be “obedient”:

Interviewee: I mean, I think basically, as municipalities we are obedient. I mean, we’re not different from anyone else when we

want green dots. Of course we don't want red dots, right? We don't want anyone to think we're doing something wrong, or not doing good. Then there is this problem that we don't always agree with the authorities on whether these are the most important things. And, and that's not always easy. [...] But I mean, you could still say very clearly that if we get red dots, at the organizational level, we will get it written on our noses: that "you'll have to fix this."

Others' perception of the organizations' quality, reputation, and legitimacy seem to be important factors to consider for professionals (cf. Alvesson 2006; Power et al. 2009; Blomgren & Waks 2010). Conflicts may emerge between the state authorities' construction of quality and the professionals' own perceptions of quality. In this sense, the measurement of quality seems to challenge professional autonomy and control (cf. Bezes et al. 2012; Power et al. 2009; Bergmark & Lundström 2006; Blomgren & Waks 2011).

A consequence of this auditing "panopticon effect" (Lindgren et al. 2012; cf. Foucault 1979) could be that those who are subjects of the audit "internalize" the measurements' controlling function and judge themselves according to others' definitions of "desired" behavior (cf. Shore & Wright 2000:77). When Open Comparisons is regarded as a shop window, the motivation for implementing the indicators seems to be tied to the risk of being criticized for having bad results or the possibility of boasting about good results, rather than actually believing that the indicators improve quality.

Power et al. (2009) argue that when the results of the audit or measurement are completed and published, the organizations no longer have any power to influence others' perception of them. But before publication, there is some space for maneuvering. To protect their reputation, some interviewees say that they "polish" their answers somewhat when they fill out the questionnaire. In the extract below, the interviewee reads out loud from the OC questionnaire and recounts how she would answer the question:

Interviewee: [...] "On September 1, 2013, did you have a comprehensive plan for the social secretaries' professional development?" [questionnaire question]. Yes, we did, didn't we. Then again, it wasn't up and running. [...] Very ambitious! And it's still not really put into action. But it is there!

Interviewer: It's there, but it's not used?

Interviewee: Yes, it is there! Well, this is about, I mean, what am I supposed to answer? I would've said yes. And my boss definitely would've said yes! But...

Interviewer: But what are they looking for in the questionnaire? Do they want to know that there is a plan or do they want to know if it's used?

Interviewee: No, but exactly! And that's the question. I mean... That's how it always is when you get it like this. That, what do you... We *have* a plan. And I mean, they [the authorities] would certainly know that I answer in a way that is good for *us*.

Answering the OC questionnaire in this way is an example of creative accounting (Lindgren et al. 2012). Creative accounting could be a manifestation of what Alvesson (2006:29) calls a key trend in today's society: acts of illusion, "a fading interest in 'substance' and an increased interest in conveying images and ideas that give a semblance of something positive" (our transl.). By using creative accounting, the organizations can signal legitimacy, up-to-dateness, and willingness to develop. On the other hand, "creative accounting" may also be a matter of handling uncertainty and complexity or the sense that one true answer simply does not exist. One interviewee explains this predicament as a matter of working with various truths:

Interviewee: I mean, there is one truth on paper and another truth in reality. There is one truth here, on my floor, with the management, and it's completely different down there [with the case workers]. [...] So, it's like, it's hard to say that you can find one truth. Because there are so many. You just have to pick one.

Rather than contributing information for an instrument that is measuring social work quality, according to this view, answering questions for Open Comparisons is depicted as a practice in itself with its own specific purposes; these are questions for the management floor, which is located at a rather long distance from the case worker floor and the messy workdays they face. When "doing the questionnaire", it may seem reasonable (and true) to answer the questions as the interviewee sees fit, for the benefit of the organization.

Doubt and distance

Open Comparisons is used as a guide for expected social service supply on a national level but also as support for arguing with politicians for more or reallocated resources. The transparency of the results seems to give rise to emotions of pride and shame, but simultaneously there are statements expressing less worry about others' opinions. Such statements are linked to doubts about whether Open Comparisons really can measure "quality that matters". One interviewee thinks that the indicators focus on the wrong things:

Interviewee: The question should be, if I have all of this [the indicators], would that make a nice shop window? It doesn't say anything about quality, or what it's like for the person that's here to get help. But if I have all the right papers and agreements and stuff, we can show, "yes, we got it." But what about the person that's supposed to get help? What about every child? We don't know that.

Criticism towards the quality definition can be a result of the fact that only the measurable gets measured and that the practitioners themselves (or the service users for that matter) do not get to define what good quality is (Lindgren et al. 2012:26; cf. Eliasson-Lappalainen and Szebehely 1998). Critical expressions point out failures or difficulties in measuring quality with the help of Open Comparisons. For instance, one interviewee questions the manual-based work that is requested and says that quality is something you *do*, not something on paper. Another interviewee criticizes the indicators' focus on form rather than substance. He says that it would be perfectly possible for his organization to "have" the indicator that requires a documented agreement on "regulating external cooperation" with other local authorities, without actually cooperating in practice:

Interviewee: I mean, we could have a, we could have a written, managerially decided agreement on cooperation that says that each of us mind our own business. And both parties sign it. Mind our own business! Then we would've met the authorities' demands. But it doesn't say anything about [...] if we do something together. It just says that we do our thing and they do theirs.

Another way of expressing doubts towards Open Comparisons is by downplaying its importance. One interviewee says that it is not essential to get green boxes as long as "it works", that mistreated children are taken care of, for example. Professional knowledge and competence are set against pre-specified routines, giving highest priority to the former. The decision to provide care for a mistreated child depends on professional skills, claims one interviewee:

Interviewee: But I don't think that because there is a routine, but because that's an experienced social secretary who sees that "this is a child that we have to investigate, what it needs, what needs the child has." Then it doesn't matter if we have a routine!

A distanced and skeptical approach towards Open Comparisons may be caused by the fact that the practitioners do not agree with the quality definition itself or that the results themselves are difficult to make sense of.

Interviewer: What do you think it [the result] could be used for?

Interviewee: That's a good question. When we have looked at... uhm...when we address the answers when we get [the result], "now it has been evaluated" or "ok, now we have gotten all the responses" and then you look at it: "red, red, red." Well, we don't have it, but is that bad? Or when something is green, "is that good?" Do we have routines? Yes, we do, but is it actually working? No, we don't know that, because that answer is not provided. [...] For us, when we see the results, it's like, "ok, what are we supposed to do with this?"

How various working methods and documentary systems are used and what results they yield are areas not covered by Open Comparisons. Lindgren (2014:104f) suggests that quality measurements can be carried out as a form of "procedure or ritual", something that modern and efficient organizations simply do, even though they seldom produce visible results. In the excerpt below, the interviewee suggests that Open Comparisons does not spark any interest among the professionals who are working directly with the clients:

Interviewee: I don't know if any of our co-workers, if you were to ask the social workers "have you looked at the Open Comparisons, have you looked at the results?" I don't think anyone has, that they visited the authority's website to have a look. Instead, there are executive staff members and people explicitly working with these questions that will look [up the results]. It doesn't matter to the social workers at social child care that these reports exist. You just do your job anyway.

Conclusion

Open Comparisons constructs quality as definable and reasonable to measure with the help of specified indicators. Developing these indicators requires reduction. An abstract and "slippery" phenomenon – such as quality – is reduced to measurable indicators, meaning that any immeasurable aspects of quality must be ignored (Eliasson-Lappalainen & Szebehely 1998:142). Particularly, quality is reified by means of linking it to documentary objects: plans, tables, signed agreements, and so on. Many aspects that people in general would associate with quality are simply not included: the *doing* of quality – based on intentions, wishes, convictions, interaction, relations, professional ability, knowledge, experience, and other complex phenomena – is not measured. Thus, as complex as the instrument of Open Comparisons may seem,

undeniably it is a rather simple tool for quality assessments. The questions do not focus on what is actually done, or if the indicators of quality are used at all (i.e., working methods, documentary routines, etc.), but merely on whether or not they exist within the organization. “Having” the indicator is on par with “having” quality (see National Board of Health and Welfare 2014b:11). Accordingly, Open Comparisons may be viewed as an effort to capture and pinpoint an elusive phenomenon rather than being an objective instrument for measuring more or less quality.

By way of introduction, we asked ourselves why Open Comparisons has won such great support despite critique and concerns raised by researchers and professionals (e.g., Clarkson 2010; Moran, O’Connor & Borowitz 2013; Strannegård 2013; Blomgren & Waks 2010). Almost all municipalities are voluntary participants in providing data on their work routines to their employers and the controlling body of National Board of Health and Welfare. An obvious answer to our question would read something like “professional obedience to recommendations from state authorities in a climate where New Public Management prevails”. But viewing Open Comparisons in terms of an institutional trend, or “fad” in Best’s (2006) words, that is involving and all-absorbing to certain categories of employees, directs us to conduct the analysis not only from a top-down perspective but also by paying attention to how professionals deal with and talk about quality measurements. Practitioners who are to implement this new quality are not passive recipients and executors of the quality measurement ethos; they will not only obey but also challenge the documents’ agency, or use it for practical purposes. For this reason, the official intentions and values of Open Comparisons most likely change to some extent once it ends up in the organization (cf. Prior 2003).

The emphasis on “continuous improvements” in the OC documents is reflected in the “guidance perspective” among our interviewees; that is, when the OC questionnaire in itself is taken as an alert for what kind of social services the authorities require from the organizations. Still, the professionals describe Open Comparisons in terms of a shop window, indicating rather low expectations of “real” quality improvements. This doubtful position as to whether Open Comparisons measures “real” quality can be linked to the competitive aspect: “when everybody strives for good results, there is reason to believe that we are not the only ones polishing our answers”. Furthermore, despite all of the working hours and technical resources put into Open Comparisons, it seems as if its alleged benefits are difficult to appreciate by individuals other than “people who work with those kinds of questions” (i.e., managers, controllers, quality developers, etc.). For this group of professionals, however, Open Comparisons can be all the more attractive because both negative and positive results can be used as rhetorical props for convincing

politicians as well as staff about preferred working methods and to play down the importance of undesired ones.

These ways of using Open Comparisons suggest that professionals are quite inventive in adapting the new trend for various purposes. The transparency of Open Comparisons certainly falls under the name-and-shame logic (e.g., Blomgren & Waks 2010), but the other side of the coin – pride – can also be a reason for the broad support for Open Comparisons. High scores can give an impetus to staff and management by providing energy and confidence. In this sense, quality measurements in the shape of Open Comparisons may grow into a practice in itself where its correlation with other realities – for example, case workers' meetings with clients – is subordinated to the value of comparing oneself in the light of others – comparisons whose differences are neatly affirmed in an Excel sheet.

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